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FOURTH MEETING OF EUROPEAN GOVERNMENT CHIEF NURSES AND COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

Report on a WHO Meeting

Glasgow, Scotland
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ABSTRACT

Developments in nursing and midwifery have an impact on meeting a country's health and social needs and on improving the quality of health care in the Region as a whole. The Fourth WHO Meeting of European Government Chief Nurses and Collaborating Centres for Nursing and Midwifery continued the series started in 1989 in Linköping, Sweden, which explored the implications for nursing of the regional health for all targets. The main themes of the meeting were nursing policy and its relationship to health care policy and reform, and the leadership role and skills of nurses working at national level. The aim was to develop strategies to meet the challenges presented to nursing by recent changes in health care and to improve the leadership skills and styles of the participants, particularly in corporate leadership. The meeting also provided a forum for reviewing the work of the Nursing and Midwifery unit of the WHO Regional Office for Europe and the collaborating centres in this area. The participants produced a statement reaffirming and building on the 1988 Vienna Declaration and Recommendations on Nursing in Support of the European Targets for Health for All. They agreed that these statements provide both a vision to guide the development of nursing and practical proposals to strengthen the contribution of the Region's five million nurses and midwives to attaining health for all.

Keywords

NURSING
MIDWIFERY
NURSE ADMINISTRATORS
INTERNATIONAL COOPERATION
HEALTH POLICY
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EUROPE

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INTRODUCTION

Nursing and midwifery leaders should be more involved in planning health care and developing health policy at all levels, according to the WHO Global Advisory Group on Nursing and Midwifery. This view is shared by other expert groups and is echoed in recommendations from recent WHO meetings, such as the 1992 World Health Assembly and the Third WHO Meeting of European Government Chief Nurses (Bucharest, 1992), as well as in the 1993 Declaration of Alma-Ata on Nursing in the Newly Independent States.

The issue of nursing leadership and its crucial role in enabling nurses to contribute to their country's health care policy and the attainment of the regional health for all (HFA) targets, as partners with colleagues in other disciplines at government and international level, was highlighted at the first WHO meeting of European government chief nurses (Linköping, 1989). It was reinforced at all subsequent meetings of chief nurses and remains of paramount importance. The WHO Regional Office for Europe has therefore paid close attention in recent years to the development of nursing policy and leadership at national level, and has made it the focus of the Nursing in Action project coordinated by the Nursing and Midwifery unit.

The unique WHO networks of European government chief nurses and other national leaders have been central to this initiative. The English-speaking network meets regularly and a newer Russian-speaking network has been established in parallel for nursing leaders from countries where Russian is more commonly used as a first or second language. This fourth meeting in the anglophone series continued the discussion on existing key issues, but also responded to the changing health care environment by exploring and tackling them in new ways.

An advisory group representing the various parts of the European Region met in April 1994 and identified priority issues for the meeting: transition and trends in health care, including the changing role of the nurse and its effect on the division of labour and collegiate relationships; information; leadership; and national action plans for nursing. While it was seen as necessary and

legitimate for nursing leaders to debate these issues in their professional forums, the group also recognized the need for interaction with other professionals, managers and policy-makers, and that, more than ever, health was a multidisciplinary as well as multisectoral concern. The debate on health care reform should integrate these varying perspectives. Nursing participation in WHO initiatives on such reform was seen by the group as an important way of highlighting these issues and debating them in a wider forum. These and other proposals of the advisory group were incorporated into the programme design to help ensure that the meeting was truly participative.

The participants were selected according to certain criteria. Most were nurses or midwives working in leadership positions at national level, especially government chief nurses or others working in health ministries, and directors of currently designated or proposed WHO collaborating centres for nursing and midwifery in the European Region. All were proficient in English. Representatives from 32 European Member States and WHO staff attended. Thirteen more countries were represented than at the previous meeting in Bucharest (1992), including several new WHO Member States – the Czech Republic, Estonia, the Former Yugoslav Republic of Macedonia and Slovakia. Representatives of the newly designated collaborating centre for nursing and midwifery in Glasgow and the proposed collaborating centres in Hungary and the Russian Federation also attended for the first time. There were four observers from the host country and three from Sweden, which is to host the third WHO meeting of Russian-speaking government chief nurses in 1995.

