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REPORT OF THE MEETING OF  
THE GLOBAL ADVISORY GROUP FOR  
NURSING AND MIDWIFERY DEVELOPMENT

NURSING  
&  
MIDWIFERY

HUMAN  
RESOURCES  
FOR HEALTH

Report of the meeting of the Global Advisory Group for Nursing and Midwifery Development (WHO/HRH/HPN/08.2)

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## ABBREVIATIONS AND ACRONYMS

The following abbreviations and acronyms are used in this document.

CNO	chief nursing officer
GAGNM	Global Advisory Group on Nursing and Midwifery
GHWA	Global Health Workforce Alliance
HIV	human immunodeficiency virus
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ILO	International Labour Organization (Office)
IMAI	Integrated Management of Adult and Adolescent Illness
MDG	Millennium Development Goal
NGO	nongovernmental organization
NMO	Nursing and Midwifery Office (WHO)
RNA	regional nursing adviser
WHA	World Health Assembly
WHO	World Health Organization
WHOCC	WHO collaborating centre

## 1. INTRODUCTION

Resolution 59.27 on strengthening nursing and midwifery, adopted at the 59th World Health Assembly (WHA) in May 2006, includes a request from Member States to the Director-General of the World Health Organization (WHO) to continue support for the work of the Global Advisory Group on Nursing and Midwifery (GAGNM).

The GAGNM is a strategic, action-oriented body that provides policy advice to the Director-General and the WHO Cabinet to enhance the role of nursing and midwifery within the context of WHO priorities and programmes.

The tenth meeting of the GAGNM was convened in February 2007 with the following objectives:

The objectives of the GAGNM meeting in February 2007 were:

- to articulate the GAGNM's strategic role and function in reinforcing and supporting WHO's priorities and programmes of work;
- to generate policies and recommendations to support the strengthening of nursing and midwifery services and scaling up workforce production;
- to propose: a) strategies to integrate nursing and midwifery services into priority programmes, and b) mechanisms to ensure the mobilization of resources to support the implementation of the programmes of work of the WHO Nursing and Midwifery Office (NMO);
- to update the framework for collaboration and partnerships with partner organizations and other United Nations (UN) agencies;
- to reach conclusions and draw up recommendations to enhance the contribution of the nursing and midwifery workforce/services to the achievement of the Millennium Development Goals (MDGs) for health.

The GAGNM Chairperson presided over the sessions; the meeting was highly interactive and participant involvement was encouraged. On the basis of the discussions and presentations, the participants drew up a list of key recommendations and action points (see Annex 3) that was presented to the WHO Director-General by members of the GAGNM. The meeting concluded with feedback on the Director-General's response.

The agenda (see Annex 2) included discussions on the role and functioning of the GAGNM and its transition to a new – re-formed – structure, the scale-up of nursing and midwifery capacities, a review of primary health-care issues, and updates on recent activities from partners and the WHO Secretariat.

This report provides a summary of the discussions, focusing on the individual and collective views of the participants; it does not give a detailed account of the proceedings.

# DAY ONE

## 2. DELIBERATIONS

### ADOPTION OF OBJECTIVES AND AGENDA

The meeting was opened by the GAGNM Chairperson, Ms Rachel Gumbi. The participants agreed on the revised agenda and meeting objectives, with modifications to the duration of some of the sessions. Many of the participants had also attended the stakeholders' meeting the previous day.

### SUMMARY OF PLENARY DISCUSSIONS

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#### GAGNM METHODS OF WORK

The progress of GAGNM operations over the past few years was outlined. The role of the GAGNM, as an advisory body providing policy advice to the WHO Director-General, its methods of work, its communication procedures and strategies were described and clarified. Dr Yan, the Chief Scientist, informed the participants that Eluminate and other conferencing technologies will be used to conduct meetings in the intervals between future face-to-face meetings. Participants will be given guidance on how to use Eluminate before any such meetings are held.

The Vice-Chairperson outlined the transition to the re-formed GAGNM, the orientation of new members and the role of those who will serve until December 2007. Experienced members were then invited

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#### WORKING WITH THE DIRECTOR-GENERAL

Nurses and midwives play a central role in the strengthening of health systems. It is important to give the Director-General a strong sense of the roles of nursing and midwifery. The GAGNM not only advises the Director-General, it also provides advice on policy issues related to all aspects of health care. Recommendations to the Director-General should be clear and should relate to specific policy areas of WHO.

There is now a focal person in the Director-General's office for nursing and midwifery issues. From time to time the Nursing and Midwifery Office (NMO) in headquarters is called upon to provide briefings on activities in countries or regions that the Director-General will visit.

It is necessary to recognize the political aspects that will have to be negotiated if the GAGNM is to continue. It should be noted, furthermore, that the NMO does not have adequate resources to continue to support the GAGNM – its resources have been

reduced over time. As a result, the duration of the meetings (formerly three days) has reduced to one and a half days. Other changes – such as the fact that on previous occasions the Director-General personally attended the meeting and addressed the group – were also noted.

Action: Future GAGNM meetings should:

- revert to the original duration of three days,
- be kept separate from the stakeholders' meeting, and
- include presentations from various WHO programme directors.

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## WORKING WITH OTHER WHO DEPARTMENTS

The importance of having a mix of information from other WHO departments and programmes was emphasized. Regions have high expectations of the GAGNM and it is important that the GAGNM is consistent in its messages and builds on what has been done before. There are nursing and midwifery focal points in other departments and WHO programmes, but they do not work directly with the regional advisers for nursing and midwifery; they tend to work rather with the technical officers in their respective areas. It is important that these focal points coordinate with the NMO and also with the nursing and midwifery agendas in other departments. Some progress has been made, however, with respect to collaboration with other WHO departments – for example, the NMO is working with the Department of Health Action in Crisis (HAC) on emergencies and with the WHO Department of Mental Health on the compilation of a mental health nursing atlas. In the past year the NMO has instituted an internship scheme for students and a nurse-scholar programme.

The NMO has been making overtures – “knocking on doors” – and partnerships with the other departments and programmes are increasing. It needs to mainstream with other programmes in WHO and not to work in isolation.

The GAGNM was encouraged to invite other people to participate in its activities. It could, for example, open up the group meetings to allow observers to attend; this would create potential advocates for the work of the GAGNM and nursing and midwifery in general.

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## IMPORTANCE OF WORKING WITH THE REGIONS

In events that provide an opportunity for exchange between (and with) regional advisers for nursing and midwifery, such as the GAGNM meeting, there should be a greater focus on what is happening at country and regional levels. WHO can achieve very little if the countries and regions are not implementing the recommended interventions. It is important that the issues at regional/country levels be brought to the attention of the NMO.

*Comments:*

**Margaret Phiri (RNA/Regional Office for Africa):** The GAGNM is a very important policy-making body for nursing and midwifery. People in the regions have high expectations of what the GAGNM can achieve. It is important for the GAGNM to keep its messages consistent and to build on what has been done before. It is, however, often difficult for regional nursing advisers (RNAs) to get support to attend GAGNM meetings – regional directors frequently ask what the RNAs get out of the meetings.

**Prakin Suchaxaya (RNA/Regional Office for South-East Asia):** WHO regional offices are not aware of the role of the GAGNM. There is a need to keep closer contact with the GAGNM members in the respective regions.

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## WORKING WITH PARTNERS

The NMO recognizes the importance of functional partners, such as the 44 WHO collaborating centres, the 80 government chief nursing and midwifery officers, and the regional advisers for nursing and midwifery. WHO is the only UN agency with an established office for nursing and midwifery. There has been some progress in creating partnerships but there is still much work to be done.

*Action:*

- Other departments at WHO headquarters and in the regions should be made aware of the GAGNM and its role.
- Communications and information is important for members of the GAGNM; information should be disseminated ahead of the meetings, using appropriate technology and regularly shared through NMO and regional websites.

*Comment:*

**Fariba Al Darazi (Regional Office for the Eastern Mediterranean):** It is important for members to be kept informed of pertinent issues – through regular updates on the web site and dissemination of information by the NMO.

- Prepare a position paper on the support that the NMO requires in order to function effectively.
- Establish stronger connections between technical programmes and nursing and midwifery officers; it is essential to formalize such links through heads of the relevant departments to assure that they are formally recognized and built into their respective strategies and workplans.
- Convene a meeting of the GAGNM once a year for three days. The meeting should be open to observers and not associated with the stakeholders' meetings. Virtual GAGNM meetings should take place throughout the year.

