

*Nursing
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A SIMPLIFIED GUIDE TO NURSING IN WHO

659-6

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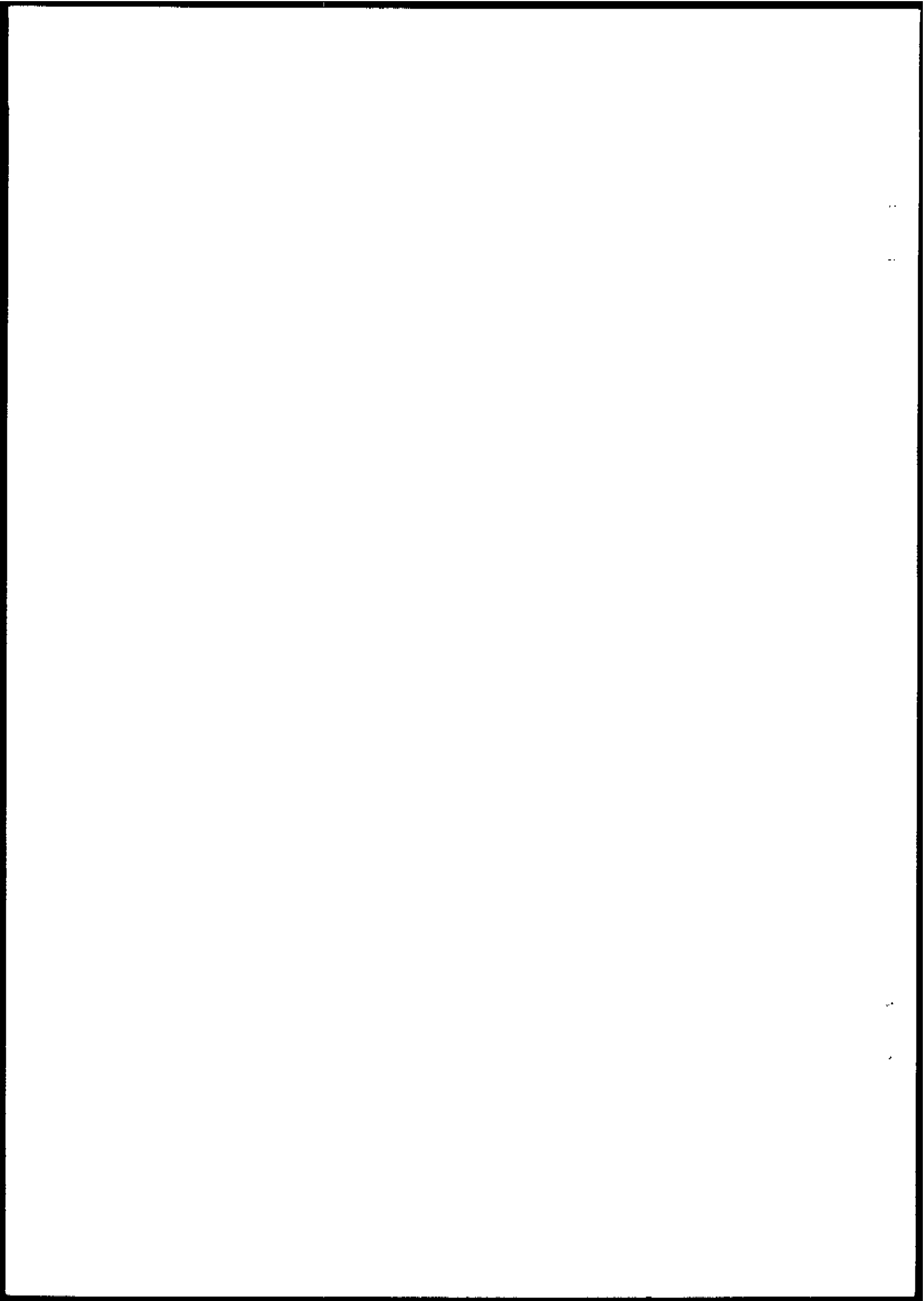
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PREFACE

This guide has been prepared for educators, administrators, practitioners and researchers in nursing, midwifery and medicosocial work services in the European Region of the World Health Organization. It is designed to provide an overview of the policy bases for the development of programmes in the Region and to serve as a reference for those who require a quick overview of recent international developments related to these services. It highlights the mandates and Resolutions passed at the global level in WHO and identifies key World Health Assembly Resolutions, Executive Board Resolutions and European Regional Committee Resolutions which affect the Nursing/Midwifery/Medicosocial Work Unit^{*}. In addition, selected references are made concerning UN specialized agencies and intergovernmental and non-governmental organizations which relate to the work of NURS.