The objectives for the meeting were agreed by the participants as follows:

- to strengthen the existing networks of European government chief nurses;
- to facilitate closer links between chief nurses and WHO collaborating centres for nursing and midwifery;

- to enable participants to share their experiences and successes in responding to changes in European health care systems;
- to enable participants to obtain the necessary information to develop strategies to meet the challenges presented to nursing by changes in health care systems;
- to reinforce and develop the leadership skills of government chief nurses, in particular the skills of participative corporate leadership.

The meeting was expected to have the following outcomes:

- improved leadership skills of participants through participative learning;
- strengthened and enlarged networks of government chief nurses and others working in leadership positions at national level;
- more knowledge about the processes of change in health care systems throughout Europe and how they affect the nursing contribution to public health and the HFA targets;
- greater awareness of other international organizations' involvement in formulating health policy and developing strategies for linking with them more effectively.

The Fourth WHO Meeting of European Government Chief Nurses was opened by Jane Salvage, Regional Adviser for Nursing and Midwifery, WHO Regional Office for Europe. The participants approved the programme and appointed Jane Salvage as Chairperson, Anne Jarvie as Vice-Chairperson and Felicity Leenders and Jeannette Davidson as Co-Rapporteurs, and agreed to produce a statement at the end of the meeting.

NURSING WORLDWIDE

The Chief Scientist for Nursing, WHO headquarters, discussed nursing in relation to global trends.

- *Rapid change*: with its concomitant questioning of accepted values, insecurity and the difficulties of relying on experience.
- *Political change*: the shifting of global power.
- *Economic and social change*: the restructuring of debt repayment; increasing poverty, inflation and unemployment; intra- and intercountry migration; degradation of the environment; lessening of social support; the decreasing ability of the family to feed, house and protect its members; the increase in violence; and the widening gap between the rich and poor.
- *Demographic change*: the increase in the elderly population, chronic illness, mental ill health, problems related to lifestyle (alcohol abuse, drug misuse and smoking) and violent death caused by accidents and suicide.

She also placed nursing within the debate of whether health care is a basic right. The intersectoral and multidisciplinary nature of health care was noted as well as the need to be aware of health care costs (private or public provision of services, insurance schemes) and the tension created by having to choose between allocating resources to high technology care or primary health care. The increasing decentralization of health care services and the increasing use of information systems was recognized. Changes in legislation and regulations were leading, in some cases, towards specialization, in others towards deregulation.

Nursing education should be part of the higher education system and the needs of individual countries should be acknowledged. She also touched on the implications of professionalization and of its converse (deskilling or proletarianization), the danger of cultural

imperialism affecting nursing practice, the health needs of the population, the delivery of high-quality service and the maintenance of equity in health care. The need for reflection and dialogue was stressed. Nurses needed to be politically aware and to use every means to enter into dialogue with government, other sectors, nursing and midwifery associations, education establishments, medical and other health colleagues, the public and the media. The importance of World Health Assembly resolutions was emphasized and in particular resolution WHA45.5 (Annex 2).

COUNTRY REPORTS

One chief nurse from each Member State was asked to present a brief verbal report focusing on four key areas: the main strengths of each country's nursing/midwifery/health care system; the three main issues in nursing; progress made towards developing a national action plan for nursing; what they do well in their work as a leader of nursing development; and what they find difficult in their work as a leader. These reports were shared in small groups, provoking rich and wide-ranging debate. Many of the issues raised were common both within the groups and to other groups, despite the variety of nursing systems represented. The scale of the challenges facing nursing varied but in general was greater in the countries of central and eastern Europe (CCEE) and the newly independent states of the former USSR (NIS). The following key issues were identified as relevant to most countries.

