

FOURTH LIAISON MEETING WITH NURSING/MIDWIFERY ASSOCIATIONS  
ON WHO'S EUROPEAN NURSING/MIDWIFERY PROGRAMME

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Report

Copenhagen  
20-22 May 1980



WORLD HEALTH ORGANIZATION  
Regional Office for Europe  
COPENHAGEN

English only

1981

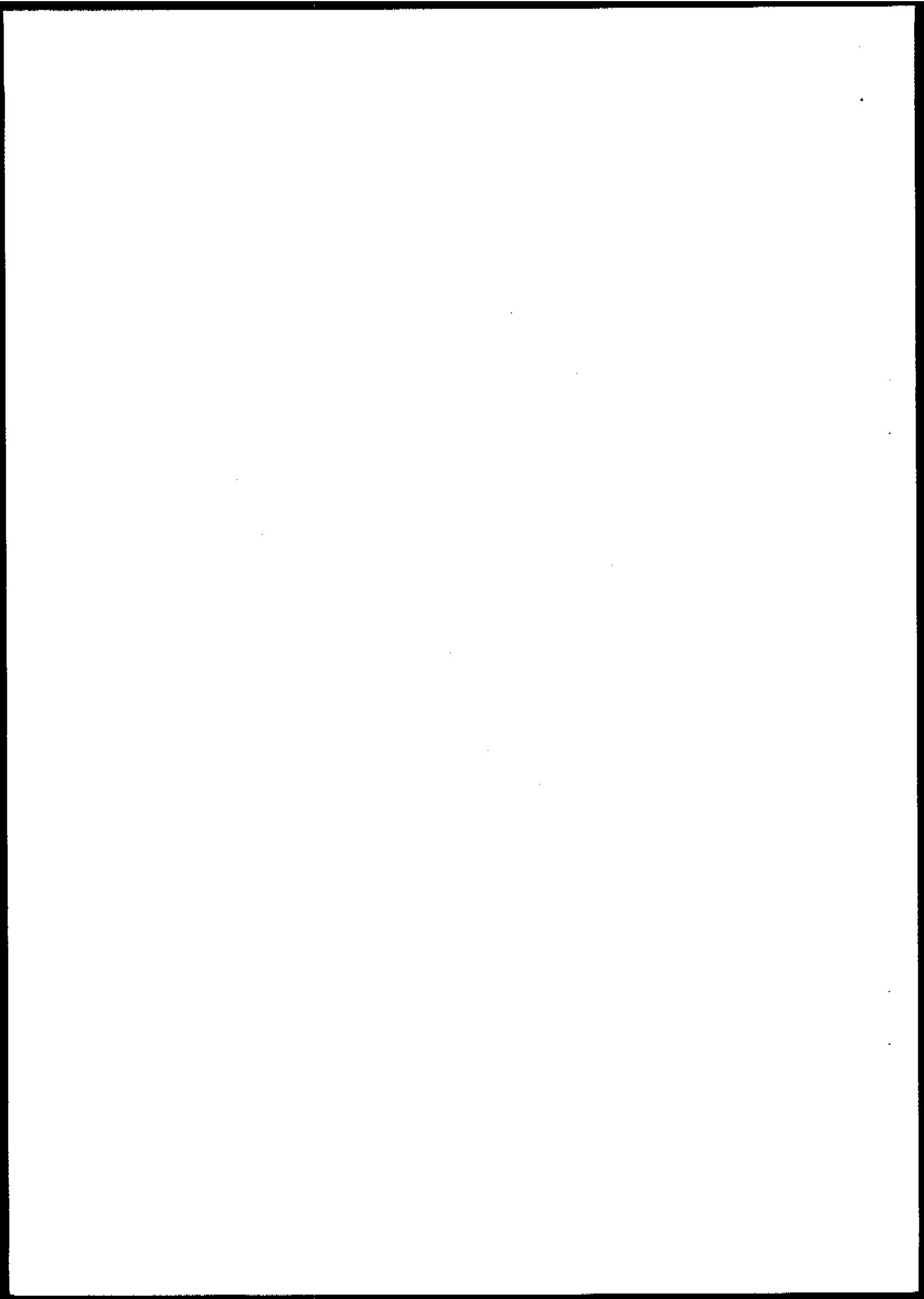
ICP/SPM 024(3)  
3637B

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## 1. Introduction

This was the fourth biennial meeting of nursing/midwifery associations convened in conjunction with the WHO medium-term programme in nursing/midwifery in Europe. These meetings are an integral part of the planning of nursing<sup>a</sup> activities under the programme. The previous meetings were held in 1974, 1976 and 1978.

The meeting was attended by 14 representatives from 11 associations, by one representative from a regional medical association and by staff of the WHO Regional Office for Europe.<sup>b</sup>

The purposes of the meeting were as follows:

- (1) to inform the associations of the present situation regarding the development of the medium-term programme in nursing/midwifery in Europe, and to enable representatives to exchange views on the future planning and implementation of the programme;
- (2) to provide an opportunity for representatives to describe and discuss the activities of their associations, as these relate to nursing;
- (3) to stimulate further communication and collaboration between the associations;
- (4) to enable discussion of problems of mutual interest in the development of nursing services and education, which currently are fields of major importance in the Region;
- (5) to facilitate interdisciplinary collaboration and exchange of information in the field of nursing;
- (6) to discuss the coordination of international activities in the health service field, for example between WHO, ILO and OECD.

The meeting was opened by Dr M. Postiglione, Director, Disease Prevention and Control, on behalf of Dr Leo A. Kaprio, Regional Director.

## 2. Statements by representatives of associations

A representative from each of the associations presented an account of relevant activities carried out since the previous liaison meeting. Two associations were represented for the first time, i.e. the Medical Workers' Union (USSR) and the Commonwealth Nurses Federation (with headquarters in the United Kingdom), and each gave more detailed statements. Summaries of all statements are provided in the annexes.

Each representative, following the presentation, responded to questions. The following are the major items which emerged from these discussions.

- (a) Mention was made of the ethical dilemmas faced by nursing personnel and the need at both national and multinational levels to provide ethical codes which give guidance on the practice of nursing.
- (b) Attention was drawn to the need in legislation to balance short-term gains with what are sometimes long-term disadvantages.
- (c) Concern was expressed regarding the slow rate at which governments are ratifying the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977.<sup>c</sup> It was reported that only eight states had so far have ratified the Convention. In the European Region, these were Sweden, USSR, Byelorussia and the Ukrainian SSR.