An overview of the programme is provided relative to NURS interaction with other programmes in the Regional Office and to the overall European Targets for Health. Also included is a list of annual WHO meetings (both global and for the European Region) which is one of the mechanisms by which some of the Organization's work is carried out.

* hereafter referred to as NURS

OVERVIEW

The evolving practice and functions of nurses are largely determined by the changing needs of people and the communities in which they live. In countries of the European Region, people are living longer and are susceptible to conditions associated with aging. Serious injuries such as those caused by industrial or traffic accidents no longer necessarily end in death, and treatment available to those formerly expected to die now often results in a prolongation of life. Care which used to be provided in secondary and tertiary institutions can now be provided in health centres or even within the home by the family.

Still, large numbers of peoples live in poor health, due partly to environmental and socioeconomic conditions. Social patterns are changing and with them the demands on health personnel to deal with new issues which are not always related to the care or support that health personnel have been traditionally educated to provide. If this complex of issues is to be addressed effectively by the nursing, midwifery and medicosocial work professions, opportunities to implement programmes for promotion, prevention and support of health care is clearly essential.

In some countries, well-coordinated teams with nursing/midwifery/medicosocial work personnel form the established and recognized point of first contact with the health system. Very often, however, there is a maldistribution of health personnel of all categories. Social services may be poorly understood, and the role of families, communities, social groups, special interest groups etc. is often unrecognized.

The European Region is the home of more than two thirds of the nursing/midwifery personnel in the world. On average, there has been a consistent increase in the past several years in the ratio of health personnel to population, with the least change, overall, in the case of midwives. For qualified nurses, there has been a marked increase (+ 24% in the nurse/population ratio over the period on a regional average); the changes ranged from an 18% decrease to a 300% increase. Five countries more than doubled their nurse/population ratio. Of these, three had a very low ratio in the mid 70's. Four countries in the region showed a negative trend. No data on medicosocial work manpower are available for inclusion in this report.

Nursing, midwifery and medicosocial work services need to be understood as part of a health service which responds dynamically to the needs of a changing society. Basic and continuing education must address these issues. Greater emphasis needs to be put on the preparation of generalists in nursing at the first professional level of education, supplemented by a small but critical mass of specialists to provide consultation, research and care practices. As for other health personnel, nurses, midwives and medicosocial workers need to be introduced to the concepts of primary health care throughout their education and work lives and an emphasis must be placed on the communication skills required to learn from and work with other health personnel and those from other sectors. Clearly, too, it is of paramount importance for these personnel to be effective communicators and facilitators at the family and community level. The preparation of nurses who are well-grounded in the use of research findings, teaching and counselling, and who can work effectively with lay and self-care groups in community settings, is also evident.

The specific problems may be summarized as follows:

1. For a variety of reasons, nurses/midwives have been constrained in their ability to define their own practice and to establish relationships with families and communities based on needs of those groups. The knowledge base to address community practice must be expanded to include community assessment, epidemiology, behavioural and social sciences and health teaching and counselling.
2. Nursing/midwifery personnel in care settings are often placed in positions which do not use the expertise acquired in nursing/midwifery education. Adequate standards of practice and/or legislation to protect both client and helper do not exist in some settings;
3. Few countries expect mandatory continuing education for nursing/midwifery practice which would ensure the inclusion of new, current approaches to care. Furthermore, registration procedures exist in few countries which hampers a thorough analysis of nursing/midwifery manpower resources and needs.

4. The scope, practice and personnel available in medicosocial work has not been documented on an international level. Both practice and manpower data bases are required as a starting point in the development of these services.

POLICY MANDATE

The policy mandate relevant to Nursing/midwifery and medicosocial work is included in the WHO Constitution. It provides the basis for programme developments in three main areas: (a) strengthening of health services; (b) promotion of improved standards of teaching and training in the health, medical and related professions; (c) promotion and conduct of research in the field of health.