- *Visibility of nursing*: the status of nursing remains low in many countries; nurses as a body are unable to influence policy; lack of opportunity for career development persists; nurses are subordinate to doctors; others fail to recognize nursing as a distinct discipline with its own body of theory and practice.
- *Education*: the transition from hospital-based nurse training to nursing education in higher educational establishments; the advantages and disadvantages of certificate/diploma

level nursing education and an all-graduate, university-educated profession; lack of qualified nurse teachers – in many countries nurses are taught by doctors and in others nurse teachers do not have appropriate qualifications to teach higher level programmes.

- *Research and quality assurance*: the need for data collection and nursing research as a baseline for sound clinical practice; the continuing gap between theory and practice; quality assurance as a management tool but also as a vehicle for the emancipation of nursing in a multiprofessional health care system.
- *Political awareness*: the importance of protecting the best aspects of existing health care systems from the effects of market-oriented health care; how nurses can make the health care system work for patients through advocacy; "we swim in political waters".
- *Legislation* can be a strength but also a weakness; the absence of nursing legislation and regulations in many countries; the tension between regulation and deregulation; protection of the public by using the title "nurse" to include only those qualified to practise nursing; its influence on the development of nursing practice.
- *Outcomes* demonstrate the value, efficiency and effectiveness of nursing inputs to health care.
- *Leadership*: the importance of the role of nurse leaders in the health care team, at all levels.
- *Clinical effectiveness*: task predominance over the essence of nursing; effects on nursing of the change in priority from acute, hospital-based care to community-based primary health care.

A VISION FOR NURSING

The Regional Adviser for Nursing and Midwifery outlined the importance of having a vision for nursing – a goal, ideal, picture, declaration or mission statement – and explained the value of renewal and ownership of such a vision. The 1988 WHO European Conference on Nursing drew up a shared vision in the form of the Vienna Declaration on Nursing in Support of the European Targets for Health for All. The Declaration defined the nurse's ideal future role and its implications for practice, education, leadership, management and research. Nursing's mission in society was to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context in which they live and work. This required nurses to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also included the planning and giving of care during illness and rehabilitation, and encompassed the physical, mental and social aspects of life as they affect health, illness, disability and dying. The four major functions of nursing were summarized:

- providing and managing care;
- teaching patients or clients and health care personnel;
- acting as an effective member of the health care team; and
- developing nursing practice through critical thinking and research.

These guidelines had been developed before the recent major social and political changes in the European Region, however. The nursing community now needed to debate two questions in the light of recent events: "Do you share this vision?", and "Is it still relevant today?".

The participants decided that the Vienna Declaration should be reaffirmed because of its continuing contemporary relevance. It should be built on by a further statement from this meeting which would reflect changing needs and circumstances. These included a greater emphasis on effectiveness and health outcomes, on closer

relationships with service users, and on the need to see nursing as part of a broad range of services working to improve the population's health status. She emphasized that nursing should continue to support social justice and equity, and that people in need should not be left unprotected in a free-market system. WHO agreed to circulate this new statement as quickly as possible and to use all possible channels to publicize it; participants agreed to follow up in their own countries by translating and publicizing it (Annex 1).

WHO REGIONAL OFFICE FOR EUROPE NURSING AND MIDWIFERY PROGRAMME

The challenge for WHO is to strengthen the contribution of Europe's five million nurses and midwives to attaining health for all. The WHO Nursing in Action project is a driving force to achieve this goal, with the aim of implementing the vision and selected recommendations from the Vienna Declaration. The project has two main components: leadership and policy, and development of nursing practice. Both strands were implemented at intercountry and country levels.

Since understanding the current situation is an essential part of developing effective strategies, the Regional Office has drawn up a profile of nursing and midwifery in each country to guide all planning and provide a basis for a Region-wide analysis of trends. The profiles are almost complete; participants were reminded of their vital role in sending material. The next step is to analyse the information, leading to a publication outlining the current state of nursing in Europe and highlighting the main trends. This would provide rich data for comparison, research and evaluation of future development.

National leaders of nursing need to be active policy-makers and to improve their leadership skills. WHO encourages the exchange of ideas and information to help countries to develop national action plans for nursing which should spell out clear priorities for nursing and be closely linked to overall national policies for health and

health care. Guidelines on the process of producing a national action plan have been prepared and translated by many countries, and wherever possible the Regional Office has supported the process in specific countries, often as part of the medium-term programme with WHO.