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<sup>a</sup> The term "nursing" in this document is used in its generic sense and, where appropriate, is inclusive of midwifery.

<sup>b</sup> See Annex XIII for the list of participants and the associations they represented.

<sup>c</sup> International Labour Conference, Convention 149 and Recommendation 157 concerning employment and conditions of work and life of nursing personnel. Geneva, International Labour Organisation, 1977.

(d) Several organizations reported on studies, either completed or ongoing. For example, Public Services International reported on a survey of conditions of employment of health service workers including nurses in the EEC countries plus Australia, Austria, Canada, Finland, Greece, Norway and Sweden; the report is expected to be published in 1981. The Nordic Midwives Association reported on a study of infant bonding, currently under way in Sweden. The European Nursing Group reported on a study of needs of populations in Europe with regard to nursing services and the responsibilities of the nurse to provide such services.

(e) Consideration was given to the ways in which nursing personnel are lost to the work force of countries. Such losses may be due either to free movement across national borders (i.e. as enabled by the EEC directives and the common labour market treaty for nurses of the Scandinavian countries) or across professional borders as, for example, from nursing to medicine, nursing to law, and so on.

(f) It was emphasized that there is a need for nursing articles to be published in a broader range of journals than at present. It was noted in particular that the nursing literature is rarely, if ever, included in literature reviews by health professionals in related disciplines despite its volume and the scope of issues treated.

In concluding the presentation of statements, representatives expressed to the WHO Regional Office for Europe the appreciation of their associations for the opportunity for collaboration with the Office which the series of meetings afforded and their hope that such meetings would continue in the future on a regular basis.

### 3. Technical discussions

A summary of activities since the third liaison meeting was presented. Attention was drawn to the recommendation by the third consultative committee on the medium-term programme in nursing/midwifery in Europe for an extension of the time-frame of the programme, and the note taken by that committee that no specific commitment to the programme by the associations was recorded in the report of the third liaison meeting. The Secretariat recalled that it had been explained to the committee that some multinational associations represented at the meeting were not in a position, at the time, to make such a commitment due to the autonomous nature of their member groups and to the fact that several national nursing associations, i.e. the Danish and Swiss, were very actively involved and had committed large sums of money to support the programme.

Reference was made to the various publications coming from the programme to date and to the Regional Office's readiness to provide copies of these documents to interested individuals and groups. The Office welcomes the increased coverage in some associations' journals of information related to the programme.

Considerable discussion centred on the research component of the programme, its purpose, its organization and also the fact that the work is carried out through eight collaborating centres located in countries of the Region with the active participation of 20 Member States. Associations were asked to support proposals for the changes in the working patterns of nursing personnel which may need to be made in order to conduct the studies. The multinational nature of the research and the expected outcome, with implications for nursing education and services, underline the real need for associations to keep themselves abreast of all relevant publications, to keep their member groups informed and, wherever the opportunity is offered, to support the programme by interpreting the nature of nursing and programme activities to their members. There is, in addition, a great need for associations to play a more active part in encouraging and financing nursing research generally.

The subject of standardization of nursing terminology was discussed. Whilst there are various glossaries already available in WHO publications, the group recognized the urgency of the need to expand these resources and to build a standard vocabulary which will allow for a more precise definition of terms and thus, hopefully, aid comprehension and translation of nursing literature into different languages.

The group discussed the need for careful examination of titles accorded to the various categories of nursing personnel. Reference was made to the relevant statements on the title of

"nurse" contained in the reports of meetings on nursing services<sup>a,b</sup> and legislation<sup>c</sup>. The group reiterated the need for the title of "nurse" to be restricted to first-level workers in the field of nursing. Particular note was taken of a working group on the preparation and use of auxiliaries in the provision of nursing/midwifery care, to be held in Frankfurt in September 1980.

The meeting expressed itself forcibly on the continued need for decision-making groups at national and regional levels concerned with health services in general to have a representative number of nurses in their membership. They pointed out that these groups, frequently composed of doctors, lawyers, administrators, etc., but no nurses, make far-reaching decisions which often directly affect nursing education and/or services, without either the consumer or the workers being concerned in the decision-making process. This state of affairs is no longer acceptable either to the professionals involved or to the public at large.

To facilitate interdisciplinary collaboration in the field of nursing, selected WHO programmes in the European Region were described and discussed from the viewpoint of immediate and future implications for nursing personnel and services in the Region, i.e. the programmes on family planning, health care of the elderly, and maternal and child health.

With regard to the family planning programme, the group's attention was drawn to the changing demographic patterns of several countries in the Region. Participants supported the view that a much greater emphasis on education in all aspects of human reproduction is required, that such study should start in the schools, and that health service personnel generally have a particular responsibility to be informed on this subject.

In considering the programme on health care of the elderly, the group endorsed the programme's aims to enable the provision of caring services for older people in their own homes and to assist healthy older people to keep healthy. It was recognized that much more active attention to the development of community services is needed. The role of nursing in these services was emphasized and the fact that nurses should be contributing much more frequently and effectively to decision-making regarding care of the elderly was emphasized.

In the discussion of the maternal and child health programme, participants supported the call for all workers in health services to develop a greater degree of flexibility and adaptability in the organization of care for people of all ages.

In all of these presentations it was underlined, as had been apparent in the discussions on the medium-term programme in nursing/midwifery in Europe, that interdisciplinary education of health workers is in many settings long overdue. The technical discussions concluded with consideration of the item "The coordination of international activities in the health service field, for example between WHO, ILO and OECD", which had been included in the agenda at the suggestion of the participants.

It was appreciated that there is a great need for coordination between agencies, particularly agencies of the United Nations system, several of whom may be engaged in activities directly or indirectly concerned with health services. It was reported that earlier in the year, the Regional Office had convened a meeting of intergovernmental organizations to discuss the matter of collaboration and development of systematic coordination of health-related activities. To be effective, however, such cooperation would need to begin at national levels. In other words, Member States of the various agencies would need first to coordinate the work of their own government departments with regard to collaboration with these agencies, and this is a complex task. It is a task which many countries have already begun to address and hopefully, in the coming years, many if not all of the overlap activities will be avoided. The meeting was encouraged to learn of the ongoing developments in this area and emphasized both the economic and the social need for such cooperation.

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<sup>a</sup> Symposium on nursing services - a meeting of national nursing advisers. Copenhagen, WHO Regional Office for Europe, 1980 (EURO Reports and Studies No. 22).