Special emphasis is placed on the most prevalent and/or age/sex specific health problems.

WORLD HEALTH ASSEMBLY RESOLUTIONS

Specific to Nursing, Midwifery and Medicosocial Work

From 1948 to 1973 three Resolutions were passed by the World Health Assembly: 1948, WHA1.46; 1949, WHA2.77; 1950, WHA3.67. They relate to the first Expert Committee on Nursing, i.e. supply, use and education of nursing personnel. During the same period, the mandate concerning Midwifery is indirectly included in the Resolutions on maternal and child health - 1948, WHA1.42 and 1950, WHA3.39. From 1948 to 1985, one Resolution (WHA 1.53) refers to the need to make more extensive use of social workers.

Over the period 1974 to 1985, the nursing/midwifery activities led to two important resolutions, one in 1977, WHA30.48, and one in 1983, WHA36.11. In summary, the focus of the WHA30.48 was on review, research and analysis of the roles and functions of nursing/midwifery personnel. Also emphasized was the need to develop opportunities to enable skill development, not only in care, but in planning and management as well. The ultimate aim was a more effective distribution and practice of nursing and midwifery. It was expected that progress made would be presented to a future WHA.

Six years later, in 1983, the pivotal role of nursing/midwifery practice in all Member States in implementing PHC was recognized and appreciated. Noted was the nature of care practices in close contact with individuals and communities, and the size of this group as a significant force in development. Specifically, the Resolution WHA36.11:

1. Called upon Nursing/Midwifery personnel and their organizations everywhere to support WHO's policies regarding promotion of primary health care and to use their influential position to support training and information programmes relating to primary health care;

2. urged all Member States to take appropriate steps in cooperation with their national nursing/midwifery organizations to develop a comprehensive nursing/midwifery component in their national health for all strategies;

3. called upon the international nursing/midwifery organizations to mobilize the necessary resources to support the national organizations so that they can better take responsibility in partnership with national governments for furthering effective nursing/midwifery services as an integral component of their health for all strategies;

4. requested the Director General to ensure that WHO at all levels supports Member States in their efforts to provide nursing/midwifery personnel with adequate training in primary health care, its management and appropriate research so that they can participate effectively in the implementation of national health for all strategies; and to report on the progress made to the Thirty-ninth World Assembly.

Further to the two main nursing/midwifery resolutions, a clear mandate for Midwifery was stated in Resolution WHA32.42 calling for the formulation and implementation of long term maternal and child health programmes. This Resolution noted the need for inclusion of family health and maternal and child health in the curricula of all categories of health workers. Such programmes should also include appropriate technology in maternal and child care and the promotion of health services research. Member States were to review the present utilization of all health personnel including traditional health workers.

The role of midwives and nurses is implicit in Resolutions WHA35.26 which refers to the International code of marketing of breastmilk substitutes and which requires that prospective surveys, including statistical data of infant and young child feeding practices in various countries, be undertaken. The Resolution WHA37.30 reinforces WHA35.26 and requests in addition that the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant foods, be examined and a report submitted to the Thirty-ninth WHA.

Finally Resolution WHA38.22 includes, among other items, the need for providing primary health care with emphasis on health promotion and preventive care for adolescents, including family life education, antenatal, delivery and postnatal care, and supporting family services.

Global Strategy for Attaining HFA/2000

Since 1977 several WHA Resolutions which related to the Global strategy for attaining HFA/2000 through primary health care, are of paramount significance for nursing/midwifery. These Resolutions are listed here:

- 1977-1980 Formulating strategies for HFA/2000 - three resolutions:
 WHA30.43 (the main social target of governments and WHO),
 WHA32.30
 WHA33.24
- 1981 Global strategy for HFA/2000:
 WHA34.36 reinforced by
 WHA34.38 The role of physicians and other health workers
 in the preservation and promotion of peace
- 1982 Plan of action for implementing the global strategy
 for HFA/2000:
 WHA35.23
- 1984 Monitoring progress in implementing strategies for HFA/2000:
 WHA37.17
- 1985 Collaborating with NGO's in implementing the Global strategy
 for HFA/2000:
 WHA38.31.

The participation of women in promoting international peace, cooperation, health and development are highlighted in WHA36.21 and WHA38.27.