Developing nursing practice is another focus of the Nursing in Action project, with special attention paid to CCEE/NIS. As progress had been hindered by the almost total lack of appropriate learning material the Regional Office launched the LEarning Materials On Nursing (LEMON) project to meet the immediate need for basic learning materials in official languages, until countries were able to produce their own. The project also aims to strengthen countries' capacity for self-sufficiency. The LEMON package in English is nearing completion. Meanwhile, country LEMON groups are working to raise funds and identify and prepare translators, editors and printers.

In addition, there is a growing need for information to underpin nursing strategy. The imperatives of efficiency and effectiveness make it essential to monitor nursing activities. This could be achieved by observation, sharing existing information, knowledge and skills, and actively looking for relevant data, for example by evaluating innovative projects such as LEMON. The Office has been working on a tool to help countries evaluate LEMON locally.

GROUP SESSIONS

Participants divided into three groups for concurrent sessions focusing on collaborating centres, CCEE/NIS and the rest of Europe. Each group designed its own agenda and reported briefly back to a plenary session.

Collaborating centres

Each current and proposed collaborating centre contributed a brief report organized under five headings: the purpose and chief activities of the centre; how its work related to the national health

care and nursing situation; how the centre's work related to that of the government chief nurse and other nursing leaders and how these relationships could be strengthened; what the centre was proud of in its role as a national leader of nursing development; and any difficulties in its work as a leader.

After sharing the main points of these reports, discussion concentrated on relationships with nursing leaders and communication with the chief nurse and with each other. There were many commonalities in the way they handled these matters. Most felt there was room to improve communications within and outside their country. They resolved to raise the profile of the centres and to cooperate more actively with each other. Further discussions were arranged to explore possible joint projects, primarily an initiative from the collaborating centre in Denmark to extend its current work on nursing information systems.

CCEE/NIS

Issues raised in this group of chief nurses from CCEE/NIS included the need to maintain self-confidence while dealing with complex matters of developing nursing policy and practice within a changing health care system. In many cases the health care system is changing from a service focused on acute hospital care to one led by primary health care, and from a centralized state-funded system to a decentralized, insurance-based system. The need for a nursing strategy was accepted but hampered by lack of resources. Help was needed in the form of exchange visits, twinning of hospitals and education institutes, training of nurse teachers overseas, fellowships and assistance with the LEMON project.

Rest of Europe

This group of nursing leaders from countries other than CCEE/NIS focused on the necessity of ensuring efficient and effective nursing practice, with a shared vision and means to demonstrate that the nurse's input influenced health care outcomes. Linked to this was the need to counteract professional powerlessness by working with key groups and individual change agents. Change should be used as

an opportunity for growth, to hasten nursing's transition to an open profession participating fully in multiprofessional health services and decision-making, and working in partnership with patients/ clients.

LEADERSHIP

Participants were urged to recognize that it is important for leaders to adopt a personal style, to "be themselves", and to trust their own judgement despite the institutional pressures on individual decision-makers. It was common for nurses to discount themselves as leaders. This low self-esteem and resulting defensiveness often leads to adopting one of three reactive positions. Rather than responding to the situation in an adult way, behaviour is based on habitual patterns from the past – reactive roles as victim, persecutor or rescuer. Although each person has preferred positions, they are interchangeable and it is possible to take up all three positions in the course of one conversation. While it was almost impossible for people to rid themselves of reactivity, they can become more aware of when they are being reactive and their effect on other people. They can also learn to recognize reactivity in others and how they get hooked into responding to it.