<sup>b</sup> Nursing/midwifery in the context of health care delivery systems: report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe (EURO Reports and Studies) (in preparation).

<sup>c</sup> Legislation concerning nursing/midwifery services and education: report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe (EURO Reports and Studies) (in preparation).

4. Conclusions and recommendations

The participants in the meeting:

- (1) confirmed the support of their associations for the WHO medium-term programme in nursing/midwifery in Europe;
- (2) conscious that research in the nursing discipline has direct implications for their members, urged the active support by their national member associations in the European Region for the research component of the programme;
- (3) stressed the responsibility of associations to assist in all ways possible in the dissemination of information on the programme and clarification of the underlying concepts;
- (4) reiterated the need to strengthen cooperation between professionals in the different disciplines in the health team;
- (5) urged the implementation of the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977;<sup>a</sup>
- (6) reiterated the recommendations of the previous two liaison meetings<sup>b,c</sup>, many of which remain have still to be implemented.

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<sup>a</sup> International Labour Conference. Convention 149 and Recommendation 157 concerning employment and conditions of work and life of nursing personnel. Geneva, International Labour Organisation, 1977.

<sup>b</sup> Second liaison meeting with nursing/midwifery associations on WHO's European nursing/midwifery programme: report. Copenhagen, WHO Regional Office for Europe, 1976.

<sup>c</sup> Third liaison meeting with nursing/midwifery associations on WHO's European nursing/midwifery programme: report. Copenhagen, WHO Regional Office for Europe, 1978.

Annex I

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES AND MEDICO-SOCIAL ASSISTANTS (CICIAMS)

Headquarters

CICIAMS has transferred its headquarters from Belgium to Italy (address: Palazzo San Calisto, Piazza San Calisto 16, Rome 00153).

Objectives

CICIAMS continues to pursue the following aims among others:

- to group professional Catholic nursing associations with a view to ensuring their technical perfection according to Christian moral principles;
- to represent Christian thought in the general professional field at the international level;
- to cooperate in the general development of the profession and to promote healthy social action.

Consultative status

CICIAMS continues to have permanent observers in the World Health Assembly, the Council of Europe and many other international bodies.

International congresses

Congresses are held every four years. The most recent (Abidjan, July 1978) was the first to be held on African soil. The theme was "Health - society - profession". Nearly 1000 nurses/midwives attended, the largest groups being from Africa and Europe. The next congress will be held in Melbourne in March 1982. The theme will be "Dedication - the nurses' charter of responsibility, concern and integrity in the modern world".

Regional seminars

Seminars are held every two years between the international congresses. The seminar for the Centamex region (central America and Mexico) was held in Panama in February 1980 and attended by over 1000 nurses/midwives from 27 countries.

The Asian regional seminar was scheduled to take place in Manila in May 1981.

The European regional seminar was to be held in Glasgow in August 1981 on the theme "Health care a human right - primary health care a solution".

Primary health care

Since CICIAMS participation in the WHO/UNICEF International Conference on Primary Health Care (Alma-Ata, 1978), the CICIAMS regional committee for Europe interested itself in WHO's objective of attaining health for all by the year 2000. As a result, the theme "Primary health care" had been chosen for a regional meeting in 1981.

WHO medium-term programme in nursing/midwifery in Europe

CICIAMS is increasing its work with its twelve European associations in disseminating information about the programme. Of particular interest to the members are the overall major programme objectives and the development of the nursing process.

EEC nursing and midwifery directives

CICIAMS's committees, in particular the midwives' and technical committees, continue to study the implications of the above directives in relation to the freedom of movement of nursing/midwifery personnel in the nine member states.

National associations in the member countries continue to be involved at national level in activities relevant to their own requirements.

Annex II

INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM)

ICM is an organization with global interests. Within the European Region and under the auspices of ICM, two committees are working: the European Midwives Organization and the EEC Permanent Committee of Midwives.

The main purpose of ICM is to work for the highest possible standard of maternal and child care and family health, including family planning. Midwives' education also has high priority in ICM.

ICM gives advice and assistance to any member association which requests it. A very important function is the cooperation between ICM and the associations in arranging visits, study tours and working possibilities for midwives in other member countries. It also acts as a centre for information and documentation.

In 1968, a Joint Study Group was formed by ICM and FIGO (International Federation of Gynaecology and Obstetrics) with the purpose of arranging workshops and seminars in all continents for the training of rural midwives and auxiliary personnel in obstetrics and family planning, with financial support from USAID. There are three European midwife members in the ICM/FIGO group: one from Scandinavia, one from eastern Europe and one from western Europe. The ICM/FIGO group has updated the publication Maternity care in the world (1966). The revised edition (1976) contains information and statistics from 170 countries about midwifery services.

The EEC Permanent Committee of Midwives, founded in 1968, has representatives from the nine EEC countries, together with observers from other prospective EEC member countries. The Committee has worked for a joint professional agreement on requirements for entrance to midwifery training and on unity in the content of school syllabuses in order to influence the EEC directives on the free exchange of midwives between countries. As most countries have full nursing training as a basis for midwifery education, a very thorough investigation has been carried out regarding the content of training of midwives without a nursing basis but with three years of obstetric training. Agreement has been obtained which should influence the recognition of midwives across national borders. Fully trained nurses can become midwives after 18 months of obstetric training. Denmark is one of the countries with a three-year obstetric midwife programme. France and the Netherlands also have three years of obstetric training. There is a new agreement concerning the free exchange of midwives within the EEC countries.

In Denmark, nurses and midwives work in close conjunction, although they are two completely separate professions. Obstetric nursing is, of course, included in the three-year nurse training, as is family planning.

Denmark passed a law on midwifery practice in 1973, following which nearly all midwives are now employed by the social and health department of each county but attend all confinements in hospitals. Approximately 50% of the midwife's working time is occupied with antenatal care outside the maternity wards, including the psycho-prophylactic preparation of both expectant parents for childbirth. ICM works closely with other groups such as general practitioners, health visitors and social workers.

A main problem for midwives in European countries is a lack of postbasic training. Only the United Kingdom provides appropriate continuing training for teachers and administrators.

The Eighteenth Triennial International Midwifery Congress, ICM's major activity, was held in Israel from 3 to 8 September 1978. The theme of the congress was "The midwife - a key to human progress". The lectures and discussions, which were lively and well attended, covered topics from the legal, ethical and psychological aspects of modern technology in obstetrics to the ecological, sociological and educational aspects of midwifery. The congress was well attended with over 2000 participants.