*Comment:*

**Silvina Malvarez (RNA/Regional Office for the Americas):** We become totally focused on our own nursing and midwifery “boxes” so it is important that we hear the views of other GAGNM members. We [the members] should start working before the meeting – reading and considering proposals – so that the meeting can be used to greater benefit for negotiating points and understanding each others' points of view.

- Invite nurses and midwives working in other WHO departments to the GAGNM receptions and/or the meetings so that they become aware of the GAGNM's role and work.
- Invite the Director-General to meet the participants at the next meeting in Geneva.

## REPORT FROM THE WHO SECRETARIAT AND REGIONAL ADVISERS FOR NURSING AND MIDWIFERY

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### WHO HEADQUARTERS

The representative of the WHO Secretariat drew attention to the progress report on strengthening nursing and midwifery that had been circulated and outlined the progress achieved on each item, drawing attention to the key achievements outlined below.

- Continued support for the work of the GAGNM.
- Preparation of an advocacy document outlining the roles and functions of government chief nursing/midwifery officers.
- Collaboration with Health Canada, the Faculty of Nursing of the University of Toronto and regional advisers for nursing and midwifery in a global survey to determine the minimum data set required to monitor the health workforce, including specifics for nurses and midwives; analysis of the data collected is currently on course.
- Mapping of in-country nursing and midwifery resources for mental health – this activity (in collaboration with the WHO Department of Mental Health) has produced a mental health atlas with a focus on nursing.
- Collaboration with McMaster University (a WHO collaborating centre on nursing and midwifery development) to conduct a retention study in four countries – two in developed countries (Canada and the United Kingdom) and two in developing countries (Thailand and Uganda); these studies have resulted in the formulation of a five-point framework for the retention of nurses and midwives.
- Supporting the Regional Office for Africa in conducting assessments on institutional capacity for scaling up nursing and midwifery tutor-training in three countries. The assessments identified the key elements necessary to develop a programme, to be implemented in 2007, to scale up tutor training.
- Collaboration with the Regional Office for Africa in planning and convening the first Regional Consultation on Strengthening Nursing and Midwifery Services. An activity plan, developed at the meeting will provide the basis for a regional strategic plan for strengthening nursing and midwifery services in the region.
- Provision of funding to the WHO regions for the following activities:
  - African Region: review of HIV/AIDS curricula in 10 countries and identification of core competencies with the ultimate goal of enhancing HIV content;
  - European Region: preparation – and translation into Russian – of a manual on HIV/AIDS for family health nursing;
  - Region of the Americas: assessment of the capacity of nursing/midwifery training institutions to offer and/or support HIV/AIDS training programmes; adaptation and dissemination of Integrated Management of Adult and Adolescent Illness (IMAI) materials;

- South-East Asia Region: development of pre-service curricula in five countries; preparation of a document for nurses on HIV/AIDS core competencies;
- Western Pacific Region: development and dissemination of HIV/AIDS training materials.

Key events included the establishment of an alliance and several meetings, outlined below.

- The Global Alliance on Nursing and Midwifery Community of Practice (GANMCOP), was launched in Amman, Jordan, in 2006, to provide a platform where practitioners, training institutions, regulatory councils, professional associations and other professionals and stakeholders can exchange knowledge and experience and explore ways of strengthening nursing and midwifery practice. To date, 1 100 professionals from 110 countries in the 6 WHO regions are participating in the alliance.
- The third Biennial International Conference for Chief Nursing Officers and Chief Medical Officers, organized by a partner – the Lillian Carter Centre for International Nursing – provided another opportunity to enhance the impact of the leadership provided by chief nursing officers (CNOs) in health and health-care quality and safety.
- The second Forum for Government Chief Nursing Officers, convened by WHO in May 2006, was attended by 53 government chief nursing and midwifery officers, together with leaders from key partner organizations. Participants discussed priority health issues, involvement in the development of the ten-year plan of action for human resources for health (HRH) and strengthening of global, regional, country and cross-sectoral collaboration. As a basis for monitoring and evaluating progress, they identified actions for follow-up.
- A consensus meeting on the global standards for basic nursing education was convened in December 2006 to address the issue of improving patient outcomes by raising the education of the health-care workforce. Educational experts from 13 countries participated in the meeting and prepared global standards for basic nursing education.

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## WHO REGIONAL OFFICE FOR AFRICA

The Regional Office for Africa plans to present a strategic plan for nursing and midwifery at its regional meeting in 2009 for endorsement by the ministers of health. More and more programmes are recognizing the critical role that the regional advisers on nursing could play. There is a great demand for a nursing/midwifery presence in priority programmes. Evaluation guidelines have been developed for the region and will be disseminated in 2007.

Progress has been made on the development of competency-based curricula in Malawi and the Seychelles, based primarily on competency documents developed by the International Council of Nurses (ICN) and the East Central and Southern African College of Nursing (ECSACON).

Although the strategic directions on strengthening nursing and midwifery services were distributed in 2002, many health staff at country level are not aware of them. This has prompted the regional office to develop guidelines to assist countries implement the strategic directions at country level.

The regional office is also addressing the issue of scaling up the education of midwifery tutors, based on funding received from the Global Alliance Health Workforce. It has conducted a situational analysis of institutions that could undertake such training for tutors in Kenya, Malawi, Uganda, the United Republic of Tanzania and Zambia.

The development of partnerships – with other programmes at the regional level and/or with international partners – has been a high priority for the regional office. It has drawn on the competencies of the International Confederation of Midwives (ICM) in working on the skills required for birth attendants; as a basis for further work with other programmes, it has initially examined the competencies being taught in pre-service programmes on HIV/AIDS.

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## WHO REGIONAL OFFICE FOR THE AMERICAS

Activities in the Regional Office of the Americas have focused on:

- involving nurses in the observatories in human resources in the region;
- promoting national nursing strategies in every country;
- developing a programme for moving nursing towards the MDGs;
- developing a strategy to address patient safety, HIV/AIDS, etc.;
- developing three regional studies – on regulation, nurse migration and nurse staffing;
- developing a Pan American-wide initiative by holding Pan American nursing research colloquiums (the most recent one was held in November 2006 in Buenos Aires);
- establishing a nursing office with a CNO in Costa Rica in January 2007; and
- working with policy-makers to increase the number of nurses in Latin American countries – 19 out of 20 Latin American countries have more doctors than nurses; only 25% of the countries in the region have professional nurses and 83% of these nurses are concentrated in Canada and the United States of America.

The Regional Office Americas plans to hold its next conference on nursing education in Toledo, Spain, in 2007. The agenda will focus on the need to:

- integrate the nursing education system and align it with primary health care and the MDGs; and
- develop strategies to manage the shortage in the nursing workforce and the migration of nurses.

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## WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA

The workforce shortage – including migration from countries such as India – is a major challenge. The Regional Office for South-East Asia has prepared a regional strategic plan for the health workforce that was adopted at the Regional Meeting in 2006. The regional office is developing a database on the health workforce.

The quality of education is a concern in the region and many schools have an inadequate number of nursing teachers. The following activities address these issues:

- 100 fellowships are offered each year within the region;
- a meeting (to be held in India in May 2007) will discuss the draft global standards for the education of nurses and will examine their roles in work on quality issues related to education;
- a skilled birth-attendant workshop will be held in Nepal during 2007;
- plans have been made to train auxiliary nurse midwives.

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## WHO REGIONAL OFFICE FOR EUROPE

- Following a process of advertising and interviewing for the post, there is now a regional nursing adviser (RNA) in place in the European Regional Office.
- Activities in the European Region are based on the programme of the Munich Declaration.
- Six WHO collaborating centres on nursing and midwifery development have been working in partnership with the RNA in the regional office. Three more centres have applied to become collaborating centres. The collaborating centre at Glasgow University has developed a course for its family nursing programme that has been evaluated and is now available on the regional office website.
- Government CNOs – and senior nurses from countries that do not have a CNO – meet together with the RNA each year in Copenhagen. In 2006 their meeting included workshops on basic education standards and the role of government CNOs in a global perspective. The RNA meets with the Chief Nurse Scientist (WHO/Geneva) once a year but more often would be more helpful.)
- The European Forum of National Nurses and Midwives Associations (EFNNMA) meets each year and the participants work on the implementation of strategic directions. The Forum's 2006 statement is presented in Annex 6.
- The regional office has gathered historical materials dating back to World War II and is trying to raise funds to have the history of nursing and midwifery in the region written.

