1. Background

The Thirtieth World Health Assembly recognized the importance of the role of nursing and midwifery personnel in primary health care by adopting resolution WHA30.48. That resolution recommended inter alia that Member States should: (1) study the roles and functions of nursing and midwifery personnel in providing primary health care; (2) plan for a rational increase in the supply of these personnel in accordance with country needs for primary health care services; and (3) involve existing nursing and midwifery personnel in the planning and management of primary health care and as teachers and supervisors of primary health care workers. The resolution also called upon WHO to cooperate with Member States in these activities, to develop mechanisms as necessary for technical cooperation, and to report on progress made to a future Health Assembly.

In September 1978, the International Conference on Primary Health Care, which was jointly sponsored and organized by WHO and UNICEF, adopted the Declaration of Alma-Ata. The Declaration clearly states that primary health care is the key to attaining the target of health for all by the year 2000 as part of overall development in the spirit of social justice.

In the light of the above, various actions have been initiated in the Western Pacific Region to reorient nursing practice and education to enable nursing to assume a partnership role in collaboration for the attainment of the goal of health for all by the year 2000. The process of reorientation is a complex one due to the heterogeneous nature of the countries and areas which make up the Region; the Western Pacific Region of WHO comprises highly industrialized countries, an urbanized State and area, countries where the greatest proportion of the population resides in rural areas, and many small island countries separated by large bodies of water.

It is, therefore, understandable that there can be no master plan to meet the varied needs of the Region. WHO collaboration to strengthen and maximize the coverage and quality of health care is of necessity geared to the needs of a specific situation in a given country. However, the following principles underline all collaborative activities related to nursing development:
(1) Health for all by the year 2000, using primary health care as the principal approach, is a global concern. It is based on the belief that health is a basic right and a personal responsibility.

(2) Attainment of the goal of "health for all", however, calls for major changes in community and family life styles, including reduction of the physical, social, emotional, cultural and economic hazards affecting the majority of the population, emphasis being given to meeting their basic needs.

2. Present situation and trends

In most countries of the world, nursing personnel comprise the largest group of health manpower providing health care to the people in both rural and urban settings. The categories of nursing personnel range from highly prepared professional staff to community health workers responsible for the provision of primary health care after a short period of training.

The sheer number of this type of health staff implies that better coverage could be accomplished by improving their deployment. However, coverage alone will not improve the health status of the population. A redirection of nursing care and services towards the community, to include a primary health care approach to service delivery, is essential to the attainment of health for all by the year 2000.

Apart from the size of the nursing manpower pool, other characteristics place nursing personnel in a prime position to function in primary health care activities. Such characteristics include:

(1) The nature of nursing practice, which is characterized as caring and nurturing, with high visibility and continuity of care, in therapeutic, promotive and preventive settings.

(2) The fact that middle and community level nursing personnel come, in most instances, from the same socioeconomic background as the general population they serve and, unless "spoiled" by sophisticated urban-based educational programmes, are in a better position to adapt to inner city and rural living and to establish a network of fruitful and viable communication with the people they serve.

(3) The relatively modest cost of preparing and employing nursing personnel, even the highest level of professional nurse, who will act as teachers, planners, supervisors and providers of complex care, permitting improved health care quality and coverage with less strain on the health and education budget.

Despite the present high cost of health care, the health status of the majority of the population does not improve. The situation is, however, gradually being reversed. Sophisticated health care systems, with their dependence on highly trained specialists, are being de-emphasized. Governments, realizing that the present situation, characterized by escalating costs and scarcity of highly trained manpower, cannot be allowed to continue, are seeking more realistic ways of improving quality and
coverage, and are looking toward manpower which can deliver health and medical care that is affordable, acceptable and accessible to the population in need. Because of their number, the caring, nurturing quality of their practice, their visibility, the continuity of care, and the reduced cost of training and employing them, nursing personnel can make a most important and necessary contribution to improving the quality and quantity of health care services based on primary health care.

Significant developments are taking place in two major areas.

2.1 Nursing practice

One area concerns the role and function of nurses and midwives. Countries are conscious of the wide gap between nursing intervention and its impact on the health of the population. Manpower studies have been conducted, or are being planned, to determine the numbers and kinds of health manpower needed to staff the various types of health services. Nursing manpower studies form part of these broader studies, as an important principle has now been accepted, which is of great consequence that nursing can no longer be viewed as a self-contained professional discipline. The roles and functions of nurses are often specific and identified with the practitioners of nursing.