ICM, through a grant from USAID, continued its educational activities in developing countries. Stimulated by the previous interregional working parties convened between 1975 and 1977, which were designed to promote the concept that family planning and the training and supervision of traditional birth attendants are a midwife's responsibility, requests were received from many countries for educational programmes which would prepare them for these responsibilities. Training workshops of four weeks' duration were conducted in 19 countries.

The ICM/FIGO Joint Study Group was strengthened by the formation of a multidisciplinary steering committee. Similarly, meetings and discussions have been held to consider undertaking operational research. A survey of traditional birth practices was begun as a preliminary to finding areas where it would be feasible to conduct research projects.

The ICM secretariat has served as a centre for information, documentation and liaison between midwives of various nationalities and a point of contact with other international, bilateral and nongovernmental organizations concerned with health. Study tours were arranged for a total of 29 persons, mainly midwives or student midwives but also two doctors.

Arrangements were made for the Nineteenth Triennial International Midwifery Congress (Brighton, September 1981).

Annex III

INTERNATIONAL COUNCIL OF NURSES (ICN)

1. Introduction

ICN is a federation of 89 national nurses' associations and, according to the constitution, its purpose is to provide a medium through which national nurses' associations may share their common interest, working together to develop the contribution of nursing to the promotion of the health of people and the care of the sick.

ICN encourages close ties with international organizations, both governmental and nongovernmental, which are also interested in health. ICN is represented at many international and regional meetings in order to acquire information which will promote collaboration between ICN and organizations with similar interests where appropriate, and also to provide a nursing viewpoint and further the interests of nursing and nurses. ICN has had consultative status with WHO for over three decades and is pleased to continue the relationship between the two organizations.

2. Current activities

Several activities were undertaken under the ICN programme for the quadrennium 1977-1981; the following may be cited as examples.

(1) Groups of nurses "in contact"

As well as fostering frequent contact with its 89 member associations by means of visits and correspondence, ICN also maintains contact with other nurses' associations or groups of nurses not yet formed into an association in 47 countries. The nurses' association in Cyprus has been a member of ICN since the third liaison meeting, and four others have recently applied for membership.

(2) Professional Services Committee (PSC)

This is the only standing committee of ICN and, since the third liaison meeting, has discussed issues such as the role and responsibility of ICN in nursing research, the evaluation of health and medical technology and its impact on nursing practice, the marketing of drug/health products especially in developing countries.

PSC is continuing its work on, for example, principles for the development of programmes of nursing education and the preparation of guidelines for the protection of human subjects in research.

(3) Policy statements and guidelines

Since the third liaison meeting, the following policy statements and guidelines have been approved by ICN's policy-making body, the Council of National Representatives (CNR).

- Statement on responsibilities of nurses in regard to the risk of disease transmission due to increased international travel. This statement calls on nurses as the largest group of health workers in most countries to assist governments in planning, implementing and evaluating programmes aimed at minimizing the risk of disease transmission.
- Statement on the quality of life. This statement deals with the rights of all people to humane and effective health care services and enunciates several principles which should be recognized and practised to achieve this end.
- Statement on the rights of children. National nurses' associations are asked to give particular attention to protecting children from abuse; advancing family health and welfare; providing adequate nutrition, housing, education and health care; preventing disease and disability; and protecting orphaned and neglected children.

- Guidelines for nurses' associations in regard to the ethical issues raised by the mechanical maintenance of life, interruption of life and genetic engineering and the moral dilemmas these pose for nurses. When giving guidance to their members, national nurses' associations are asked to take into account, for example, cultural/religious differences within the country, national legislation and changes in the delivery of health care. ICN advocates including instruction on ethical issues in educational programmes and developing and counselling services for nurses.

(4) Meeting of the Council of National Representatives (Nairobi, September 1979)

This meeting of CNR was the first in the continent of Africa and the largest ever, with associations represented from 62 countries. At this biennial gathering, topics of mutual interest were discussed, policy statements approved and decisions made about priorities for the ensuing two years. Two topics of major concern are primary health care and socioeconomic welfare for nurses.

(5) ICN/WHO Workshop on the Role of Nursing in Primary Health Care (Nairobi, September 1979)

This two-day workshop was convened in collaboration with WHO, following the CNR meeting. Representatives of several other international organizations related to nursing were also invited: League of Red Cross Societies, International Committee of Catholic Nurses and Medico-Social Workers, Commonwealth Nurses Federation and International Federation of Midwives. A description was given of the main objectives of the programme for primary health care and its present state of development. Then, in small group discussions, the participants shared information relevant to primary health care in their own countries, and visits were made to local primary health care projects. The recommendations of the workshop refer to the need for review of existing national policies, existing nursing education programmes, available resources, attitudes of health personnel, problems of communication, and socioeconomic conditions.

As a major activity for the quadrennium, a programme of activities for primary health care has been devised for follow-up at the ICN Congress (Los Angeles, June 1981).

(6) International Nurses Day

Most member associations celebrate one day a year (usually 12 May) as International Nurses Day to focus attention on a theme suggested by ICN. The theme for the Day in 1979 was the International Year of the Child, and a report was made to the committee of nongovernmental organizations for the International Year of the Child (Geneva) and to the nongovernmental organizations' committee on UNICEF (New York) on the activities of ICN's member associations related to care of children. The role of nursing in primary health care was selected as the theme for the Day in 1980 and the International Year of Disabled Persons for 1981.

(7) The role of nursing in mental health

The whole approach of primary health care necessitates a revision of the concept of mental health in relation to each country's available resources. Mental health as a part of general health must be defined and the area of mental illness and the role of the nurse in carrying out activities related to prevention, teaching and care clarified. ICN is continuing work on this aspect of nursing which requires greater emphasis.

(8) Migration of nursing personnel

Migration is not a new phenomenon. During the last few years, however, there has been concern about the movement of nursing personnel across national boundaries as a form of "brain drain" which seems to disadvantage countries greatly in need of nursing expertise. A study was carried out by ICN, including reference to that of Mejia et al., Physician and nurse migration. Analysis and policy implications (Geneva, WHO, 1979). ICN's Board of Directors agreed that, on a worldwide scale, migration of nursing personnel is not an enormous problem, but for some individual countries it does pose considerable difficulties. Action to assess the extent of the movement of personnel and devise measures to modify patterns in desired ways must be taken at national level. ICN will continue to exchange relevant information with WHO and with member associations.