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## WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

- The Eastern Mediterranean Region comprises 22 countries, 5 of which are dealing with conflict situations. In the last 2–3 years the focus in the regional office has been on assisting countries in conflict. The RNA has worked with these countries to build schools of nursing and midwifery.
- Nursing and midwifery development has been on the agenda for the past 15 years and considerable progress has been made.
- The regional strategy for nursing and midwifery development is being used as a framework to guide work in the countries and a joint plan has been established with each country. The regional office is supporting the development of national strategic plans for nursing and midwifery in the countries.
- The regional office has worked with partners to top up salaries of nursing and midwifery teachers. More emphasis is being paid to the continuation of nursing education reforms, including the establishment of nursing councils and boards in a few countries in the region. The regional office has also been working with sub-regional forums to develop an accreditation system for nursing schools that could link to private schools in the region.
- There have been some collaborative efforts on patient safety and health system development.

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## WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC

- The Regional Office for the Western Pacific has supported the development of a separate strategic action plan for nursing/midwifery development in Pacific Island countries and areas. Both the strategic action plans (the overall regional plan and the Pacific Island plan) are aligned with the 2006– 2015 regional strategy for human resources for health and the global strategic directions for strengthening nursing and midwifery services.
- The Regional Office collaborated with the University of Technology in Sydney: a) to convene a regional nursing leadership summit in November 2006 focusing on building leadership and preparedness-capacity for emerging diseases in the Region, and b) to develop a regional strategic action plan for nursing/midwifery.
- The South Pacific Chief Nursing Officers Alliance (SPCNOA) held its second meeting in Apia, Samoa, in conjunction with the meeting of the South Pacific Nurses Forum in September 2006. Participants included government CNOs and leaders from academic institutions. The strategic action plan for nursing/midwifery development for Pacific island countries was discussed and endorsed at the SPCNOA meeting.
- Supporting documents developed by the Regional Office include:
  - *Health Service Planning and Policy-Making: A Toolkit for Nurses and Midwives*. Manila, WHO Regional Office for the Western Pacific, 2005.
  - *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals. Module on Ageing*. Manila, WHO Regional Office for the Western Pacific, 2006.
  - *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals. Foundational Module on Poverty*. Manila, WHO Regional Office for the Western Pacific, 2006.
  - *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals. Module on Malaria*. Manila, WHO Regional Office for the Western Pacific, 2006.
  - *Integrating Poverty and Gender into Health Programmes: A Report on Surveys of Health Ministries and Educational Institutions*. Manila, WHO Regional Office for the Western Pacific, 2005.

## SUMMARY REPORTS FROM OTHER PARTNERS

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### INTERNATIONAL COUNCIL OF NURSING

The International Council of Nursing (ICN) presented a summary of its various activities and achievements, including:

- International Nurses Day on 12 May 2007 with the theme “quality workplaces result in quality care”;
- a five-year campaign on quality workplaces;
- the mobile libraries – English and Portuguese; ICN considers that these libraries play a role in primary education as they are currently supporting the education of 40 school girls;
- the provision of support to the establishment of a wellness centre in Swaziland for workers and families.

Future activities include the upcoming 2008 Interdisciplinary Regulatory Conference and ongoing work in which ICN will be contributing to the key result areas of the NMO.

ICN shares the structure and work of the Global Health Workforce Alliance (GHWA); Judith Olton (Chief Executive Office of ICN) is a member of its board. The GHWA has a board, an executive committee, a programme/policy committee, a nominating committee, a members' forum, working groups and a secretariat. Activities of the GHWA are outlined below:

Activities of the GHWA are outlined below:

- Scaling up Health Worker Education and Training Task Force, co-chaired by Lord Nigel Crisp and Bience Gawanas, launched in March 2007;
- the Health Worker Migration Policy Initiative, launched during the 60th World Health Assembly (May 2007), co-chaired by Mary Robinson and Francis Omaswa;
- the Health Worker Advocacy Initiative (this has not been officially launched, but started operating in early 2007; it held its first in-person meeting in July 2007 and changed its original name – Advocacy Working Group – to Health Worker Advocacy Initiative);
- the Working Group on Tools and Guidelines; this is a time-limited working group that has completed its work and delivered the HRH Action Framework (HAF) which is available on-line; and
- a working group on financing and universal access will be launched in 2008.

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## INTERNATIONAL CONFEDERATION OF MIDWIVES

The work of the International Confederation of Midwives (ICM) concentrates on capacity building, and works primarily with other organizations that have a greater size and capacity. The ICM does a lot of lobbying – such as its work with ICN on the birth registration campaign. As a contribution to strengthening human resources for health, a train-the-trainer programme for teachers in masters degree midwifery courses has been started in Pakistan. Another train-the-trainer programme has also been developed – on HIV/AIDS – and piloted in South Africa; this is a generic programme that can be used across categories of health workers and professionals. Activities this year have focused mainly on scaling up the capacities of midwifery services, especially for midwives and others, such as skilled birth attendants, with midwifery skills. There is a plan to recruit and deploy skilled midwives as midwifery advisers in United Nations Population Fund (UNFPA) offices in the regions.

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## THE GLOBAL NETWORK OF WHO COLLABORATING CENTRES

The Global Network of WHO Collaborating Centres comprises 38 collaborating centres worldwide. The centres have a wide range of activities and are now aligning their work with regional programmes and priorities. There are 33 prospective collaborating centres currently in the pipeline. Recent activities have been:

- networking between centres;
- working closely with the WHO/NMO during the past 12 months on scaling up capacity and developing a concept paper;
- supporting the development of communities of practice, particularly with the launch of the Global Alliance on Nursing and Midwifery Community of Practice (GANMCOP);
- the organizational development of the Global Network and provision of support in the establishment of new centres, particularly in regions such as Africa which has very few centres.

## RECOMMENDATIONS

- 1) RNAs need to outline major strategies for programmes that are likely to be implemented within their respective regions during the next two years.
- 2) Opportunities should be sought to involve RNAs in major global initiatives such as patient safety and global health alliances.
- 3) It would be helpful to conduct a review to determine the extent of the workforce shortage in each region.
- 4) RNA reports should include monitoring and evaluation aspects so that the data to measure outcomes are available. The report from the NMO should be evidence-based.
- 5) The issue of interregional working should be considered. It would provide an opportunity to examine specific regional issues, such as the migration of nurses between regions.
- 6) The GAGNM must be informed of gaps and challenges as well as progress with activities such as the implementation of the strategic directions document. A clear understanding of the overall picture would enable the GAGNM to formulate appropriate policy advice for the Director-General.

## DAY TWO

### 3. DELIBERATIONS

#### REPORT ON DIRECTOR-GENERAL'S PRESENTATION TO THE WHO EXECUTIVE BOARD

Dr Viro Tangcharoensathien, a member of the WHO Executive Board and the GAGNM, outlined the Director-General's presentation to the Board. It had covered the following topics:

- two fundamental health needs:
  - 1) health development, and
  - 2) health security;
- two strategies:
  - 3) strengthening health systems, and
  - 4) the need for better evidence to shape strategies and measure results;
- two operational issues:
  - 5) reliance on partners, especially those with an implementation role in countries, and
  - 6) better performance across WHO programmes.

The speech highlighted the fact that activities will focus on women – the health of women – and the people of Africa. The World Health Report 2008 will focus on primary health care.

The programme budget, approved by the Executive Board at its last meeting, focused on communicable diseases so, despite the Director-General's intention to boost health programmes such as Making Pregnancy Safer, this cannot be done with the current budget.

The Director-General intends to transfer more resources to the regions and countries, keeping about 28% at headquarters for technical support. It was noted that headquarters has the knowledge and technical capacity to plan programmes but depends on champions at the country level, with funding from major donors, to translate the programmes into actual country-level activities.

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#### RECOMMENDATIONS

- 1) There needs to be greater focus on the development of health systems than on the health workforce. Participants from the industrial sector are happy with the focus on public-private partnerships. This is an opportunity that can be used in promoting nursing and midwifery issues at the country and regional levels. It is increasingly alarming that nurses and midwives are not being listened to as professionals.
- 2) In promoting our interests, we could use primary health care, rather than nursing/midwifery, as a common entry point, focusing on a good skill mix and

teamwork. Using primary health care would avoid the focus on professionals. However, we would need public health capacity, effective medicines and diagnostic tools. We would also need to produce descriptions of the roles of the nurse and the midwife in primary health care. (Dr Tangcharoensathien plans to conduct an in-depth study of nurses and midwives in Thailand, looking at their contributions and life histories as a basis for a report that he will submit to the Thai Parliament. He believes such a study will be useful in getting recognition for the role of nurses and midwives, the contribution they make and their importance in primary health care. The study will be a make-or-break issue at country level and will need the cooperation of, amongst others, nursing councils, associations and nongovernmental organizations.)