All three roles confine and determine other people's response. The drama triangle is a dead end; nothing can change it. They are all ways for the individual to avoid honest contact and openly declare and take responsibility for his or her wants, feelings or demands. They are all ways of colluding with others to keep the individual safe within the unhealthy confluence, for unpleasant though it may be, at least the reactive position is known. It is possible to escape the pattern, however, by recognizing types of behaviour which either fuel or provide a way out of the drama triangle:

Fuels the Drama Triangle	Ways out of the Drama Triangle
Denial	Taking responsibility
Any substance abuse	Leading a clean and sober life

Avoidance	Directness
Blaming	Accepting responsibility
"You" statements	"I" statements
Abandoning your inner child	Honouring your inner child
Withholding feelings	Expressing feelings
Confusion	Awareness
Isolation	Community
Co-dependency	Assertiveness
Rigidity	Flexibility
Pretending/fakeness	Authenticity
Saying "yes" when you mean "no"	Saying "yes" when you mean "yes"
Saying "no" when you mean "yes"	Saying "no" when you mean "no"
Lose–lose interactions	Win–win interactions
Conditional love	Unconditional love
Lack of discipline	Firm consistent discipline
Deceit	Honesty
Hiding spirituality	Showing

After the plenary session, participants explored these ideas in small groups. They started by discussing the statement, "When I behave well as a leader the qualities and behaviour that I display are...". Although many had never previously experienced this approach to leadership development, it was recognized as an interesting and stimulating, if not always comfortable way of exploring the issues.

NETWORKING

Networking was highlighted in the meeting as another important aspect of leadership. It was described as the coming together, formally or informally, of individuals or groups of people to exchange ideas and information on matters of common interest. Several participants gave brief presentations on networks in which they were active and how they used them. This was not a comprehensive survey but an attempt to explore with examples the huge range of

possibilities and channels of influence. Participants were urged to learn about all the options and use their position to become involved.

The Chief Nursing Officer from the Netherlands emphasized the importance of using all available means to publicize nursing and be aware of the institutions that could support it. He concentrated on the European Union (EU) and the possibilities for funding joint health projects involving nursing. Nurse leaders should obtain the agendas of meetings that might discuss matters of interest to nursing and, if appropriate, find a way to contribute by writing to the secretariat or by influencing committee members. Other participants highlighted the value of the Standing Committee of Nurses of the European Union (PCN) and echoed the points about nurses' exerting their influence.

Some participants described their involvement with the Council of Europe and its special importance to countries not in the EU. Attention was also drawn to the European Quality Assurance Network (EUROQUAN) and the importance of keeping oneself informed was reiterated. The International Confederation of Midwives was described as another example of an influential network.

It was concluded that a directory of important European and global networks, with contact addresses and brief descriptions, would be a useful tool for national nursing leaders.

CONCLUSIONS

The participants unanimously adopted a statement reaffirming the Vienna Declaration and other WHO recommendations on nursing (Annex 1).

Annex 1

STATEMENT BY EUROPEAN GOVERNMENT CHIEF NURSES AND WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

This statement by participants and observers from 32 Member States of the WHO European Region was unanimously adopted at the close of the Fourth WHO Meeting of European Government Chief Nurses and WHO collaborating centres for Nursing and Midwifery, Glasgow, 18–20 October 1994.

We hereby reaffirm the relevance of the 1988 Vienna Declaration on Nursing in Support of the European Targets for Health for All, and the recommendations from the WHO European Conference on Nursing, 1988. We believe that these statements continue to provide a vision to guide the development of nursing[1], and practical proposals to strengthen the contribution of the Region's five million nurses and midwives to health for all.

We believe that the role of the "Health for All Nurse"[2], as outlined in the Declaration, is to help people throughout their lifespan, as individuals, families and groups, to determine and achieve their physical, mental and social potential, and to do so in the context of the environment in which they live and work. This requires nurses

[1] Nursing is used here as a general descriptive term. Terminology and definitions vary from country to country, and the term nurses should be understood to include all health workers doing work related to nursing, including nurses, midwives and feldshers. For brevity reference is made throughout to nurses and nursing.

[2] The "Health for All Nurse" is one who contributes to achieving the goals of health for all. The mission, role and functions are comprehensively described in the Vienna Declaration and subsequent WHO publications, notably Nursing in action (*Nursing in action: strengthening nursing and midwifery to support health for all*. Copenhagen, WHO Regional Office for Europe, 1993 (WHO Regional Publications, European Series, No. 48)).

to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.