(9) ICN Congress (Los Angeles, June 1981)

At international level, preparations were made for the ICN congress in 1981. The theme selected for the congress was "Health care for all: challenge for nursing", reflecting the recognition of this challenge by ICN members as we look forward to a new millenium.

Annex IV

LEAGUE OF RED CROSS SOCIETIES

All 126 national Red Cross societies throughout the world are involved in nursing activities of one sort or another. The League's nursing unit is in touch with its counterpart in each society and keeps them informed of developments in the wider world of nursing.

Following the WHO/UNICEF International Conference on Primary Health Care (Alma-Ata, 1978), the League held its own seminar at Frunze (USSR) in May 1979. The League emphasizes the elements of self-help and self-care in its health education and community health programmes.

The League is also involved in the nongovernmental organizations' primary health care group, working closely with WHO, and a working group on the humanization of hospitals.

Other activities include the League's Third European Red Cross Nursing Seminar (Paris, September 1980), convened to look at research methodology for application to Red Cross nursing activities in order to promote cost-effectiveness.

During the early part of 1980, the League was deeply involved in assisting Kampuchean refugees in the largest Red Cross relief action in its history. Over 400 medical and nursing personnel, the major part drawn from Europe, worked together to give care to the starving and sick refugees, who can be counted in thousands.

While the League, because of the nature of the Red Cross, cannot be deeply involved in the WHO medium-term programme in nursing/midwifery in Europe, it nevertheless endeavours to use every possibility to promote it.

Annex V

EUROPEAN NURSING GROUP (ENG)

ENG represents national nurses' associations in membership with ICN. There are today 14 national nurses' associations in membership.

Since the third liaison meeting in 1978, some of the main ENG activities have been the following.

WHO

It has always been the policy of ENG to maintain contact with WHO and its activities. Towards this end, ENG, at its annual meeting in October 1978, invited the Regional Officer for Nursing to address the group on the medium-term programme in nursing/midwifery in Europe.

The national programme manager in Switzerland made a similar presentation at the meeting in October 1979.

Following discussions on the subject, members were asked to return to their national associations and report to the next ENG meeting in October 1980 on the developments in each country concerning the programme, with a view to transmitting the information to WHO.

It was also agreed that members attending the WHO Working Group on Legislation concerning Nursing/Midwifery Services and Education (Hamburg, December 1979) would report to ENG on the discussions.

ICN

Following the ENG annual meeting in 1978, a one-day workshop on socioeconomic welfare for nurses was organized by ICN on the invitation of ENG. Group discussions took place on the following topics:

- the type of assistance national nurses' associations expect from ICN in regard to socioeconomic welfare for nurses;
- how training in socioeconomic welfare for nurses can be provided for key members of the associations;
- problems of the status of the associations and registration as trade unions.

EEC

ENG kept in touch with the EEC Standing Committee of Nurses.

Council of Europe

ENG has been granted consultative status with the Council of Europe, and a permanent representative was elected to represent ENG on the Council. Moreover, ENG has advisory status with the Council's committee on social and health questions.

ILO

ENG has asked its member associations to continue to press with their respective governments for implementation of the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977.

International Year of the Child

ENG prepared a statement to mark the importance of the Year.

European Nursing Students' Group

In 1979, ENG for the first time held a joint meeting with the Group and discussed ways of achieving closer cooperation. Arrangements were made for a second joint meeting to be held in Spain in the autumn of 1980.

Annex VI

NORTHERN NURSES FEDERATION

The Federation, representing about 132 000 active nurses, is a regional grouping of the national nurses' organizations in the five northern European countries. The Council of National Representatives, which meets once a year, plans the activities of the Federation for the coming year.

At each annual meeting of the Council of National Representatives, a main theme is discussed in groups and/or in plenary sessions. Statements relating to the main theme or other topical nursing issues may be adopted. Such statements are sent by the Federation to the organizations and authorities agreed upon. They may be published by the national organizations and also sent to the relevant national authorities.

The theme of the Federation's meeting in September 1978 was "The influence of electrowave data processing (EDP) on nurses' everyday work situation". The two days of discussion revealed definite differences within the Northern countries as regards the implementation of EDP in the nursing system.

It was concluded that data processing can result in a more reliable and more efficient information system benefiting both patients/clients and health personnel. Improvements regarding the application of resources available to the health service can also be achieved.

It was also concluded that the nurses should acquire as much knowledge as possible about EDP systems before the implementation of EDP. It was agreed that implementation of EDP cannot be left solely to the EDP experts, because the systems so directly influence health sector personnel and patients/clients.

The theme of the Federation's meeting in 1979 was "Priority-setting within the health sector". A five-member panel of top-level government representatives, one from each Northern country, was invited to examine the whys and wherefores of government priority-setting in the respective countries.

It was agreed that, as the situation stands today in the Northern countries, the development of the primary health service to the degree desired by these countries would have to occur to a certain extent at the expense of the secondary health service.

There was also total agreement that Northern nursing education of today is not meeting the needs of today's nurse, much less tomorrow's. Development of education aimed at the primary health service, instead of the traditional institutional education, is of vital importance.

The Federation strongly supported the Norwegian Nurses Association's contention that the administrative and professional responsibility for nursing services should not be delegated to personnel other than registered nurses.

The Federation stated further that nurses have an independent responsibility for the leadership and practice of nursing at all levels and in all areas of the health services. The officer responsible for nursing at the WHO Regional Office for Europe, who attended the meeting, supplied the participants with valuable information concerning the WHO medium-term programme in nursing/midwifery in Europe.

The theme selected for the Federation's meeting in 1980 was "How well does nursing education in the Northern countries relate to nursing practice?".

The Federation sponsored a seminar on nursing research (Oslo, December 1978) and is planning similar seminars in the future. The theme of the seminar was "Nursing research perspectives". Fifty nurses participated.

The purpose of the seminar was:

- to investigate the relationship of nursing research to official health policy decisions;
- to discuss guidelines for establishing priority areas for nursing research;
- to discuss whether postbasic nursing education should include nursing research studies.

Several recommendations were referred to the Federation's Board of Directors, which then appointed a working group to plan a nursing research programme for the Federation. The plans include provision for a biannual publication on the subject.

The Federation initiated and sponsored two continuing education courses for Northern nurses in 1980, one for nurse-anaesthetists and intensive care nurses, organized by the Danish Nurses Association, and the other for nurse managers, organized by the Swedish Nurses Association.

A representative of the Federation attended the first meeting of researchers from collaborating and selected participating centres associated with the medium-term programme in nursing/midwifery in Europe (Copenhagen, 1979). The Federation has closely followed developments in the programme. The Danish Nurses Association is the official contact for WHO in Denmark as regards the programme.