Education of Health Personnel

Numerous resolutions relating to the education/training of all categories of health workers include nurses/midwives and social workers have been passed. Among other items, WHA27.31 requested assistance:

- in the planning, organization and development of national systems of continuing education for health personnel based on national and local needs and demands, integrated with health care and educational systems, with full utilization of resources of universities and schools of health personnel;

- in training in communications sciences, health professionals who can provide leadership for programmes in this field;

- in the promotion of the systems approach in educational planning for continuing education and periodic assessment of the quality of performance of health personnel in delivering preventive and curative health care;

- for the promotion of research into, and the collection, exchange and evaluation of information on continuing education.

The Resolution WHA28.88 on the promotion of national health services encouraged Member States to train and use health personnel with appropriate levels of skills within an organizational structure which ensures their effective support and guidance; such personnel should, as far as practicable, have the opportunity for continuing training with the object of raising standards and securing professional advancement.

Education/training relating to selected and relevant fields are requested in specific resolutions, e.g. WHA31.12 (Country health programming); WHA31.43 and WHA34.14 (Managerial process for health development - with emphasis on learning-by-doing); WHA37.32 and WHA37.33 (Essential drugs and vaccines).

The Role of Universities in the Strategies for HFA/2000

A significant mandate was provided in 1984 by WHA37.31 which urged Member States to:

1. encourage universities and other higher learning institutions to include the social and technical concepts of Health For All in the education and training of all categories of students and postgraduates and to acquaint the general public with these concepts;

2. support universities in orienting education and training of workers in health and related fields toward the attainment of health for all.

Further, universities were encouraged to:

1. provide the kind of education and training for students and postgraduates in the health and related disciplines that will prepare them technically and atune them socially to meet the health need of the people they are to serve;
2. conduct biomedical, technological, social, economic and behavioural research required to prepare and carry out strategies for Health For All;
3. place themselves at the disposal of communities to the maximum of their capacity for the promotion of health and provision of health care;
4. participate in creating awareness in the general public of the action people can take to promote their health and provision of health care

Organization of health care systems based on PHC

Well before the Alma Ata Conference, Resolution WHA28.88 urged the Member States to take the necessary steps to:

- develop and implement plans of action in the area of PHC, leading to the provision of a comprehensive health care system to the total population;
- coordinate and foster research into improvement of the primary health care systems;
- disseminate information on new advances and experiences in Member States; and
- encourage the evaluation of such experiences.

In WHA29.72, assistance was requested in the

- formulation of national health manpower policies that are responsive to health service requirements and consistent with policy in other sectors;
- development of the concept of integrated health services and manpower development so as to promote manpower systems that are responsive to health needs;
- strengthening health manpower planning as an integral part of overall health planning; and
- development of health teams, including primary health care workers and, where appropriate, traditional practitioners.

Elderly

WHA32.25 The dissemination of information of health problems and care of the aged and the promotion of activities for determining effective approaches for providing health care to the elderly, including integration into PHC was requested in this Resolution.

WHA35.28 among other items, requested to make use of the managerial process for national health development, including relevant research, to help countries to anticipate changing age structures and to develop programmes and long term plans that will help to sustain the growing number of the elderly, in independence and dignity, within their own homes. The Member States were to make provision for the care of the elderly within country health plans that take account of national needs and priorities.

Disabled

WHA28.57 requested WHO to assist in the development of community care for the mentally retarded as part of a disability prevention and rehabilitation programme through training programmes, provision of fellowships and encouragement of international exchange of personnel working in this field.

WHA 38.18 referring to the United Nations' Decade of disabled persons, requested support of government efforts to prevent disabling diseases, in expanding community based rehabilitation services and self-help programmes involving disabled persons and their families.

Workers' Health

WHA32.14 support Nursing's involvement in the field of and Workers' health and by urging Member States to promote occupational health services

WHA33.31 including legislation, and to strengthen institutions, training and research in this field. The necessity for meeting the health needs of underserved working populations (agriculture, small industries, construction, migrants and "working" children) was emphasized as a priority.

Research

In research, Resolutions WHA31.35, WHA32.15 and WHA33.25 on biomedical and health services research have also had significant implications for nursing/midwifery.