The following paragraphs describe the situation in selected countries or areas of the Region where the role and function of nursing personnel are in the process of change.

China

The majority of nurses in China are assigned to curative care institutions. However, this should not be a deterrent to a reorientation of nursing in China towards primary health care through nursing education and hospital nursing practices, by the greater involvement of nurses in activities directed to the promotion and maintenance of health, prevention of disease and rehabilitation.

Guam

Three categories of personnel: the nurse, the environmental health technician and the emergency medical technician, have been reviewed through the collaboration of a consultant. As a result, the Faculty Committee from the School of Nursing, University of Guam, has developed a comparative list of competencies for the three levels of nurse in Guam, namely, the baccalaureate graduate, the associate degree (registered nurse), and the licensed practical nurse. These competencies are being used as a basis for curricular development in the three programmes. In view of Guam's relationship with the United States, more emphasis is placed on the baccalaureate degree education programme. Guam would also like to be the focal point for the preparation of nurses from Micronesia.
Malaysia

There has been a shift of emphasis in Malaysia from a clinic-based to a community-based approach. In addition to the services provided through the midwife clinics cum quarters, the services of the community nurse, "JURURAWAT DESA", a multipurpose nurse who serves the population in the most remote areas, are also now available. This nurse has the closest contact with the rural population in her daily duties.

Papua New Guinea

Papua New Guinea has also made a decision on the number of categories of nursing personnel needed. There will be only two categories: the registered (general) nurse, who will be prepared to work either in the community or in the hospital, and the nurse aide. Nurse aides will also be working in the community. Papua New Guinea, however, is going through a transition stage and there is still work to be done on a more detailed study of the differences in job responsibilities and salary scales of the two categories mentioned above. The proposal is that there should be one registered (general) nurse to three nurse aides. Because they are female, it has not yet been accepted that nurses should make extensive patrols in rural areas or man the rural health services. The educational system of the country and preconceptions about the role of the nurse act as constraints. A pioneer primary health care project, which introduces the new concept of primary health care through research and development is being conducted in New Ireland Province, with the collaboration of the WHO nurse scientist from the intercountry primary health care team. This project provides the provincial community health nursing supervisors, together with the health extension officers, with the opportunity to strengthen their skills in developing a comprehensive primary health care programme, in such areas as community diagnosis, community organization, supervision and management of primary health care at all levels of the provincial health system.

Philippines

The Philippines, through its Ministries of Health, Education, Social Welfare and Human Settlements, has many ongoing activities to enhance the social and economic conditions of the underserved. Particular emphasis is placed on meeting the needs of the rural population, who are the most numerous and the most in need.

The Philippines has introduced a category of community worker called the barangay health worker. These persons, who are selected from the community where they will work, provide primary health care. Supervision is provided by the nursing and midwifery staff. Midwives in the Philippines have been retrained to provide primary health care services at the community level and are also viewed in some communities as a barangay health worker.
Republic of Korea

The Republic of Korea has established a programme for community health practitioners. These nurses, who will be based in the communities in rural areas, will provide promotive, preventive and therapeutic care.

Samoa

As with most countries in the South Pacific, there are very limited numbers of physicians available, and other types of health personnel man the rural health services. The Government is preparing a category of community nurse/midwife, who will be responsible for promotive, preventive and selective therapeutic care in the rural areas. The post-basic courses in midwifery and community health nursing will also help to conserve resources by providing training locally instead of overseas. Nurses working in the rural areas in Samoa have been well accepted, particularly in their maternal and child health roles, and work very closely with the women's committees.

Solomon Islands

Solomon Islands has a new category of health staff called the village health aide. These personnel are selected by their communities. In order to provide better supervision of the village health aide as well as more advanced health care services, it is proposed to prepare a community health nurse/midwife, who will be prepared in a two-year programme, including six months of midwifery. Most of the training, except for a small part conducted in hospital out-patient departments to gain experience in curative care, will take place within the community. These nurses, who will be mainly male and attached to centres in the rural areas, will be supervised by national registered nurses.