However, major political, economic and social transformations are taking place in the Region and indeed worldwide. As leaders of change we acknowledge the resulting need to take account of them, recognizing that each of our countries has its own unique situation, strengths and needs. Within this changing environment, both old and new health care needs must be met in new ways, and health services must respond more sensitively to those needs. A number of special challenges to nursing must therefore be tackled – and at all levels, from individual to international.

The challenges to nursing

- Influencing health care reform to ensure a continuing commitment to equity and social justice, especially for vulnerable groups and those in greatest need.

- Supporting the positive trend towards nurses working in partnership with individuals, families and groups, acting as patient/client advocates, and stimulating community empowerment in health care.

- Developing national action plans for nursing as part of health plans and playing a full part in formulating national health policy, thus securing the necessary commitment and resources for nursing development for better health.

- Strengthening the links between nursing inputs and health outcomes through increasing the effectiveness and efficiency of nursing practice, by means of critical thinking and research, and better collection and use of relevant data for monitoring and evaluation.

- Promoting dialogue with the public, policy-makers and other health care personnel in order to clarify how nursing can maximize its contribution to health in a multiprofessional setting.

- Empowering effective leadership in nursing, paying special attention to the development of woman leaders.

- Making better use of all available sources of influence, especially networks and alliances within and beyond the nursing community.

The following recommendations to countries and to WHO propose some ways of tackling these challenges.

Recommendations to countries

1. Promote dialogue about nursing using all available means, including the media, and inform nursing colleagues, health ministries, budget-holders, other health personnel and the public about the results of this meeting and about the vision and mission of the Health for All Nurse.

2. Recognizing the continuing relevance of WHO policies and guidelines, and the international leadership provided by its Nursing and Midwifery unit, encourage health care leaders, policy-makers and donor agencies to use WHO guidance and to seek WHO input on nursing development programmes.

3. Ensure that the professional and corporate contribution of nursing leaders is recognized and encouraged in health ministries and other appropriate national institutions.

4. Ensure that nurses and midwives have the basic, post-basic and continuing education they need to help them to become effective practitioners, teachers, managers, researchers and leaders, and the opportunity to make appropriate use of their skills and knowledge.

5. Strengthen the links, and promote concerted action, between government chief nurses, national nursing and midwifery associations, regulatory bodies, WHO collaborating centres for nursing and midwifery, and other health care leaders.

6. Take active steps to utilize WHO collaborating centres for nursing and midwifery as sources of expertise and creativity in health and nursing development, and as advisers to governments and other health care leaders and institutions.

7. Provide high quality materials on nursing in local languages, for example through translation and widespread dissemination of WHO publications such as ***Nursing in action*** and the **LEMON, LE**arning Materials **O**n Nursing, package.

8. Maintain regular contact with the WHO Nursing and Midwifery unit and contribute to the Country Nursing and Midwifery Profiles and analysis of nursing and midwifery in Europe.

9. Take part in the Fifth WHO Meeting of European Government Chief Nurses.

Recommendations to WHO

1. Publicize the results of this meeting as widely as possible.

2. Prepare a mission statement on nursing for circulation to countries and to intergovernmental and nongovernmental organizations to affirm the continuing relevance of the Vienna Declaration and to reinforce the nursing response to newly emerging key issues in health.

3. Continue to promote close and active cooperation between the Nursing and Midwifery unit and other relevant programmes in WHO headquarters, the Regional Office and countries, ensuring that

nursing and midwifery development is appropriately resourced by the Organization.

4. Encourage the development of nursing leadership in the newly independent states of the former USSR through cooperation with health care institutions in Sweden to organize the Third WHO Meeting of NIS Government Chief Nurses in 1995.

5. Maintain and strengthen links with government chief nurses, WHO collaborating centres for nursing and midwifery, and other networks and provide help in the development of national action plans for nursing.

6. Prepare a comparative analysis of nursing and midwifery in Europe and develop indicators of nursing development at national level, taking due account of related global initiatives, in order to stimulate progress and to help implement resolution WHA45.5 on strengthening nursing and midwifery in support of strategies for health for all.

7. Help countries to provide high quality materials on nursing through advice on translation and dissemination of relevant WHO publications such as ***Nursing in action*** and the **LEMON** package.