- 3) The NMO, ICN and ICM should take this opportunity to focus on the roles and contributions of nurses and midwives in the Task Force on Primary Health Care created by WHO. Health issues in the global context will have a major impact on primary health care. The health system needs to be supported with adequate financing.

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#### CONCLUDING REMARKS BY THE CHAIRMAN

The NMO is encouraged to develop links with other people, working across the WHO clusters to contribute to the creation of a good health system that is linked to health outcomes. An integrated health service should be comprehensive; it should encompass health promotion and preventive/curative services – the point of departure must be a team approach. Since the Director-General would like to focus on women, we need to provide evidence of the roles of nurses and midwives, especially on issues of access linked to quality.

#### REPORT ON THE USE OF THE WORLD HEALTH REPORT 2006

The NMO reported on the focus of *The World Health Report 2006* and the fact that there are no good data on the health workforce. The report was distributed to all the CNOs who were in Geneva in May 2006 for the World Health Assembly. It has been used significantly within the various programmes and departments at headquarters and at regional level, and has been used as the basis for the establishment of an HRH decade in the Region of the Americas.

The WHO Department of Health and Human Resources has been busy in terms of advocacy and has taken a decision this year to look at implementation, working with various departments. Six policy briefs that go with *The World Health Report 2006* provide policy advice to the countries and have been made available to decision-makers. A summary of *The World Health Report 2006* is also available in six languages.

As regards *The World Health Report 2007*, the NMO is monitoring the development of the report to ensure that nursing and midwifery are included – she is working with communications officials responsible for writing the report in the Evidence and Information for Policy cluster. The general evaluation of *The World Health Report 2006* was that, in bringing human-resource issues to the attention of donors and others, it successfully raised awareness of the crisis in human resources for health. We have been informed that, as a result, several funding pledges have been submitted and more are expected.

## REPORT ON THE GLOBAL HEALTH WORKFORCE ALLIANCE

The Secretary General of the ICN reported on the Global Health Workforce Alliance (GHWA). It has been working mainly with the Department of Human Resources for Health and has established a forum that will hold its first meeting in Africa in September 2007.

The GHWA has a small staff and, although it is not part of WHO, is housed within WHO headquarters. It does not plan to implement activities; its objective is rather to act as a catalyst. It supplies expertise, tools and funding to help countries address human-resource issues; it is currently funding eight countries. The GHWA held its first meeting in Thailand; its second meeting will be hosted by the Chinese Minister of Health in Beijing in October 2007.

The GHWA has task forces on scaling up (led by Nigel Crisp, to begin work in March 2007) and migration. It also has an advocacy group that is working to get human resources for health as an item on the G8 agenda and has encouraged African ministers of health to allow one day in the agenda of their next regional meeting for discussions on human-resource issues.

Other significant issues that may be taken up by the GHWA are those relating to positive workplace environments and recruitment/retention. Dr Sweet and partners have developed an action-learning package, "AAAH", in the Western Pacific Region.

The GHWA plans to hold a training workshop for developing proposals to the Global Fund.

One of the participants asked if the NMO receives or has access to funding from the GHWA. The reply was that some funding has been received for tutor training in Africa. These funds are now at the regional level and will be used in cooperation with the East, Central and Southern African College of Nursing (ECSACON).

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### RECOMMENDATIONS

Groups such as the GHWA are aware of the importance of human resources in strengthening health systems. We need to incorporate our proposals on human resources for health within the issue of strengthening health systems if we are going to be successful.

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### DISCUSSIONS ON PRIMARY HEALTH CARE ACTIVITIES THROUGHOUT WHO

The NMO reported on the establishment of the Task Force on Primary Health Care and expressed the hope that the GAGNM would be represented in it. A survey on primary health care has been developed and distributed to various groups. The NMO will coordinate the collection of scenarios and evidence from the six regions and ensure that evidence of the contribution to the health services made by nurses and midwives over the last 29 years is included in The World Health Report 2008 on primary health care. This exercise might also help to identify barriers and constraints that currently impinge on effective implementation of primary health-care activities.

It was pointed out that a body of research for the report is already looking into the nursing/midwifery contribution to primary health care. A review of literature on the subject should be undertaken to provide robust input on this subject. We should not rely simply on "... stories and anecdotes".

It was suggested that a separate document focusing on the nursing/midwifery contribution to primary health care could be compiled and used as the basis for a supplementary report on nurses and midwives. It would be necessary to clarify what material to include and to agree on an outline so that consistent data are collected at country and regional levels.

Three or four years ago the Regional Office for the Americas conducted a literature review on nursing in primary health care that has now been published.

## **REPORT ON PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS**

The Regional Office for the Americas reported that the significant disparities highlighted within and across its countries have made it essential to establish a collaborative partnership to strengthen nursing and midwifery within the region. The idea is to work on two MDGs.

- MDG 4: To reduce by two thirds the mortality rate among children under five years of age.
- MDG 5: To reduce by three quarters the maternal–mortality ratio.

The initiative will be based on primary health-care strategies and would include maternal and newborn health, HIV and patient safety. New areas can also be envisaged, such as poverty and health, nursing and emergencies, or health in crisis.

The strategies for building this initiative are complex and broad. Work has already begun on it, with a wide range of professional involvement. A baseline document and network have been designed to cover specific areas – building service-capacity, education and training, information and technology advice, advocacy and policy. The Regional Office for the Americas has provided seed funding to get groups working on this initiative and to develop activities in the countries

## **KEY RECOMMENDATIONS FROM THE STAKEHOLDERS' MEETING**

NMO provided an overview of the discussions at the stakeholders' meeting on 19–20 February 2007. The recommendations from the meeting are listed below.

- 1) Draft a background document on scaling up the capacity of nursing and midwifery services to contribute to the MDGs. This document will include the five core elements for scaling up that were agreed on at the meeting.
- 2) Develop an action plan for each core element – with objectives, activities, targets and indicators – and identify lead persons and partners for each core element.
- 3) Schedule a global meeting to draft a programme of work on scaling up the capacities of nursing and midwifery services.

## **STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY DEVELOPMENT**

discussed. The draft document, prepared by Health Canada, will be distributed to GAGNM members in about two weeks. It was suggested that the form and title of the document could be changed – it could be called a “background paper” and reformulated as a tool.

The NMO will coordinate the subsequent process for developing the strategic directions for 2009–2015. The Director-General’s advice on the areas where she would like to see nursing and midwifery implemented during the next period should be sought.

## **DEVELOPMENT OF RECOMMENDATIONS TO BE PRESENTED TO THE DIRECTOR-GENERAL**

Participants agreed that the starting point for formulating recommendations for the Director-General would be the GAGNM’s 2005 recommendations. The main recommendations should be on policy issues, the focus of the GAGNM’s mission. Scaling up human resources is an important aspect of strengthening the health system, but it is not the only one.

It is important to stress that the GAGNM is a policy advisory group, not an advocacy group. The RNAs need the support of the Director-General in seeking recognition of the importance of their work within the WHO programmes and departments. In the past, there were nurses in every country office but this is no longer the case; another change is that the title “regional adviser for nursing” is no longer being used in the regional offices. The following points were proposed and discussed as a basis for the recommendations.

The following points were proposed and discussed as a basis for the recommendations.

- 1) Human resources, especially nurses and midwives, make a significant contribution to the achievement of health.
- 2) Africa is the most disadvantaged region in terms of human-resource production capacity, the retention problem, and loss of human resources due to HIV/AIDS, migration and weak health-system capacity.
- 3) The effective functioning of primary health care and the integrated health services is not only a crucial instrument, it is also the entry point for public health interventions that will achieve a healthy population.
- 4) The effective functioning of primary health care requires an adequate skill mix and an equitable distribution of human resources, especially nurses and midwives and financing of services.
- 5) It is necessary to mainstream the role and function of nursing and midwifery in all three levels of WHO’s activities – country, regional and headquarters.

The full text of the GAGNM’s report to the Director-General is included as Annex 3.

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## FEEDBACK FROM THE MEETING WITH THE DIRECTOR-GENERAL

The Chairperson, Vice-Chairperson and Chief Scientist provided feedback after presenting the GAGNM recommendations to the Director-General. They felt that it had been the most positive briefing the GAGNM had made to a WHO Director-General.

The Director-General:

- indicated that there are two billion people with no access to health care;
- endorsed her commitment to support the NMO; she is aware that the GAGNM is committed and is looking for action; she would like to receive examples of community-based interventions;
- recognizes that nurses and midwives are the backbone of the health system; she is also aware of the challenges of access and understands the bridge that nurses and midwives can provide to other health workers; furthermore, health workers need contact resource persons, supervision and career mobility;
- expressed the need to find solutions to the migration of professionals from resource-poor countries;
- appreciates the GAGNM and the support it provides to the NMO and nursing and midwifery globally;
- emphasized the following:
  - country-driven and community-based interventions and actions;
  - measures to move the agenda forward, and
  - professionals as points of contact.

