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# **Health workforce: Global Strategic Directions for Nursing and Midwifery**

## **Report by the Director-General**

1. In 2020, the Seventy-third World Health Assembly requested WHO to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery 2016–2020<sup>1</sup> and, following consultations with Member States, to submit this update to the Seventy-fourth World Health Assembly for its consideration.<sup>2</sup> Updated strategic directions would provide Member States with current “best practices” to ensure that planning for and investment in nursing and midwifery are integrated into broader national health systems and health workforce planning.

2. This report provides the context, underlying evidence, content and process related to the development of the draft global strategic directions for nursing and midwifery 2021–2025.<sup>3</sup>

### **CONTEXT**

3. Since the development of the Global Strategic Directions for Nursing and Midwifery 2016–2020, the health workforce agenda has evolved.

4. In May 2016, Member States adopted the global strategy for human resources for health: workforce 2030.<sup>4</sup> The strategy identified a potential deficit of approximately 18 million health workers to 2030, largely in low- and middle-income countries, compared to health workforce requirements to achieve health-related Sustainable Development Goals. The policy options within the global strategy aim to substantially increase health financing and the recruitment, development, training and retention of the health workforce, with specific consideration for least developed countries and small island developing States. In many countries, the population need for health workers is not matched by economic demand, nor by the technical and financial resources to produce the necessary health workforce.

5. Recognizing the mismatch in health labour markets at national and global levels and the need for intersectoral response, in 2016 the United Nations Secretary-General, with the heads of ILO, OECD and WHO, launched the High-Level Commission on Health Employment and Economic Growth. The Commission, co-chaired by the Heads of State from France and South Africa, found that investment in

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<sup>1</sup> Available at [https://www.who.int/hrh/nursing\\_midwifery/global-strategic-midwifery2016-2020.pdf](https://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf), accessed 24 March 2021.

<sup>2</sup> See decision WHA73(30).

<sup>3</sup> Available at <https://www.who.int/publications/m/item/global-strategic-directions-for-nursing-and-midwifery-2021-2025>, accessed 12 April 2021.

<sup>4</sup> See resolution WHA69.19.

education and job creation in the health and social sectors (which are 70% female) can drive inclusive economic growth, including economic empowerment of women and youth.<sup>1</sup> Further, the Commission made recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers. In 2017, the Seventieth World Health Assembly in resolution WHA70.6 adopted the ILO-OECD-WHO “Working for Health” five-year action plan to take forward the ten recommendations and five immediate actions in the Commission’s report.<sup>2</sup> This action plan – adopted also in the United Nations General Assembly, ILO Governing Body and OECD’s health committee – gave political and intersectoral momentum to the implementation of WHO’s global strategy on human resources for health.

6. In April 2017, WHO hosted an expert group to consider how to accelerate the findings and recommendations of the global strategy and the Commission in respect to the nursing workforce. The group’s report<sup>3</sup> and recommendations informed the development and launch of the Nursing Now Campaign.

7. Subsequently, the Seventy-second World Health Assembly designated 2020 as the International Year of the Nurse and the Midwife,<sup>4</sup> catalysing unprecedented advocacy, evidence generation and policy momentum for nursing and midwifery. Celebrations, and advocacy events on nursing and midwifery took place around the world. New evidence was developed in support of policy dialogue in countries and globally: on World Health Day 2020, WHO launched the first-ever State of the World’s Nursing report. The third State of the World’s Midwifery report was developed in 2020 and is scheduled for release in May 2021.

8. The year 2020 was also a year of unprecedented health challenges and global socioeconomic disruption. The coronavirus disease (COVID-19) pandemic severely impacted the health and care workforce, reinforcing the global need to protect and invest in all occupations engaged in preparedness and response capacity, public health functions and essential health services.<sup>5</sup> Health and care workers have faced multiple challenges, including overburdening, a lack of adequate personal protective equipment and other essential equipment, risk of infection and death, quarantine, detrimental effects on mental health, social discrimination and attacks, and dual responsibility to care for friends and family members. Working in stressful environments exacerbates safety risks, inducing errors which can potentially harm both patients and health workers. These challenges influence the safety and quality of patient care. Many of the challenges are the result of decades of underinvestment which have been further exposed by the pandemic and government responses. Addressing the underlying causes will

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<sup>1</sup> High-level Commission on Health Employment and Economic Growth. Working for health and growth: Investing in the health workforce. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf?sequence=1>, accessed 1 April 2021).

<sup>2</sup> International Labour Organization, Organisation for Economic Co-operation and Development, World Health Organization. Working for health: a five-year action plan for health employment and inclusive economic growth (2017–2021). Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272941/9789241514149-eng.pdf?ua=1>, accessed 29 March 2021).