EXECUTIVE BOARD RESOLUTIONS

These Resolutions relate mostly to the publication of Expert Committee Reports, some of which were subsequently submitted to WHA:

- EB53/R24 Continuing education of health personnel (WHA27.31)
- EB54/R8 Joint ILO/WHO meeting on the conditions of work and life of nursing personnel
- EB55/R2 Review of TRS 558 (Expert Committee on Community of Health Nursing)
- EB67/R14 Training in public health and health programme management (WHA34.14)
- EB69/R25 Health care of the elderly
- EB69/R19 Use of fellowships in HMD
- EB/71/PC/WP/5 Discussion paper: "The role of nursing in the PHC team"
- EB73/R6 Monitoring progress in implementing strategies for HFA2000
- EB75/3 Review of TRS 708 (Expert Committee on Education and Training of Nurse Teachers and Managers with Special Regard to Primary Health Care) - EB emphasizes the key role of nurses in the Health for All movement.
- EB76/1 Review of TRS 717 (WHO Expert Committee on Health Manpower requirements for achievement of HFA/2000 through PHC) -DG requests follow up of its recommendations.

EUROPEAN REGIONAL COMMITTEE RESOLUTIONS

In 1974, the Regional Committee, in Resolution EUR/RC24/R8, adopted "The Role of the Nurse in the Health Field in the 1980s" as the subject of the technical discussions at its twenty-sixth session. This was confirmed by EUR/RC25/R9. Resolution EUR/RC24/R8 had implications for nursing/midwifery of a very definite nature, and in 1977 in Resolution EUR/RC27/R4, the Regional Committee approved the proposals for this programme and requested a future report on its development to the Regional Committee.

Several other European Regional Resolutions have a nursing component, namely:

- EUR/RC19/R6 (Training of national health personnel);
- EUR/RC31/R5 (Infant feeding);
- EUR/RC31/R13 (International Year of Disabled Persons - follow-up activities);
- EUR/RC31/R6 (Regional programme in health education and lifestyles).

Technical discussions took place in 1979 on "Continuing education of health personnel and its evaluation" (ERS 33) with nursing involvement, and in 1984 on "The primary health care concept in relation to training of health personnel", with nursing input.

Regional strategy for attaining HFA/2000

Resolutions on the Regional Strategy also have implications for the nursing/midwifery programme, e.g. EUR/RC29/R6, EUR/RC30/R8, EUR/RC32/R2, EUR/RC33/R3, EUR/RC33/R4, EUR/RC34/R5.

EUR/RC34/7 Rev.1, EUR/RC34/13 and EUR/RC34/14 are the basic policy documents for the implementation of the Regional Strategy, while EUR/RC35/6 deals with the evaluation of the implementation.

UN RESOLUTIONS

The UN General Assembly (Resolution 34/58, 1979) endorsed the Alma Ata declaration and welcomed the efforts of WHO/UNICEF to attain HFA 2000.

POLICY GUIDANCE - GLOBAL LEVEL

Recommendations of Expert Committees related to nursing research, personnel, education, fellowships, legislation, literature and training for primary health care nursing, etc.

Recommendations in reports to Executive Board include:

EB 54/R8 The Joint ILO/WHO meeting on the Conditions of Work and Life of Nursing Personnel
and EB/75/SR/2 which emphasized the important role which the nursing profession can and must play in the Health for All movement.

Recommendations in reports by Director-General and Global Programme Committee

Following EB/75/SR/2, an article entitled "Nurses lead the way", which reported on a speech given by the Director-General at the Executive Board, was published in WHO Feature No.95, June 1985.

Medium-term programmes

Unlike other professions represented in WHO, no separate global medium-term programme in nursing exists per se. Nursing and midwifery activities are included in the global Health Manpower Development medium-term programme. Medicosocial work service activities are developed throughout various programmes.

POLICY GUIDANCE - EUROPEAN LEVEL

Consultative Group on Programme Development (CGPD)

All the reports of this Group give general direction to the programme.