The Northern nurses' organizations continue to arrange studies/study visits for nurses within the countries.

The Federation's annual scholarship was awarded in 1978 to a Danish nurse for studies in Finland on career development; in 1979 to a Finnish nurse for studies in Denmark, Norway and Sweden on chronic care, and in 1980 to an Icelandic nurse.

The Federation is consulted by the Nordic Council when nursing or other health care proposals are under consideration. In 1979, the Federation commented upon a proposal regarding regulations for the use of acupuncture and, in 1980, upon expanded education and research in environmental medicine.

The Federation attained consultative status as a nongovernmental organization with the Council of Europe in March 1980.

Annex VII

NORDIC MIDWIVES ASSOCIATION (NMA)

NMA was founded in 1950. The member countries are Denmark, the Faeroe Islands, Finland, Iceland, Norway and Sweden. There are about 7500 members.

The purpose of NMA is to exchange experience and to raise the general standard of work in the profession. Representatives from each country meet once a year to discuss matters concerning midwifery education, organization, working conditions, etc.

NMA's ninth congress (Oslo, 1979) was on the theme "The child prenatal-natal". Many midwives from all the Nordic countries participated.

NMA has been trying to bring about a change in the legislation on midwives working in a Nordic country other than their own.

During the last few years, a few midwives have been doing research and NMA is able, through journals of the different countries, to spread information and hopefully stimulate more midwives to do research.

Annex VIII

## PUBLIC SERVICES INTERNATIONAL (PSI)

PSI, having been deeply involved in the preparation, production and adoption of the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977, now has a continuing programme of seminars based on the Convention and the Recommendation for trade unions of nurses and health service workers. These are held mostly in developing countries. PSI is active through its affiliates in urging governments to ratify the Convention and adopt provisions of the Recommendation.

In Europe, PSI organizes activities for affiliated unions catering for nursing personnel, assisted in this respect by having recognized status with EEC, the Council of Europe and the European Trade Union Federation (ETUC). PSI has had for more than five years an EEC Committee for Health Services, which has reviewed Convention 149 and Recommendation 157 and has discussed and made proposals regarding EEC directives on nursing. PSI is currently undertaking a survey of working conditions of health service workers in Europe, in cooperation with the Commission of the European Communities, and expects shortly to organize with EEC discussions on the effects of automation in health services. PSI has a recognized Industry Committee for the Public Service in ETUC, and a health services subcommittee was expected to be operating before the end of 1980.

With regard to future activities, PSI has repeatedly asked ILO for the establishment of a permanent committee on health, and it is hoped that one may be created between 1982 and 1987. Also proposed are a review of ILO Convention 149 and Recommendation 157 and the formation of a committee of experts for health service workers other than nurses.

PSI has communicated with affiliates outside Europe on the WHO medium-term programme in nursing/midwifery and received encouraging comments. It is grateful for the way the WHO Regional Office has demonstrated its willingness to develop cooperation.

PSI looks forward to more cooperation with WHO in the future.

Annex IX

TRADE UNIONS INTERNATIONAL OF PUBLIC AND ALLIED EMPLOYEES

Trade Unions International values its participation in the WHO liaison meetings, as one third of its 24 million members are health service employees who are affected by the problems discussed.

Trade Unions International attaches considerable importance to the work of WHO, believing, as a grouping of trade unionists, that it can make a useful contribution to achieving the goals that the Organization has set itself. At earlier congresses, and in particular at the Sixth International Trade Union Congress (Warsaw, 1977), it was recalled that one of the aims of Trade Unions International is to ensure the right to health of every citizen, under any social system, as laid down in the Declaration of Human Rights and in various other United Nations documents.

Nowadays, it is also a major objective of trade union organizations to press for the right to vocational training and further education, since this makes it possible for members to carry out their functions in society still more effectively. For this reason, participation by international trade union organizations in the present meeting, bringing together employees of the health services, is considered significant.

The contributions made to the discussion so far indicate that the professional associations of nursing and midwifery personnel and trade union organizations have common objectives which can be developed further in practical activities. It is also significant that professional associations and trade unions with differing aims have come together at the meeting to discuss professional problems that are of concern to health service workers and to society as a whole.

The thirty-first meeting of the Board of Trade Unions International was held in Sofia in February 1980. Speakers considered the effects which the crisis in some systems is having on the public services and the union rights and liberties of employees in this sector. In the main, they referred to the curtailment of national economic plans, and especially programmes in the health sector, with resulting deterioration in the health care of the population, unemployment for hundreds of skilled medical workers and cancellation of programmes for further vocational training. These problems concern employees in the health services as a whole, but in particular they affect nursing and midwifery personnel.

It is recalled that trade union organizations helped to secure the adoption of the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977. Trade Unions International endeavoured to ensure that these international documents should cover all health service employees. It believes that, although the documents have not gained the wide application that could be wished, they nevertheless represent an important step on the road to recognition of union rights for all health service employees. As the two documents have been ratified by only a small number of governments, the meeting should address an appeal to governments to take such action.

The activities of Trade Unions International that are chiefly concerned with health service personnel have included, as mentioned, the work of the Sixth International Congress. It adopted a charter setting out general principles, demands, rights, working and employment conditions and social guarantees for public service employees.

The programme of activities for 1981 provides for a world gathering in Budapest to examine the working and living conditions of health personnel, including nurses and midwives.

For 1981, an international committee, open to all, has been formed to prepare a world conference on the role of the international chemical and pharmaceutical industry in relation to the health of the population. This topic is considered to be of direct relevance to nursing and midwifery personnel. The problems to be dealt with affect the main goal of our social function, the health of the population. It is believed that many of the organizations represented at the present meeting should participate in this important event, to be held in Moscow.

Annex X

MEDICAL WORKERS UNION (MWU)

1. General statement

MWU has a good record of cooperation with WHO, especially with the nursing unit, particularly since 1973 when the working groups on the conditions of life and work of nursing personnel started.

Health for all by the year 2000 is a challenge confronting WHO, health care personnel and the world at large. This goal can be achieved only through the development of primary health care.

Nursing/midwifery personnel have a growing role, not because their services are cheaper but because they can be effective decision-making members of a health team. It seems, however, that there is a long way to go before it will be possible to convince the authorities, the public and the nurses themselves.