## GENERAL DISCUSSION

Several issues were proposed and/or discussed.

### Communication and feedback to members

- E-mails with many attachments sometimes get blocked and cannot get through at country level. It would be preferable to use the NMO website to disseminate information on nursing and midwifery.
- It is critical to establish a reciprocal interregional link between GAGNM members and the RNAs to allow everyone to keep in touch and inform each other of key issues and activities within the regions. Also, since there are new GAGNM members, it is vital that members talk to each other and have frequent communication.
- It would be helpful to have regular communication between the NMO and members of the GAGNM.
- It was suggested that a page for the GAGNM could be established on the NMO website for information on scheduled conferences or meetings of interest to the GAGNM members.
- It would be helpful if the NMO could prepare a package for GAGNM members to use in promoting the GAGNM. Not many people are aware of its existence and/or its functions.

## GAGNM and other meetings

- The group requested that in future two days be allocated to GAGNM face-to-face meetings and that a theme be established for each meeting, such as primary health care, pandemics, etc.
- GAGNM meetings every three months using various technologies/methods should continue.
- One of the participants commented that she had concerns about the way this meeting had been organized. She felt, for example, that there had been too few briefing papers circulated prior to the meeting, that the agenda and papers had not been circulated sufficiently ahead of time and that there had not been enough advance notice given for any of the meetings. The GAGNM should set a schedule of dates for the year, including dates for teleconferences, etc. [In response, the Chairperson explained the current staffing challenges in the NMO.]
- With reference to the annual GAGNM meeting members requested: a) that meeting papers be sent to them two months before the meeting, either electronically or as printed copy; and b) that regular contact be made with members, at least on a quarterly basis.
- The RNA for the Regional Office for the Eastern Mediterranean informed the group that a global consultation on nursing and midwifery would be held in Islamabad, Pakistan on 4 March 2007. The consultation would be organized by WHO and hosted by WHO, ICM, ICN and the Commonwealth Secretariat. The theme was “strengthening of nursing and midwifery through scaling up”. The meeting would culminate in a declaration on nursing and midwifery. It was suggested that some mechanism be found to have GAGNM members attend the consultation. Following the consultation a national meeting on the reform of nursing and midwifery education in Pakistan would be organized.

## Role of GAGNM members

- The Chief Scientist acknowledged that the GAGNM serves as a guide in the work of the NMO and has been very supportive and helpful. Members were there in times of challenge and were always supportive and responsive. Each of the task force projects had included a GAGNM member. The GAGNM had also been very helpful in ensuring that the NMO delivered. For 2006–2007, 75% of the NMO’s workplan has already been achieved.
- The group members asked the Chief Scientist to keep them informed of staffing challenges such as the lack of quality secretarial support. This would enable them to understand the context within which the NMO is operating and to be more supportive. At times when there is extra work but little support in the NMO, some of the GAGNM members could be asked to help – to act as focal points for dissemination for example.
- Anyone who agrees to become a member of the GAGNM should be prepared to work on documents and/or other materials and send them to the Chief Scientist for sharing with other members.
- A transitional phasing of new members into the GAGNM was suggested. With one third of the group being appointed at any one time, it would provide an overlap of experienced members with new members.

### Report on WHA resolution

- Regarding WHA Resolution 59.27 on nursing and midwifery, the report back to the 2008 World Health Assembly will need to be ready for presentation to the Executive Board in January 2008. There should be a plan for getting this report ready. GAGNM members could participate in the preparation of the report and/or supply data and information from their regions. It was suggested that a meeting of the GAGNM could be held (using Eluminate or a teleconference) no later than early November 2007 to look at a draft of this report before it is submitted to the Executive Board.
- In the plan of work, the word "update" relative to the strategic directions on strengthening nursing and midwifery (SDNM) should be replaced with the word "report".

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## ANNEX 2: AGENDA

### MEETING OF THE GLOBAL ADVISORY GROUP FOR NURSING AND MIDWIFERY DEVELOPMENT, 20 – 21 FEBRUARY 2007

#### DAY 1: TUESDAY, 20 FEBRUARY 2007

- 13:30 Adoption of revised meeting objectives and agenda  
[Rachel Gumbi](#)  
[Joyce Thompson](#)
- 14:00 Role, functioning and transition to re-formed GAGNM:  
• Purpose of GAGNM  
• Working methods of GAGNM  
• Transition arrangements for re-formed GAGNM  
[Rachel Gumbi](#)  
[Joyce Thompson](#)  
Meeting priorities and concerns of GAGNM members
- 15:00–15:30 *Break*
- 15:30–17:00 Reports from WHO Secretariat and regional nursing advisers (RNAs):  
• Progress on recommendations from the GAGNM 2005 meeting  
• Progress on strategic directions and resolutions  
• Reports from RNAs: key issues and activities  
[Rachel Gumbi](#)  
[RNAs](#)  
WHO and global health policies and initiatives:  
• Strategic direction of the new WHO Director-General  
• *The World Health Report 2006*  
• Global Health Workforce Alliance  
• Scale-up  
• Progress towards Millenium Development Goals
- 17:00–17:30 Key issues from partners:  
• International Council of Nurses  
• International Confederation of Midwives  
• WHO collaborating centre cetworks  
[Judith Oulton](#)  
[Kathy Herschderfer](#)

**DAY 2:** WEDNESDAY, 21 FEBRUARY 2006

- 8:30–9:00 Key strategic recommendations from the stakeholders’ meeting  
[Jean Yan](#)
- 09:00–10:00 GAGNM discussion of key global issues facing nursing and midwifery  
[Rachel Gumbi](#)  
[Joyce Thompson](#)
- 10:00–10:30 *Break*
- 10:30–11:30 GAGNM discussion of key issues facing nursing and midwifery globally (*continued*)  
[Rachel Gumbi](#)  
[Joyce Thompson](#)
- 11:30–13:00 Development of recommendations and a workplan
- 12:30–13:30 *Lunch*
- 13:30–14:30 Finalization of recommendations to the WHO Director-General  
[Rachel Gumbi](#)  
[Joyce Thompson](#)
- 14:30–15:00 Global consultation on nursing and midwifery celebrations of 30 years of public health service  
[Jean Yan](#)
- 14:30–15:00 Chairman and Vice-Chairman to meet the WHO Director-General  
[Jean Yan](#)
- 15:00–16:00 Briefing GAGNM members on the meeting with the Director-General  
Wrap-up of the meeting  
[Rachel Gumbi](#)  
[Joyce Thompson](#)

## **ANNEX 3: GAGNM REPORT TO THE WHO DIRECTOR-GENERAL, 21 FEBRUARY 2007**

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### **I. BACKGROUND**

The Global Advisory Group for Nursing and Midwifery (GAGNM) serves as a strategic, action-oriented body that provides policy advice to the WHO Director-General and the Cabinet to strategically enhance the contributions of nursing and midwifery within the context of all WHO priorities and programmes, increasing equity of health outcomes and ensuring the right of all people to health.

The GAGNM met between 20–21 February 2007:

- to articulate the strategic roles, functions and methods of working of the GAGNM in reinforcing and supporting WHO's priorities and programmes of work for improved global health;
- to update the framework for collaboration and partnerships with partner organizations and United Nations agencies;
- to monitor progress on the strategic directions for nursing and midwifery services (2002–2008) and World Health Assembly resolutions (WHA 59.23 and WHA 59.23);
- to develop policy advice for the Director-General on strengthening the contribution of nursing and midwifery to global health within the framework of the Millennium Development Goals (MDGs), including recommendations related to:
  - scaling up workforce production,
  - integration of nursing and midwifery services in priority programmes, and
  - mechanisms for ensuring mobilization of resources to support the WHO Office of Nursing and Midwifery (NMO).

The following sections summarize the deliberations of the meeting and present the GAGNM recommendations to the Director-General.

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### **II. OBSERVATIONS OF THE GAGNM**

The GAGNM recognizes:

- the significant impact of human resources, especially nurses and midwives, on the achievement of the health of the population;
- Africa is the most disadvantaged region in terms of production capacity, retention problems, loss of human resources due to HIV and AIDS, migration and weak health-system capacity;
- the importance of nurses and midwives in promoting the health of women throughout the world, particularly given that nursing and midwifery are primarily female professions;
- the functioning of primary health care and an integrated health service are the crucial instruments and major entry points for effective public health interventions and the achievement of the health of the population;
- the functioning of, and access to, primary health care requires an adequate skill mix and equitable distribution of qualified human resources, especially nurses and midwives, in addition to the adequate financing of services;

- the necessity of the WHO Secretariat (headquarters, regional and country offices) to mainstream the role and function of nursing and midwifery in policy development and programme implementation.