8. Plan the Fifth WHO meeting of European Government Chief Nurses, including WHO collaborating centres for nursing and midwifery, paying special attention to relationships with other health care disciplines.

Annex 2

RESOLUTION WHA45.5 OF THE FORTY-FIFTH WORLD HEALTH ASSEMBLY ON STRENGTHENING NURSING AND MIDWIFERY IN SUPPORT OF STRATEGIES FOR HEALTH FOR ALL, MAY 1992

The Forty-fifth World Health Assembly,

Having considered the Director-General's report on strengthening nursing and midwifery in support of strategies for health for all, and the discussions at the eigthty-ninth session of the Executive Board;

Recalling resolution WHA42.27;

Mindful of the growing demand for and cost of health care in countries throughout the world;

Concerned at the continued shortage of nursing and midwifery pesonnel and the urgent need to recruit, retain, educate and motivate sufficient numbers to meet present and future community health needs;

Recognizing the need to increase the Organization's nursing and midwifery activities at all levels;

Committed to the promotion of nursing and midwifery as essential health services in all countries, for the development and improvement of health-for-all strategies;

1. THANKS the Director-General for his report;

2. URGES Member States to:

(1) identify their nursing and midwifery service needs and, in this context, assess the roles and utilization of nursing and midwifery personnel;

(2) strengthen managerial and leadership capabilities and reinforce the positions of nursing and midwifery personnel in all health care settings and at all levels of service, including the central and local services of health ministries and the local authorities responsible for the programmes concerned;

(3) enact legislation, where necessary, or take other appropriate measures to ensure good nursing and midwifery services;

(4) strengthen education in nursing and midwifery, adapt educational programmes to the strategy for health for all, and revise them where appropriate, in order to meet the changing health care needs of populations;

(5) promote and support health services research that will ensure the optimal contribution of nursing and midwifery to health care delivery, with particular emphasis on primary health care;

(6) ensure appropriate working conditions in order to sustain the motivation of personnel and improve the quality of services;

(7) ensure the allocation of adequate resources (financial, human and logistic) for nursing and midwifery activities;

(8) ensure that the contribution of nursing and midwifery is reflected in health policies;

3. REQUESTS WHO regional committees to reinforce regional actions in order to enable Member States to implement the above

provisions effectively and to identify sources for financing such actions in those States which are undergoing economic structural reform programmes or which have other special needs;

4. REQUESTS the Director-General to:

(1) establish a global multidisciplinary advisory group on nursing and midwifery, with the express purpose of advising the Director-General on all nursing and midwifery services and in particular on:

(a) developing mechanisms for assessing national nursing and midwifery service needs;

(b) assisting countries with the development of national action plans for nursing and midwifery services including research and resource planning;

(c) monitoring progress in strengthening nursing and midwifery in support of strategies for health for all;

(2) mobilize the increased technical and financial support required to implement the provisions of this resolution;

(3) ensure that the interests of nursing and midwifery services are taken into account in policy implementation and programme development, and that nursing and midwifery experts participate in WHO committees as appropriate;

(4) strengthen the global network of WHO collaborating centres for nursing and midwifery in the implementation of health for all;

(5) report on progress made in the implementation of this resolution to the Forty-ninth World Health Assembly.

Annex 3

WORKING PAPERS AND BACKGROUND MATERIAL

Working papers

ICP/HRH 306/7 BD/6	Guidelines on participating in international meetings
ICP/HRH 306/7 BD/7	Guidelines on country reports
ICP/HRH 306/7 BD/8	Guidelines on collaborating centre reports

Background material

Nursing in the Newly Independent States – Second Declaration of Alma-Ata, 1993.

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Learning Materials On Nursing (the LEMON project). Brochure. Nursing and Midwifery Unit. Copenhagen, WHO Regional Office for Europe, 1993.

National action plans for nursing: intercountry project proposal. Nursing and Midwifery Unit. Copenhagen, WHO Regional Office for Europe, 1994.

National action plan for nursing: country project proposal. Sample: Kazakhstan. Nursing and Midwifery Unit. Copenhagen, WHO Regional Office for Europe, 1994.

Annex 4

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