2. Activities of MWU since the third liaison meeting

MWU participated actively in the WHO/UNICEF International Conference on Primary Health Care (Alma-Ata, 1978) and has promoted collaboration and coordination of activities with many nongovernmental organizations, among them the World Federation of Public Health Associations. As MWU is both a professional and a trade union organization, representing all categories of health worker (nurses, doctors, laboratory technicians, clerical workers, auxiliary personnel), it has a role to play in promoting teamwork.

MWU has both a supervisory and advisory role and has the right of legislative initiative. For example, the Government of the USSR consulted MWU when ratifying the ILO Nursing Personnel Convention (No. 149) and Recommendation (No. 157) of 1977.

MWU is currently coordinating a survey in different fields concerning conditions of work and life of nursing personnel; this includes, for instance, an analysis of the different reasons for the "brain drain" in nursing. Also, at MWU's request, one of the USSR institutes of industrial hygiene and occupational diseases is carrying out a programme of research on professional hazards in the health services (physiological, chemical, psychological, etc.).

MWU has established a council on education (for nurses, midwives, pharmaceutical personnel and some other categories), and its representatives advise on planning, development of new programmes for continuing education, etc. In 1978-1979, 22 new centres for continuing education of nurses were established and are introducing new systems of refresher courses, etc.

During the 1979 International Year of the Child, MWU analysed numerous questions related to working mothers, the majority of its members being women.

MWU feels it has reason to be proud of many accomplishments, but every day brings new tasks. That is why it welcomes every opportunity to exchange ideas, views and experiences with colleagues the world over.

Annex XI

NORDIC FEDERATION FOR MEDICAL EDUCATION (NFME)

NFME, one of about 30 branches of the Nordic Council, was founded in 1964 with the aims:

- to arrange symposia concerning medical education in order to stimulate the Nordic faculties to use modern educational and experimental methods;
- to be the official body for basic training, specialization and postgraduate education in the Nordic countries; the journal Nordisk medicin is the official channel of information on NFME activities.

Since 1964, the NFME secretariat in Risskov, Denmark, has organized more than 60 symposia. They have been attended by representatives of many health care professions, including students, graduates and higher personnel, especially teachers from nursing schools.

Topics of joint symposia for nurses, midwives and doctors held since 1978 have included the following: counselling (Bjødstrup, 1978), first aid and acute care (Espoo, 1979), adolescent health care (Helsinki, 1980), and integrated health care education (Linköping, 1980).

The 1979 symposium in Espoo was attended by students only (nursing and medicine) and was considered very stimulating and effective. At the 1980 symposium in Linköping, the integrated cooperative education of nursing and medicine students was further discussed, and some clear-cut, advanced viewpoints were expressed.

NFME is interested in organizing in 1982-1983, together with WHO, a symposium on co-education of health care in the field in Ekenos, Finland, where an interesting trial has been under way for some years.

## Annex XII

### COMMONWEALTH NURSES FEDERATION (CNF)

#### Background

Forty-three independent countries are members of the Commonwealth today. This figure includes Zimbabwe as a member since April 1980. They add up to a quarter of the world's nations and people. It spans the continents and is a bridge between races and religions and between rich and poor. All members are equal within the association. Each is free to follow its own policies, but all subscribe to a set of common ideals, the Declaration of Commonwealth Principles, as agreed by Commonwealth leaders in 1971. In the last three decades, the Commonwealth has been active in hastening decolonization and promoting social and economic development. It has launched many programmes of cooperation and works with other nations and groups in seeking to correct the world's imbalances.

#### Commonwealth health

Growing cooperation in health matters is assisted by regular consultation. Conferences of Commonwealth health ministers take place every three years, and consultations among Commonwealth delegates to the World Health Assembly are organized each year in Geneva. Recent years have seen a marked expansion of regional cooperation among health authorities in Commonwealth countries. Regional organizations in the Caribbean and the South Pacific promote collaboration in health activities as well as in other fields. In Commonwealth Africa, two regional health secretariats, based in Tanzania and Nigeria, promote joint projects and the sharing of resources in fields such as postgraduate medical and nursing education and the training of hospital administrators and other staff.

The Commonwealth Secretariat supports the work of these bodies and provides assistance for regional health programmes. At the request of health ministers, it has made studies on the maintenance of medical equipment, the medical "brain drain", medicinal drug procurement, health education, laws governing abortion, the use of paramedicals for primary health care, medical-legal questions, and the special health problems of islands, developing and other specially disadvantaged countries. Medical treatment and social care are provided by two voluntary bodies, the Royal Commonwealth Society for the Blind and the Commonwealth Society for the Deaf. The Commonwealth Medical Association, the Commonwealth Nurses Federation and the Commonwealth Pharmaceutical Association are active professional bodies.

#### Commonwealth Nurses Federation

CNF is one of the 20 Commonwealth professional associations receiving grant aid from the Commonwealth Foundation. CNF is an association of national nurses' associations or groups of nurses unable to support a viable association in Commonwealth countries or associated states. It was established in 1973 with 25 member societies and now has members in seven regions (see Table 1).

CNF operates in seven regions - east, central and southern Africa, west Africa, Atlantic, Australasia and Pacific, Far East, South Asia and Europe. The objects of the CNF include:

- to develop nursing and midwifery for the benefit of the community in all Commonwealth countries;
- to encourage the establishment of national nurses' associations where none exist;
- to make available expert advice and assistance to member associations and to disseminate professional information for the benefit of nurses and midwives within Commonwealth countries;
- to foster regional collaboration for mutual benefit;
- to cooperate with other Commonwealth professional associations in studies or projects to foster professional interchange for the benefit of the countries they serve.

#### Advisory services

The headquarters advisory service provides advice on professional association matters, nursing education and nursing services, clinical specialist programmes, low-cost textbooks and visual aids, and health service programmes. Information is also provided for nursing divisions in ministries of health and nursing/midwifery councils, high commissions in London and other Commonwealth agencies.