<sup>3</sup> Report of the policy dialogue meeting in the nursing workforce, 6–7 April 2017, Geneva. Geneva: World Health Organization; 2017 (<https://www.who.int/hrh/news/2017/NursingApril2017-2.pdf>, accessed 29 March 2021).

<sup>4</sup> See decision A72(19) (2019).

<sup>5</sup> Pulse survey on continuity of essential health services during the COVID-19 pandemic. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/334048?locale-attribute=de&>, accessed 29 March 2021).

require countries to invest in the health workforce, including nurses and midwives, through a holistic approach integrating appropriate policy and management responses.<sup>1</sup>

9. The 148th session of the Executive Board recommended to the Seventy-fourth World Health Assembly the adoption of a global patient safety action plan 2021–2030.<sup>2,3</sup> One of the objectives addresses health worker education, skills and safety. This followed the charter released in 2020, *Health worker safety: A priority for patient safety*,<sup>4</sup> and guidance on foundational requirements and key activities required from health workers at the national, district and facility levels.<sup>5</sup> Considering the central role of health workers in the COVID-19 pandemic response and beyond, events in 2020 underscored the interdependence between the safety of health workers and that of patients. The WHO global hand hygiene campaign focused on the role of nurses and midwives in implementing infection prevention and control programmes.

## EVIDENCE ON NURSING AND MIDWIFERY

10. During the Year of the Nurse and the Midwife (2020), WHO Member States engaged in unprecedented levels of reporting on their nursing and midwifery workforces, using the national health workforce accounts mechanism. The data and findings were presented in the WHO, International Council of Nurses and Nursing Now joint report on the State of the world's nursing 2020<sup>6</sup> and in the State of the world's midwifery 2021 report<sup>7</sup> by UNFPA, WHO and the International Confederation of Midwives. The evidence provides a robust base from which to identify and prioritize global strategic actions to optimize the nursing and midwifery workforces across differing national contexts.

11. The nursing report presents country-reported data from 191 Member States. The report found the world had almost 28 million nurses in 2018, but that they are severely mal-distributed: over 80% of nurses are in countries that make up only 50% of the world's population. The nursing shortage – 6 million – is primarily (89%) concentrated in low and lower-middle-income countries. Recruitment and retention of nurses where they are needed most remains a pervasive challenge. International migration is on the rise – one in eight nurses works in a country other than where he/she was born or educated.

12. Other significant findings include that many countries are not graduating enough nurses to offset those approaching retirement (one in six). Countries with shortages would need to increase the number of graduates by an average of 8% per year, alongside an improved capacity to employ and retain them. The minimum levels of nursing education and the quality of those programmes often does not prepare

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<sup>1</sup> Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance, 3 December 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337333>, accessed 30 March 2021).

<sup>2</sup> Available at <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>, accessed 30 March 2021.

<sup>3</sup> Decision EB148(5); see also document EB148/6 and the summary records of the Executive Board at its 148th session, seventh meeting, section 3.

<sup>4</sup> Available at <https://www.who.int/docs/default-source/world-patient-safety-day/health-worker-safety-charter-wpsd-17-september-2020-3-1.pdf?sfvrsn=2cb6752d>, accessed 30 March 2021.

<sup>5</sup> *Quality health services: a planning guide*. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/336661>, accessed 30 March 2021).

<sup>6</sup> *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331677>, accessed 30 March 2021).

<sup>7</sup> For release on 5 May 2021.

nurses to meet the health needs of the populations they serve. Primary capacity limitations revolve around numbers and qualifications of educators, infrastructure and clinical practicum sites.

13. Alongside the challenges in employment and education, nursing leadership and practice are identified as other critical areas for strengthening. Approximately 70% of reporting countries have a senior nurse in government responsible for policy-making and managing the nursing workforce. Only 50% of countries are developing the next generation of nurse leaders through funded national programmes. Half of reporting countries have an advanced practice role for nurses. Nurses in all roles are not always empowered to work to the full extent of their education and training. Working conditions and management are key challenges responsible for a substantial proportion of nurse turnover.

14. The third edition of the State of the world's midwifery report updates the evidence on midwifery, finding that there are almost two million midwifery personnel globally, with a similar scale of unequitable distribution in low-income and lower-middle-income countries. With access to adequate tools, referral and backstopping support, midwives can provide over 80% of the need for essential maternal and newborn health care. However, midwives comprise less than 20% of the global workforce providing these services – an issue that can be addressed by expanding the economic demand for the creation of midwifery jobs. Recruitment and retention of midwives in fragile, conflict-affected and vulnerable communities can be a crucial element of responding to the needs of women, newborns and adolescents in these contexts.