The GAGNM is pleased to note that progress has been made in areas that were the subjects of recommendations by GAGNM in 2005, including:

- enhanced dissemination of the strategic directions document 2002–2008 and its translation into the six official WHO languages;
- the promulgation of WHA resolutions, WHA59.23 and WHA59.27;
- the achievements of the NMO despite a heavy workload and limited resources (the GAGNM, however, remains concerned about a number of issues that constrain the potentially significant contribution that nursing and midwifery could make to the attainment of the MDGs through a primary health-care approach);
- the continued crisis of availability, distribution and utilization of nurses and midwives at all levels of the health-care system;
- the lack of adequate representation of nursing and midwifery perspectives in the development of health policies and strategies, at all levels within WHO and also more broadly;
- the lack of adequate resources to allow the GAGNM, the NMO and the regional nursing advisers to effectively support Member States.

GAGNM is in the process in reviewing and developing a strategic directions document for 2002–2008 as a prelude to developing strategies post-2008.

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### III. RECOMMENDATIONS

GAGNM wishes to recommend the following to the Director-General:

- to provide support to Member States in their efforts to achieve an adequate number of human resources including nurses and midwives through the scale-up of production (including nurse and midwife educators), full utilization of existing human resources, recruitment and retention and better management in response to migration;
- to ensure that nursing and midwifery perspectives are reflected in the work of WHO by recruiting an increased proportion of nurses and midwives and ensuring a greater role for nurses and midwives in their contribution to the priority programmes of WHO;
- to facilitate and fully resource, in collaboration with the WHO regional directors, the work of regional advisors for nursing and midwifery in their support of Member States;
- to develop an initiative focusing on the challenges and responses to nursing and midwifery in its contribution at primary health-care level;
- to engage nursing and midwifery constituencies and stakeholders in contributing to the processes of The World Health Report 2008 on primary health care, and to provide evidence of nursing/midwifery contributions to the functioning of primary health care;
- to ensure sufficient resources for the effective functioning of the NMO and the GAGNM, including the funding to support a minimum of one face-to-face GAGNM meeting per year.

## ANNEX 4: KEY REGIONAL POLICY ISSUES

### POLICY ISSUES FOR THE WHO AFRICAN REGION

The absolute shortage in the health-care workforce is the overarching challenge faced by the African Region in its efforts to improve access and assure the equity of quality health-care services, while addressing the increasing disease burden.

ESTIMATED SHORTAGE IN 36 COUNTRIES IN THE WHO AFRICAN REGION, BASED ON THE SKILL MIX IN 2005			
Policy issues	Total	Skill mix (%)	Estimated shortage
Physicians	76 749	7.86%	108 359
Nurses and midwives	502 623	51.50%	709 633
Dentists and technicians	7 598	0.78%	10 727
Pharmacists and technicians	21 741	2.23%	30 695
Environmental and public health workers	17 206	1.76%	24 292
Laboratory technicians	26 086	2.67%	36 830
Other technicians and health cadres	69 563	7.13%	98 213
Community health workers	159 868	16.38%	225 711
Administrative support staff	94 629	9.69%	133 596
<b>Total</b>	<b>976 058</b>	<b>100.00%</b>	<b>1 378 057</b>

Source: Partners' forum: reaching the MDGs (WHO/AFRO, 2006).

POLICY ISSUES IN THE WHO AFRICAN REGION	
Policy issues	Rationale
Need to support countries in the rapid scale-up of health-workforce production, including nurses and midwives, to address the existing critical shortage and improve access and equity to quality health-care services in the African Region.	36 out of the 57 countries worldwide with an absolute health-workforce shortage are in Africa. Unless something is done about this crisis in human resources for health – especially in the African countries – the MDG health-related targets may not be achieved. According to estimates in 36 countries and based on the 2005 skill mix, the African Region requires an additional 709 633 nurses and midwives to address the current shortage. In order to increase the health workforce through larger class sizes (by enrolling greater numbers of nursing students), one of the critical factors for success is to ensure the availability and quality of an adequate number of nursing and midwifery tutors who can be engaged in training institutions and who will advocate for sustained educational reforms and ensure the production of more nurses and midwives, without compromising the quality of nursing and the required education. Current data shows that there is a critical shortage of nursing and midwifery tutors in terms of quantity and quality in the African Region. There is therefore a critical need to train more nursing and midwifery tutors, using the most cost-effective models of education, including distance learning.
Need to support countries in the African Region to strengthen their nursing and midwifery education systems to support the production of nurses and midwives in all categories, with appropriate skills and competencies.	The <i>World Health Report 2006</i> identified inappropriate or inadequate training curricula that are not needs-based in most of the health-care professional training programmes. There is a need to support countries to perform internal (self-assessment) and external evaluations of their pre-service nursing and midwifery education and training programmes in order to identify existing gaps in the countries and support educational reforms, including curricula revisions, establishment of accreditation, licensure and certification systems and programmes.
Need to support countries to develop/strengthen the leadership capacities of nurses and midwives in areas such as the development, implementation, monitoring and evaluation of national health policies and programmes at all levels of the health-care delivery system.	There is a critical need to develop visionary nursing and midwifery leadership that will be accountable to the government, consumers and the profession in contributing nursing and midwifery services in the African Region. Urgent support is needed to develop and/or strengthen leadership and management skills and the competencies of nurses and midwives at all levels of the health-care delivery system in order to empower them to assume and perform a visionary leadership role.
Need to support countries in scaling up priority public health programmes through appropriate utilization of a competent nursing and midwifery workforce.	There is a need to establish mechanisms for collaboration between priority public health programmes – tuberculosis (TB), HIV/AIDS and maternal and child health – in the effective use of the nursing and midwifery workforce as the main service providers. The HIV pandemic, the control of TB and poor maternal and child health services lead to high maternal and child mortality rates and present a massive challenge for the African Region. Since nurses and midwives are the main providers of these services, there is a need for collaborative efforts: (a) to develop the appropriate competencies and skills that nurses and midwives require, at both pre-service and in-service levels, in order to effectively deliver the required interventions; and (b) to jointly plan programmes and allocation of resources to support effective integration of nursing and midwifery services into the public health priority programmes at regional and country levels.

**POLICY ISSUES IN THE WHO REGION OF THE AMERICAS**

Policy issues	Rationale
Promote the comprehensive development of specific nursing policies and programmes at the national level to better conduct the contribution of nursing in strengthening health systems and improving health conditions.	As the largest service and workforce group, nursing is not sufficiently included and addressed within health policy issues and many countries do not have programmes for the development of nursing services.
Need to reinforce and enrich mechanisms for increasing the numbers in the nursing workforce and for the professionalization of health workers delivering nursing care, with emphasis on primary health care.	About 75% of the nursing workforce in Latin America has a low level of nursing education (nursing auxiliaries) yet these nurses are in charge of most of the direct nursing care. 25% of the professional nurses work in management, education and in intensive care units. Very few nurses work in primary health care. The region has wide experience in improving the quality of nursing care through scaling up human resources, but there is still a need for support from health authorities in the expansion, improvement and replication of these initiatives.
Need to integrate the nursing education system to function as a continuum and align it with the MDGs and the national health priorities, based on public health and the primary health-care strategy.	There are various levels of nursing education and nursing certificates that work independently and are not coordinated with the health services; this prevents nursing workers from having access to a continuous and pertinent nursing education.
Strengthen nursing education programmes to gain a better understanding of global health and promote the cultural appropriateness of health care.	Even though nursing education has made progress in recent years, many education programmes continue to be oriented to specialized medical care and do not address the main health priorities, including cultural issues in a globalized world and the primary health-care strategy. Furthermore, they are not articulated with the priorities of the health services.
Need to promote mechanisms to improve working conditions, incentives and career opportunities for the health workforce; and to generate strategies to manage nursing shortage and migration.	Most of the countries in the Region of the Americas are facing nursing shortages, despair distribution and migration. This is causing huge problems for the health services in their efforts to assure good health-care coverage and has become a challenge in the region. Many factors – at different levels – come together to produce this situation. In many countries the strongest factors are poor working conditions, a lack of incentives and career opportunities, gender disparities and poor recognition of the contribution that nurses make to the wealth of the society.