Tonga

The Kingdom of Tonga, while it has a cadre of public health nurses, provides a considerable amount of its health services through the existing hospital network. The Government is aware that this situation does not permit the necessary standards to be met, either in terms of coverage or the quality of care needed by the rural population, and has taken the decision to prepare a health officer to assume this role. The first graduate health officers were assigned in January 1982. They will work in collaboration with a public health nurse in the health centres and a large proportion of their time will be spent in the community. There is still a need to define specifically the respective roles of the public health nurse and the health officer in Tonga so that a maximum contribution can be made by both categories.

Vanuatu

Vanuatu had, prior to independence, three separate health services: the French, the British and the Condominium. A health service is now being developed to meet the needs of the "ni-Vanuatu". The lack of medical
coverage in the rural areas has prompted the Government to plan for the
development of a nurse practitioner, and WHO has been requested to
collaborate in this. Nurse practitioners will be registered nurses and will
undergo a 12-month post-basic course in preparation. A detailed proposal
for the staffing of rural hospitals and health centres has been prepared.
All the health centres, which are located in districts away from the
urbanized areas, will be staffed by nurses. The categories of staff
proposed, who should meet the community health needs of the rural
population, are a public health nurse, a maternal and child health nurse
with midwifery skills and a nurse practitioner. Medical officers will be
designated for the rural hospitals and a referral system will be developed
between the health centres in the district and the rural district hospitals.

Summary

In summary, nurses are members of a health team and, as such, their
contributions support, complement and supplement the contributions of other
members of the team. This concept is particularly meaningful in relation to
the attainment of health for all by the year 2000 through the primary health
care approach, whereby the primary health care team, in partnership with the
community and in collaboration and coordination with other health-related
and non-health-related sectors, such as agriculture, housing, education, and
other agencies, can make a positive impact on the health status of the
people.

2.2 Nursing education and training

The other area where major developments are occurring in the Region is
that of nursing education and training, both basic and post-basic. The
reorientation to ensure more relevant practice is of necessity changing the
complexion of existing programmes for the preparation of new graduates and
continuing education programmes to re-educate nursing personnel already in
practice. The medical model is no longer a valid one for the preparation of
nurses. The curriculum will be wellness-oriented and community-centred to
permit nurses to engage in activities heavily focused on health behaviour
and life styles which promote or inhibit the attainment of optimum health.

WHO is collaborating in revising basic nursing education programmes, in
order to produce graduates who can work effectively in primary health care.
The present hospital-based schools in Fiji, Philippines, Republic of Korea,
Trust Territory of the Pacific Islands and Tuvalu are reviewing their
programmes with a view to providing a stronger base in the social and
behavioural sciences, communication arts, epidemiology and statistics, and
administration and management. There is planning for more community
experience and for a sequence of learning that starts in the community with
a health-to-illness direction.

The development of physical assessment skills has been introduced, in
both basic and continuing education programmes, as these skills are
necessary to practice in primary health care settings. Basic programmes in
Fiji, Kiribati and Philippines have introduced the teaching of physical
assessment skills. These skills will also be taught in post-basic and in-service training courses for public health nurses in the Philippines, Samoa and Vanuatu. Such skills are necessary in the countries referred to to permit the nurse to function in her role as a promoter of health as well as in her therapeutic role.

To introduce the reorientation of nursing education towards primary health care, a meeting of directors of nursing schools and colleges in the Western Pacific Region was held in Manila in May 1981. An analysis of the existing basic nursing education system and proposed strategies and plans for the reorientation of curricula towards health and the community was undertaken. Participants identified the principal characteristics of basic nursing education programmes with a primary health care/community nursing focus. Each one developed a plan of action to be implemented on returning home. It is planned to evaluate the implementation of these plans of action in May 1983.

3. **Constraints**

3.1 **Health service delivery**

One of the major constraints on the wider participation of nursing/midwifery personnel in implementing the primary health care approach to health services delivery is the fact that professional nurses are not involved in programme planning and management and policy making. Although most, if not all, countries in the Region have a nursing unit at ministry level, the opportunities for the personnel manning these units to provide a meaningful input in programme planning and policy making are quite limited. This is due, firstly, to the traditional viewpoint that the nurse is a follower rather than a leader and, secondly, to the lack of opportunity for senior nurses to receive training in management and manpower planning.