15. Midwifery education faces similar challenges to those documented for the nursing profession: the levels of initial education of midwifery personnel are often not appropriate for meeting population health needs and there are significant issues with ensuring the quality of education and the competency of graduates. There is a dearth of midwifery educators in many countries. Just over half of countries report a national-level senior position for a midwife in the ministry of health. Although universal coverage of midwife-delivered interventions could avert 67% of maternal deaths, 64% of neonatal deaths and 65% of stillbirths, most midwives are not authorized to practice to the full extent of their education and competencies.<sup>1</sup>

16. A clear finding from both reports are challenges in the availability of data. Data availability is highest for workforce numbers and age composition, but reporting of indicators relating to education, financing and health labour market flows is substantially lower. These gaps in essential data hinder the capacity to conduct comprehensive health labour market assessments and answer key policy questions for workforce planning and forecasting to meet population health needs.

## **PRIORITY POLICY AREAS FOR THE STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY 2021–2025**

17. These two reports on, respectively, nursing and midwifery provide pervasive evidence in support of a dedicated focus on nursing and midwifery as part of the broader investment case for the health workforce in achieving universal health coverage. Without substantial increases in the production and absorption of nurses and midwives, their availability and equitable distribution will improve only marginally in most regions over the next decade, with substantial needs-based shortages persisting in

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<sup>1</sup> Noce A, Friberg IK, de Bernis L, McConville F, Moran AC, Najjemba M et al. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *Lancet*. 2021;9:E24–32. doi:10.1016/S2214-109X(20)30397-1

low-income and lower-middle-income countries. This will compromise the ambition of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

18. In June 2020, WHO convened the ninth WHO Global Forum for Government Chief Nursing and Midwifery Officers and, together with the International Council of Nurses and the International Confederation of Midwives, the eighth Triad Meeting.<sup>1</sup> Over 600 nursing and midwifery leaders from ministries of health, national nursing and midwifery associations, regulatory bodies, WHO collaborating centres for nursing and midwifery, and the Nursing Now campaign from more than 145 countries participated – WHO’s largest global gathering of nurses and midwifery leaders. As part of the meetings’ agendas, priority policy areas for the next global strategic directions for nursing and midwifery were discussed. Based on the recommendations by the government chief nursing and midwifery officers, and in consultation with representatives of the professional associations and other relevant stakeholders, the draft global strategic directions for nursing and midwifery 2021–2025 consolidate evidence and recommendations in four policy areas.

19. **Strengthening education capacity and quality:** Educate enough nurses and midwives with the requisite knowledge, competencies and attitudes to fully meet health system needs and address current and future population health priorities.

20. **Creating jobs:** Increase access to health services by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses where they are needed most, and ethically managing international mobility and migration.

21. **Building leadership capacity:** Establish and strengthen national senior leadership roles for nurses and midwives and foster future generations of nursing and midwifery policy-makers.

22. **Optimizing practice:** Maximize the contributions of nurses and midwives in service delivery environments by ensuring that practice regulations are up to date and that workplaces provide decent work, including optimal practice environments and conditions, equitable pay, labour protection and rights, and the prevention of violence and all forms of harassment.

## CONSULTATIVE PROCESS

23. Following the decision of the Seventy-third World Health Assembly, a “draft for consultation” was disseminated globally and in all official WHO languages and Portuguese. A series of 10 regional and global consultations with government chief nursing and midwifery officers and relevant stakeholders commenced in December 2020. Comments through consultation events and responses in written form were accepted through 31 January 2021, informing a revised version of 3 March.

24. The Secretariat shared the revised draft with Member States on 9 March 2021. Consultations with Member States included an information session on 22 March and follow-up consultation held virtually during the period from 9 to 29 March 2021, resulting in the final draft submitted for consideration by the Seventy-fourth World Health Assembly.

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<sup>1</sup> 8th WHO-ICN-ICM TRIAD Meeting and 9th GCNMO Forum. <https://www.who.int/news-room/events/detail/2020/06/16/default-calendar/8th-who-icn-icm-triad-meeting-and-9th-gcnmo-forum>, accessed 29 March 2021.

## **ACTION BY THE HEALTH ASSEMBLY**

25. The COVID-19 global pandemic has underscored the critical role of nurses, midwives and all health and care workers at the forefront of local, subnational and national responses, as reflected by the decision of the Seventy-third World Health Assembly to designate 2021 as the International Year of Health and Care Workers.<sup>1</sup> At the heart of this Year is the recognition that in order to manage the pandemic, maintain health services, improve health workforce readiness, education and learning, and roll out COVID-19 vaccination equitably, the world must protect and invest in health and care workers. The draft global strategic directions for nursing and midwifery 2021–2025 reflect this approach and provide recommendations to support the world’s nurses, midwives, health and care workers to empower them to play their parts through prioritized policies by governments and stakeholders.

26. The Health Assembly is invited to note this report and to consider the draft global strategic directions for nursing and midwifery 2021–2025.

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<sup>1</sup> See decision WHA73(30).