European Advisory Committee for Medical Research (EACMR)

The 1978-1983 medium-term programme in nursing/midwifery was presented to and endorsed by the EACMR in October 1978. There is close and formal liaison between EACMR and the Consultative Committee on the MTP in Nursing/Midwifery in Europe. The proposal for a study of needs for nursing care, planning, implementation and evaluation of care provided by nurses, using two selected groups of people in the European Region, was submitted to and discussed by the EACMR in 1982 and 1983 and advice and encouragement was received on its further implementation. The conclusions and recommendations published (1986) in the final report of the multinational study on needs for nursing care have and will continue to serve as a basis for future nursing/midwifery research activities at national and intercountry levels.

Programme advisory committees

Since 1974, these committees met every two to three years. In 1983, the meeting on the collaborating centre network for nursing in Europe which met in Athens, came to the conclusion that a collaborating centre network of some kind would also be needed in the future.

EURO technical and educational meetings

Over the period 1950-82 there have been numerous recommendations in EURO reports relating to the nursing/midwifery and medicosocial work programme: research, nursing services, care of the elderly, nursing education, fellowships, nursing legislation, literature, development of MTP, etc.

From 1983 to 1985, recommendations have related also to the preparation of guidelines for standards of nursing practice, postbasic and graduate education for nurses, clinical practice and the role of nurses in family breakdown.

In addition, the reports of other EURO programmes contain recommendations relating to nursing aspects, e.g. continuing education of health personnel and health care of the elderly, prevention of disability and family health including family planning.

Recommendations in consultant and travel reports

All consultant reports refer to specific country projects although they often have a bearing on the regional programme.

EURO programme review meetings and Regional Programme Committee

At the 1985 programme review for nursing, it was recommended by Executive Management to organize a European Conference on Nursing in 1988.

Country consultations

Replies to the European Consultation Letter support and request continuation of the Nursing MTP.

Degree/type of involvement/interests of other organizations in the programme area

UN organs: UN Decade for Women and follow-up
UN Decade of Disabled Persons (UN General Assembly Resolution 39/26)

UN specialized agencies

International Labour Organization:

Resolution EB54/R8 was passed concerning joint ILO/WHO meeting on conditions of work and life of nursing personnel;
Recommendation 152 and Convention 149 concerned employment and conditions of work and life of nursing personnel.

WHO/UNICEF:

Recommendations of Alma Ata Conference on Primary Health Care (pp. 26-27, 29) are relevant to the programme.

Intergovernmental Organizations (IGOs)Council of Europe

The Regional Office is regularly represented at meetings organized by the Council of Europe on subjects related to the nursing/midwifery programme, e.g. Select Committee on Postbasic Training of Nurses.

Non-Governmental Organizations (NGOs)

Liaison meetings with nursing/midwifery associations on WHO's European Nursing/Midwifery programme are convened every second year. This meeting is a feedback mechanism which serves both a monitoring and a coordinating function. Trends, future directions and current issues are examined vis-a-vis the WHO/NURS MTP. From 1986 onwards, these meetings will be amalgamated with the Advisory Committee meetings.

Relevant organizations

NGOs which work with NURS/MW/EURO include: International Council of Nurses (ICN); International Confederation of Midwives (ICM); International Committee of Catholic Nurses (CICIAMS); League of Red Cross Societies.

Regional associations

Regional organizations affiliated to some of the above NGOs include the Northern Nurses' Federation; European Nursing Group; Nordic Midwives' Association, Nordic Federation for Medical Education, European Nursing Students Group and European Association of Programmes in Health Services Studies (EAPHSS).

Other international organizations

Other international organizations with whom the Nursing/Midwifery Unit has contact include the Commonwealth Nurses' Federation; Medical Workers' Union; Public Services International; Trade Unions International of Public and Allied Employees; International Federation of Social Workers.

PROGRAMME PERSPECTIVE

Salient past events

During the first six General Programmes of Work (1954-1983 inclusive), the European Region's programme in Nursing/Midwifery aimed at supporting Member States in their efforts to improve existing nursing, midwifery and medicosocial work services, education and research. This was done by implementing country and intercountry activities.

On the whole, however, a variety of factors affected the ultimate impact of such efforts. The recommendations made in reports and based on the data collected through studies, were welcomed and, where possible, put into practice. Dynamic, progressive and health-oriented training programmes had been introduced in an increasing number of Member States after which, however, the graduates were placed in service situations which were far from conducive to performing in practice at the level of acquired knowledge and skills. Thus, it became clear that both the educational programmes and the nursing/midwifery services into which the learners and new graduates would be placed must be developed simultaneously.