Other constraints encountered by countries in implementing primary health care are:

1. The refusal of professionals to work in rural areas.

2. Sociocultural mores concerning women, which limit or restrain the mobility of nurses. For example, in some countries in the Western Pacific, in particular Papua New Guinea and Solomon Islands, females cannot patrol or remain alone in rural areas.

3. In some countries, the attitude of other professionals and lay persons and, to some extent, of nurses themselves, regarding the place of the nurse in the delivery of health care, poses a limiting factor with respect to the wider coverage of rural and inner city communities.

Some countries in the Region place more emphasis on medical care and the construction of modern sophisticated hospitals. This not only drains financial resources from the health budget, limiting the funds available for rural services, but at the same time absorbs essential nursing personnel who could be used in rural areas.
3.2 Education and training

The constraining factors in the area of education and training are:

(1) The lack of qualified faculty. In almost all countries of the Region this lack is apparent in the area of teacher preparation. Faculty fail to appreciate and accept the role of primary health care in improving the quality and coverage of health care services.

(2) In general, basic nursing programmes are medically oriented and hospital-based and students are very frequently used to meet the nursing needs of the hospital. This system does not give faculty the freedom to increase student experience in the community and to place more emphasis on teaching the concept of health. Both the medical orientation of the program and the denial of genuine student status act as constraints.

(3) In almost all countries there is no structured system for continuing education. This results in piecemeal ad hoc training in primary health care for in-service personnel but does not permit a sequential plan by which all categories of health staff are oriented to the goal of health for all by the year 2000 based on primary health care.

4. Approaches to facilitate the greater involvement of nurse/midwives in primary health care

Some of the approaches being made in countries are described below:

(1) As one of the constraints is that educational programmes are not relevant to health practice, one of the major approaches consists of activities aimed at redirection and reorientation of basic, post-basic and in-service training. This includes collaboration in the development of structured systems for continuing education.

(2) Changing the attitudes of others towards nursing and their expectations from nurses permits nursing/midwifery personnel to provide more satisfactory services and to gain in self-assurance and self-respect. Public awareness campaigns on nurses' day and in schools gives the public a better understanding of what it can expect from nursing/midwifery personnel in the area of health care. The adoption of a career structure also stimulates recruitment to the health care system and permits staff to increase their skills, knowledge and responsibilities by providing both personal and job satisfaction. This, in turn, retains staff within the health care system. A notable contribution to this last approach has been made by the Institute of Health Sciences in Tacloban, Philippines, which is implementing a ladder-type curriculum.
(3) One of the main activities will focus on training programmes for middle level health personnel and for the trainers of personnel working at grassroots level. These training activities result from the Meeting of Directors of Nursing Schools and Colleges held in Manila in May 1982, and will introduce the reorientation process into basic programmes, and the strengthening of managerial skills into basic and post-basic programmes.

(4) More emphasis will be placed on collaboration in developing structured systems for continuing education. Training courses for the development of trainers of primary health care workers will continue to be implemented in the Republic of Korea and will also be conducted in Papua New Guinea and the Philippines. Starting in 1983, workshops on primary health care management for nurses and midwives will be planned and implemented at national level. Governments will be encouraged to continue health manpower studies and particular attention will be paid to the use of career ladders to ensure job satisfaction and the retention of health personnel within the system.

(5) Special attention will be paid to the protection of health workers at the periphery, to ensure that the tasks and responsibilities assigned to them are appropriate and within their competence. A supervisory and referral network will be developed or improved, to ensure that the primary health care worker receives guidance and support in his activities and that the necessary medical services are available to the public at secondary and tertiary levels. Governments will be encouraged to evaluate and revise existing legislation to ensure that health workers and the public are protected.

(6) Nurses, and midwives in particular, will be encouraged to develop research skills and engage in research. This area in the Western Pacific Region is sadly deficient and is without a strong data-base. Without this data-base, WHO is unable to interpret to countries in the Region the role, functions, and contributions of nurses and midwives to health for all by the year 2000.

(7) Incentives will be provided to individuals to work in rural areas. In Tonga, provision is being made for housing in proximity the health centres. As housing is a problem in that country, nurses will welcome this type of subsidy. Another approach being used to encourage staff to work in rural areas is their rotation to work in urban centres at regular intervals, as well as staff development.