**POLICY ISSUES IN THE WHO EASTERN MEDITERRANEAN REGION**

Policy issues	Rationale
There is a need to assist countries dealing with complex emergencies and conflict situations to build and rehabilitate the nursing and midwifery education and services within their overall health system development. For this process it is vital to establish strategic alliances with partners.	Production of nurses and midwives is critical in meeting the essential health service needs and key interventions targeted at the burden-of-disease priorities in these countries.
Establishment of a system of accreditation of nursing educational programmes and institutes requires partnerships between ministries of health, higher education, universities, professional organizations, and the private sector.	Private educational institutions are spurring up throughout the region but there is no appropriate system to assure the quality of the graduates of these schools.
Development of advanced practice roles for nurses within primary health-care settings with proper educational preparation and referral systems.	In areas where the population has limited access to specialist professional health-care providers and health-care facilities, it is important to prepare nurses to meet the health needs of the population in a comprehensive manner.

### POLICY ISSUES IN THE WHO EUROPEAN REGION

Policy issues	Rationale
The WHO collaborating centre in the European Region has developed a family nurse model.	The model has been tested in 12 countries in both East and Western Europe and was evaluated in 2006. The evidence-based results call for more countries to use the model. See the reports available at: <a href="http://www.EURO.WHO.int/NursingMidwifery">www.EURO.WHO.int/NursingMidwifery</a>
The theme for the European Forum of National Nursing and Midwifery Association (EFNNMA) meeting.	Every year the EFNNMA meetings have a theme – in 2004 the theme was mental health care, in 2005 it was obesity and in 2006, HIV/AIDS. In 2007 the discussions will focus on health systems and the perspectives of nurses and midwifery challenges as part of team work.
A new policy advisor will be appointed in February 2007. The appointed individual will have the opportunity to make his/her own policy for the coming years	For the time being the Regional Office for Europe is working on the basis of the Munich Declaration that was signed by ministers of health in 2000 and evaluated in 2004; there is a plan to draw up a new declaration in 2008.

### POLICY ISSUES IN THE WHO SOUTH-EAST REGION

Policy issues	Rationale
Need to support countries to develop a national health workforce plan that includes a plan for the nursing and midwifery workforce to ensure a motivated health workforce with adequate numbers and effective distribution, especially at the community level.	The health workforce in countries of the South-East Asia Region is in crisis due to shortage, migration, maldistribution and inadequate skills. The 24th Health Ministers' Meeting in August 2006 adopted the Dhaka Declaration to solve the health workforce crisis. The 59th Regional Committee of South-East Asia endorsed the Dhaka Declaration and the South-East Asia Strategic Plan for Health Workforce Development. There is a need to follow up and accelerate implementation at country level to ensure that the nursing and midwifery workforce plan is an integral part of the national health workforce plan.
Need to support capacity building of nursing and midwifery education institutions and to ensure that the health workforce is produced and trained in accredited institutions.	There are problems in the quality of education in nursing and midwifery in most countries of South-East Asia. Problems include curricula that have not been updated, insufficiently qualified teachers, an inadequate infrastructure and the lack of a quality assurance system. Not all countries have nursing and midwifery councils and, in those that do, some of the councils do not accredit nursing and midwifery schools. Meanwhile there are increasing numbers of schools in both the public and private sectors and more complaints from consumers on quality and safety issues.
Need to strengthen capacity of nursing and midwifery workforce in response to major health problems including HIV/AIDS, malaria, maternal and child health and chronic diseases, especially at the community level	The South-East Asia Region has new diseases, re-emerging diseases and disasters that require a competent nursing and midwifery workforce. Due to the lack of an in-service education system in many countries, most of the nurses and midwives – particularly at the community level – have not been given further training to update their knowledge or teach them the new skills required in responding to changes in the health system. There is inadequate advocacy for the use or adaptation of WHO nursing and midwifery manuals/guidelines, the organization of national training and the number of fellowships for nurses and midwives.

## ANNEX 5: ACHIEVEMENTS OF THE NURSING AND MIDWIFERY OFFICE

The Nursing and Midwifery Office (NMO) has worked with regional offices, priority programmes, WHO collaborating centres (WHOCCs) and the Global Network of WHOCCs to achieve the objectives of its workplan. The main accomplishments and activities of the NMO are described below.

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### RESPONDING TO THE DEMANDS OF MEMBER STATES AND STRENGTHENING RELATIONS WITH REGIONS AND COUNTRIES

As a response to the needs expressed by Member States, Resolution WHA59.27 on strengthening nurses and midwifery agreed upon at the World Health Assembly, among several directives, also urges Member States to develop comprehensive programmes for human resource development which support recruitment and retention of the nursing and midwifery workforce, active involvement of nurses and midwives in the development of health systems and the creation of enabling work environments through appropriate legislation and regulation policies and processes.

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### SUPPORT FOR THE REGIONAL OFFICES TO BUILD CAPACITY IN COUNTRIES FOR STRENGTHENING OF HUMAN RESOURCES FOR HEALTH

#### WHO REGIONAL OFFICE FOR AFRICA

- In November 2006, the NMO assisted the Regional Office for Africa to review HIV/AIDS curricula for nurses and midwifery from Ethiopia, Kenya, Rwanda, South Africa, the United Republic of Tanzania and Zambia, and to identify core competencies for basic nursing education for a regional framework on core HIV/AIDS competencies.
- Also in November 2006, the NMO supported the Regional Office for Africa in conducting assessments in three countries on their institutional capacity for scaling up nursing and midwifery tutor training. The assessments identified the key elements necessary for developing a programme for scaling up tutor training; this will be implemented in 2007.
- The NMO further collaborated with the Regional Office for Africa in November–December 2006 in planning and convening the first Regional Consultation on Strengthening Nursing and Midwifery Services. An activity plan was developed from the meeting and this will culminate in a regional strategic plan for strengthening nursing and midwifery services in the region.

#### WHO OFFICE OF THE AMERICAS

- In October 2006, the NMO supported Regional Office for the Americas in assessing the current capacity of 10 training nursing and midwifery institutions in 12 countries to support/offer HIV/AIDS training programmes and also adapt and disseminate Integrated Management of Adult and Adolescent Illness (IMAI) materials.
- Also in October 2006, the NMO worked with Regional Office for the Americas to establish a network of health professionals and a database for nursing and midwifery on their contribution to the reduction of maternal and child mortality, with input from 14 countries, regional professional associations and WHOCCs on nursing and midwifery development.

#### WHO EUROPEAN OFFICE (EURO)

- In October 2006, the NMO supported the Regional Office for Europe in preparing a manual on HIV/AIDS for family health nursing. The manual has been translated into Russian. Eleven countries were involved in the project.

#### WHO OFFICE FOR SOUTH-EAST ASIA

- In October 2006, the NMO supported the Regional Office for South-East Asia in the development of pre-service curricula in five countries and a document on core HIV/AIDS competencies for nurses.
- Working with the Regional Office for South-East Asia Health Promotion Department from March 2006 onwards, and in collaboration with WHOCCs, the NMO has provided support to institutions on capacity building for the implementation of health promotion programmes. As a follow-up in 2007, an expert from the WHOCC in Thailand will work with the Health Promotion Department and NMO for six months to develop modules on health promotion as well as a plan for institutional capacity building.

#### WHO OFFICE FOR THE WESTERN PACIFIC

- In October 2006, the NMO supported WPRO in the development and dissemination of HIV/AIDS training materials, as well as in the review and analysis of policies related to migration.

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### LEADERSHIP IN PUBLIC HEALTH

- The Global Advisory Group on Nursing and Midwifery (GAGNM) was created in 1992 in response to WHA Resolution 45.5 on strengthening nursing and midwifery in support of strategies for health for all. The GAGNM has continued to support the work on nursing and midwifery in the Department of Human Resources for Health. The GAGNM is the mechanism that has been put in place to discuss, advise and make recommendations to the WHO Director-General. At its next meeting (in February 2007) the GAGNM will discuss an advocacy document outlining the roles and functions of government chief nursing/ midwifery officers.
- The second Forum for Government Chief Nursing Officers, convened by WHO in May 2006, was attended by 53 government chief nursing and midwifery officers and leaders from key partner organizations. The Forum discussed priority health issues and involvement in the development of the ten-year plan of action for health and human resources and in the strengthening of global, regional, country and cross-sectoral collaboration. Actions for follow-up were also identified and will be used as a basis for monitoring and evaluating progress.
- The NMO has continued to offer opportunities for internship and other types of professional development. Three interns and one volunteer academician worked with the NMO in 2006.