Table 1. Members of the Commonwealth Nurses Federation

East, central and southern Africa

M	Botswana	M	Seychelles
M	Kenya	M	Swaziland
M	Lesotho	M	Uganda
MP	Malawi	M	Tanzania
M	Mauritius	M	Zambia
			Zimbabwe

West Africa

M	The Gambia	M	Nigeria
M	Ghana	M	Sierra Leone

Atlantic

MP	Anguilla	M	Grenada
M	Antigua	M	Guyana
M	Bahamas	M	Jamaica
M	Barbados	M	Montserrat
M	Belize	M	St Kitts-Nevis
M	Bermuda	*	St Helena
M	British Virgin Islands	M	St Lucia
M	Canada	M	St Vincent
M	Cayman Islands	M	Trinidad and Tobago
M	Dominica	AM	Turks and Caicos
*	Falkland Islands		

Australasia and Pacific

	Australia	M	New Zealand
*	Cook Islands	MP	Papua New Guinea
M	Fiji	M	Solomon Islands
M	Kiribati (formerly Gilbert)	M	Tonga
*	Nauru	MP	Tuvalu
	New Hebrides	M	Western Samoa

Far East

MP	Brunei	M	Hong Kong
M	Malaysia	M	Singapore

South Asia

M	Bangladesh	M	India
M	Sri Lanka		

Europe

M	Cyprus	M	Malta and Gozo
M	Gibraltar	M	United Kingdom

Code:  
 M = member association  
 MP = membership pending  
 AM = affiliated member  
 \* = no known association

### Dissemination of information

A CNF Supplement is published three times a year with the Nursing times (United Kingdom) by courtesy of Macmillan Publications. The Supplement provides information for member associations and includes news about CNF on a worldwide basis. Links have also been established with organizations such as "Teaching Aids at Low Cost", which produce and supply low-cost textbooks and manuals and visual aids. Regular newsletters are also circulated to member associations.

### Workshops, seminars and meetings

Meetings of national nurses' associations are held every two years before meetings of the International Council of Nurses. The Governing Board of CNF has an elected member from each region. Workshops and seminars have been held in Ghana (1974) for all Commonwealth African countries on "Educating nurses for community health services", in Bangladesh (1978) for Commonwealth South Asian countries on "Nursing education for rural populations", and the British Virgin Islands (1979) for Commonwealth Atlantic countries on "Community health nursing". A seminar for east, central and southern Africa was held in Swaziland in May 1980. The Federation has observer status at meetings of the Caribbean Regional Nursing Body, the Commonwealth Health Ministers' Conference and some WHO regional meetings of nurses and midwives.

### Regional developments

Regional councils, comprising member associations in each region, are being established to plan a strategy for professional development and cooperative action with other health workers. Close links are maintained with the Regional Nursing Body established within the Health Division of the Caribbean Community (CARICOM) Secretariat in Georgetown, Guyana; with the newly established Provisional Council of the West African College of Nursing within the West African Health Community in Lagos, Nigeria; with the Regional Health Secretariat for East, Central and Southern Africa in Arusha, Tanzania; and links have been established with WHO Regional Offices for Africa, the Americas, the Western Pacific, South-East Asia, the Eastern Mediterranean and Europe.

### Professional interchange

National professional centres have been established through the support of the Commonwealth Foundation in 17 countries. These centres provide a venue for meetings and conferences and a secretariat for those professional bodies without a base. This facilitates regular consultation between the different professions and enables joint recommendations to be submitted to government departments on national development plans.

Quarterly meetings of representatives of Commonwealth professional associations are held in London. Speakers are invited from divisions of the Commonwealth Secretariat and other organizations to discuss development projects and their funding. Small study groups are presently considering the problems of small sovereign states and continuing professional and vocational education. Requests to the Commonwealth Foundation have resulted in the publication of a Caribbean directory of aid agencies and a similar directory for Africa. The coordinating chairman of the meetings of Commonwealth professional associations in London is the executive secretary of the CNF.

### Challenges for the 1980s

The majority of people in the developing countries of the Commonwealth live in rural areas and the provision of health services is made more difficult by the lack of good roads, effective communications and transport infrastructures. In the past, hospitals and health agencies were built in the main cities with scattered mission and voluntary health agencies to serve villages and neighbourhoods. Health centres and subcentres and mobile clinics have now been established to bring health services nearer to the people in rural areas.

Nurses and midwives serving rural communities have a greatly expanded role when compared to that of colleagues in the industrialized countries. This is due in part to:

- the lack of qualified doctors available for work in rural areas;
- the responsibility of instructing and supervising the various levels of health worker, including traditional healers and birth attendants;
- the involvement of the community in its own health programmes.

In spite of their poor economic reward, nurses and midwives cheerfully bridge the gap between the well tried and accepted cultural health patterns and changes in health provision brought about by modern technology. Nursing and midwifery education in Commonwealth countries, originally based

on the Nightingale tradition, has been adapted over the years to meet the demands of primary health care for rural populations. The content of community health instruction has been widened to encompass the teaching of health education in villages, so that communities can provide safe water and maintain an acceptable standard of sewage disposal, the control of communicable and vectorborne diseases, and the combating of malnutrition and under-nutrition. Nurses have to recognize the asset of the extended family system in harnessing the expertise of women and older schoolchildren for the promotion of health as part of a strategy for total family health care.

The existence of a Commonwealth professional association for nurses provides the means for nurses' associations to pool ideas and experience for the benefit of the communities they serve. The grouping enables a sharing of facilities for the higher education of nurses and for regional collaboration for mutual benefit. In times of disaster due to floods, famine, earthquake, hurricane or cyclone, refugee infiltration, volcanic eruption or civil war, the Commonwealth network ensures the support and assistance of colleagues in neighbouring countries.

There are only three countries in the Commonwealth that do not have an indigenous nurse-in-charge of the nursing division of their ministry of health, and the majority have a nurse registrar on their nursing/midwifery councils. The relevance of nursing/midwifery programmes is considered by regional groups. Nurses are involved in appropriate technology for health and the production of local textbooks and manuals for nursing programmes.

The day-to-day work of nurses and midwives rarely hits the headlines of the news media. Their work is normally taken for granted even though they serve the community in a very special way, as befits a caring profession. Their duties will take them on foot to villages, by bicycle to health centres, on horseback across unbridged rivers, on boats or floating clinics to islands, by flying-doctor service to remote areas, and by motorized transport to district hospitals. Their rewards are few in many countries of the Commonwealth, but, in keeping with the Nightingale tradition, they accept the hardships in a devoted and challenging way without regard for the health hazards and other dangers. Their goal, with other health workers, is to promote a strategy for primary health care that will enable the attainment of health for all by the year 2000.

Annex XIII

LIST OF PARTICIPANTS

Commonwealth Nurses Federation

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European Nursing Group

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Geneva, Switzerland

International Committee of Catholic Nurses and Medico-Social Assistants

Miss K. Keane  
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International Confederation of Midwives

Mrs L. Valvanne  
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International Council of Nurses

Miss W.W. Logan  
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League of Red Cross Societies

Miss M. Robinson  
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