During the 1976-1983 medium term programme covering the Sixth General Programme of Work, support to countries was therefore organized in a way which provided a greater degree of participation of nurse leaders (educators, managers and researchers) in the implementation of the EURO programme, the aim of which was to focus attention on the improvement of quality care by carrying out research on the needs of people and on the nursing interventions to meet these needs. A descriptive research study was developed based on the systematic introduction of a nursing decision-making model. The Study's framework concentrated on the planning of care taking into account the nature of the total person. Other recommendations serve as a basis for the development of the 1984-1989 and 1990-1995 nursing/midwifery programmes.

Relationship with other programmes

The programme is closely associated with other programmes in the Regional Office since there are nursing, midwifery or medicosocial work components in most of them. The programmes which merit particular mention are health manpower development, primary health care, health care of the elderly and disability prevention, maternal and child health, family planning, health education and health promotion, workers' health, prevention of accidents, disaster planning, mental health, cardiovascular diseases and nutrition. Future activities will be coordinated by an in-house task force, comprised of the units mostly concerned under the chairmanship of Executive Management. Continuous feedback will be provided through the use of the Consultation Letter, the joint Liaison/Advisory Committee, the programme managers of the Collaborating Centres and the regular evaluation of country medium-term programmes.

TARGET PERSPECTIVE

The review and analysis of a major study on the needs for nursing care of two selected groups of people in Europe has led to a decision to hold a major European Conference on Nursing and Midwifery in 1988.

The opportunity provided for exchange of ideas and examination of people's needs for care has stimulated considerable interest in several areas including quality assurance, community assessment, leadership development, development of information systems and community-based home care programmes.

Through the contributions of European Collaborating Centres, selected NGOs, national nursing associations and ministries of health and education, projects have been developed during 1986/87 which address elements of all Targets, but most particularly the aspects related to appropriate care. A European Task Force on Leadership Development has developed a series of international workshops which will provide continuing education for mid-level nursing/midwifery managers in the Region. Preliminary exploration on workers health has been initiated and will continue into 1988/89. A framework for developing quality assurance programmes in nursing/midwifery has been developed, supplemented by country reviews of nursing/midwifery legislation as it relates to the effective practice of primary health care.

To refine the data available on midwifery and midwifery personnel, an initial pilot study was carried out to identify coverage in the primary care sector and to assess educational trends, care practices, and perceptions of midwives about their practice.

A European non-governmental organization will assist NURS in a preliminary study on the scope and practice of medicosocial workers in Europe.

Research proposals to address the changing needs related to early hospital discharge were initiated in the 1986/87 biennium and will continue into 1988/89 through funded projects carried out at national levels.

These are a few of the many intercountry and country projects which have been underway.

Elements of the work developed through the 6th and 7th General Programmes of Work will be reviewed by the Region during the 1988 Conference on Nursing/Midwifery where contributions of countries to primary health care will be shared. The focus of the Conference will be the reorientation of nursing/midwifery practice to the goals of the Region as expressed through a European position paper on nursing/midwifery; this paper will have undergone wide review, revision and scrutiny by all member countries prior to the Conference. The expected outcome of the Conference is a concrete series of recommendations for action to reach HFA/2000 through implementation of the Regional Targets.

EUROPEAN REGION
ANNUAL ACTIVITIES AND DATES *

** Executive Board	8-24 January
** Global Programme Committee	27-28 January
European Advisory Committee for Medical Research (EACMR)	25-28 February
Planning Meeting	10-14 March
** Programme Development Working Group (PDWG)	17-21 March
Regional Health Development Advisory Council (RHDAC)	15-16 April
Consultative Group on Programme Development (CGPD)	16-17 April
Consultative Group on Budgetary Questions (CGBQ)	18 April
** World Health Assembly	5-16 May
** Executive Board	19-20 May
** Global Programme Committee	21-22 May
Regional Committee	15-20 September
Planning Meeting	29 Sept.-3 Oct.
** Programme Development Working Group (PDWG)	20-24 October
** Programme Committee of Executive Board	Oct.-Nov.

* Approximate dates which vary slightly from year to year

** Activities organized by WHO Headquarters, Geneva