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## WORK WITH OTHER AGENCIES AND PROFESSIONAL ORGANIZATIONS

### INTERNATIONAL LABOUR ORGANIZATION (ILO) AND THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

- The NMO worked with the International Labour Organization (ILO) to update its Convention-C149 on terms and conditions of work for nursing personnel. Joint ILO/WHO guidelines on health services and HIV/AIDS, plus a framework and guidelines for addressing workplace violence in the health sector, have been developed and are being implemented at country level.
- The Global Alliance on Nursing and Midwifery Community of Practice (GANMCOP) was launched in Amman, Jordan in August 2006. The Community of Practice (COP) links nurses and midwives globally and provides a platform for practitioners, training institutions, regulatory councils, professional associations and other professionals and stakeholders to exchange knowledge and experience and explore ways of strengthening nursing and midwifery practices. The COP also enables participants to access experts, reference materials and share effective HRH practices and health system development. Many countries are now participating in the COP – to date, this includes 1100 professionals from 110 countries across the 6 WHO regions.
- The TRIAD meeting of government chief nurses and midwives, presidents of nurses associations and regulatory bodies was convened with the support of WHO, ICN and ICM. The objective of the meeting, attended by almost 300 participants from 20 countries, was to discuss critical HRH issues and come up with a triad communiqué covering the positive workplace environment, the education-practice gap and skill mix.

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## CONTINUING THE TECHNICAL AND NORMATIVE WORK: DEVELOPING COMMON FRAMEWORKS, GLOBAL STANDARDS, TOOLS AND GUIDELINES

- A global consultation on the contribution of nursing and midwifery in health emergencies was held in November 2006 and a framework for strengthening response in emergency situations was developed. The framework includes training, research and response.
- The Consensus Meeting on Global Standards for Basic Nursing Education was convened in December 2006. The objective of the meeting was to address the improvement of patient outcomes through a better educated health-care workforce. Educational experts from 13 countries participated and a comprehensive literature review on educational standards for basic nursing education was prepared. At national and regional levels, an equivalence in nursing education was recognized. For the global level, core elements of basic nursing educational standards were identified and agreed upon. These core elements highlight the importance of a multidisciplinary approach to nursing education, including core elements specific to nursing.
- The NMO, in collaboration with McMaster University (a WHO collaborating centre on nursing and midwifery development), conducted a study on retention from January to June 2006 in four countries – two in developed countries (Canada and the United Kingdom) and two in developing countries (Thailand and Uganda). These studies resulted in the formulation of a five-point framework for the retention of nurses and midwives.

- Data-mining using classification and regression trees (CART) was carried out between January–April 2006, in collaboration with Case Western Reserve University, another WHO collaborating centre on nursing and midwifery development. This study analysed the contribution of the health workforce to the attainment of the MDGs, relative to the HIV prevalence patterns. Secondary data sources for the study included the *Human Resources for Health Atlas* and United Nations data bases. An article based on this study has been submitted for publication.

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## UPDATING AND IMPROVING THE DATA BASES

- A minimum data set for nursing and midwifery: In collaboration with Health Canada, regional advisers for nursing and midwifery and the Faculty of Nursing of the University of Toronto, the NMO is conducting a global survey on the minimum data set required to monitor the health workforce, including specifics for nurses and midwives. The survey is being used as a basis for monitoring progress on the implementation of the 2002 Strategic Directions on Strengthening Nursing and Midwifery Services. To date, the survey has been completed in 82 countries and an interim analysis is being carried out. Preliminary results will be shared at the ICN International Conference in Japan in May 2007.
- In collaboration with the WHO Mental Health Department and ICN, ongoing work to map out the in-country nursing and midwifery resources for mental health continues. 125 participants from different countries have taken part in the study and a draft mental health atlas is under review by global experts and relevant stakeholders. The atlas will provide information to support countries in the planning and implementation of targeted mental health programmes.

## ANNEX 6: STATEMENT ON NURSING AND MIDWIFERY IN HIV/AIDS CLIENT-CARE

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### THE FORUM OF NATIONAL NURSING AND MIDWIFERY ASSOCIATIONS AND THE WHO REGIONAL OFFICE FOR EUROPE:

- 1) **ACKNOWLEDGING** the enormity of individual, national and international health and health-care challenges posed by the continuing and increasing HIV/AIDS pandemic;
- 2) **CONSCIOUS** of the barriers to equitable, sufficient and appropriate measures to prevent onward infection and promote health and well-being of all, irrespective of gender, sexuality or any other individual indicator;
- 3) **MINDFUL** of the cultural, institutional, religious and individual contribution to stigma, prejudice and discrimination of people at risk of, infected with or affected by HIV/AIDS;
- 4) **CONVINCED** of the positive contributions to prevention, treatment, care and support that well-dispositioned and adequately trained student and qualified nurses and midwives can make;
- 5) **AWARE** of the increased vulnerability to infection and poor access to treatments by people suffering multiple stigmas, including those around gender, sexual orientation or wider implications of socioeconomic and educational indices, mental health and/or physical/learning disabilities;
- 6) **UNDERSTANDING** the role that national nursing and midwifery associations can play in lobbying governments, societal leaders and pharmaceutical companies to maximize equitable access to individually appropriate prevention initiatives and resources, treatments and care for all;
- 7) **RECOGNIZING** that nurses and midwives can be infected with/affected by HIV/AIDS, and suffering under the burden of stigma and poor access to treatments and support;
- 8) **COGNIZANT** of the various challenges and changing emphasis in the pandemic over time, especially with the advent of antiretroviral therapies;
- 9) **DETERMINED** to advocate and lobby for equal and sufficient treatment for all and ongoing development in search of vaccines and advanced treatments.

### URGE GOVERNMENTS TO:

- involve nurses and midwives in health policy programmes and decision-making at governmental level about strategies of prevention, treatment and care of HIV/AIDS at all stages of life;
- systematically challenge structural barriers to the promotion of healthy sexual living equal for all;
- match national and international prevention, treatments, care and support for sexual ill-health requirements with funding for services and resources and to continue to promote HIV/AIDS effective treatment in pregnancy and maternal and child health;
- discontinue the practice of mass staff recruitment from low-income to high-income countries and creatively think of new ways to support nurses and midwives in resource-poor and over-burdened settings;
- retain their own nursing and midwifery workforce in the current global nursing crisis in facilitating health system reforms by valuing, respecting and rewarding nurses and midwives with a decent pay and working conditions (this is crucial for national governments);
- effectively support HIV-positive health-care professionals and ensure that they have adequate availability of therapeutic regimens;
- globally promote positive sexual health and challenge stigma, prejudice and discrimination in all forms (e.g. from the practices of female genital mutilation to a lack of provision of condoms and post-exposure prophylaxis);
- provide appropriate prophylaxes: condoms (male and female), mother-to-child transmission interventions and post-exposure prophylaxis (PEP);
- provide wide, easy, de-stigmatized access to early voluntary, confidential counselling and testing, for all;
- improve awareness and visibility of HIV/AIDS in the media;
- recognize that the HIV disease, especially in Eastern Europe, is spread mainly by infected needles and syringes, therefore the supply of safe injecting equipment is vital to reduce the spread of HIV;
- promote strategies that address HIV infection effectively. This requires robust, integrated, interagency/intergovernmental working and commitment from all parties.

### URGE NURSES AND MIDWIVES TO:

- break down barriers to the provision of effective integrated working, where relevant – such as the provision of clean needles and syringes to injecting drug users, alongside appropriate reproductive health advice, in for example reproductive health services and harm reduction programmes;
- require, in statute, that health and social care professional education must reflect the clinical/client needs in areas of sexual health, prevention and care;
- ensure that sexual health and sexual enjoyment share the same foundation in human rights as do human reproductive rights;
- have a clear nursing and midwifery voice in local, national and international HIV/AIDS and sexual health strategies to implement and share best practice models and initiatives on prevention, treatments and care according to local needs; also support clinical colleagues through effective access to relevant education and service provisions;

- implement relevant sexual health and HIV/AIDS and family and child health learning programmes (that integrate with the national and international public health agenda) across the spectrum of the holistic curriculum – such programmes to provide learning and research opportunities, free from prejudice, fear, stigma and discrimination that actively promote sexual health rights and responsibilities, in line with human rights;
- work towards the goal of ensuring universal access to HIV/AIDS prevention, treatment and care by 2010;
- require all health and social care professional education to incorporate relevant sexual health and infection prevention strategies;
- acknowledge the social or cultural issues (e.g. taboo subjects, non-heterosexual identities) and non-judgementally address issues of prevention, treatment, care and support for all. Provide information relating to HIV/AIDS and mental health such as depression, suicidal behaviour, HIV-related dementia and lifestyle advice.

# NURSING & MIDWIFERY

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# HUMAN RESOURCES FOR HEALTH