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SIXTH MEETING OF GOVERNMENT CHIEF NURSES OF THE EUROPEAN REGION

Report on a WHO Meeting

Stockholm, Sweden
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EUROPEAN HEALTH21 TARGET 18

DEVELOPING HUMAN RESOURCES FOR HEALTH

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

Nursing and midwifery's response to the existing political, cultural and socioeconomic context for health and health services in Europe has been patchy and piecemeal. With the advent of the new millennium, and in the context of HEALTH21, WHO's new health for all policy framework for Europe that identifies a key role for these professions relevant to prevailing needs, it was timely for the network of Government Chief Nurses of the European Region to review the current position of the professions in relation to recommendations made at the first WHO Conference on Nursing and Midwifery in 1988. The meeting identified critical issues to be challenged by nursing and midwifery in order to deliver its agenda now and in the coming 30 years. Implications for the Second WHO Conference on Nursing and Midwifery, to be held in Munich in 2000, were also discussed. An action table, identifying actions, a time-frame and individuals responsible for moving the preparatory work forward for the Munich Conference was agreed on, as was the need for a Munich 2000 Task Force.

Keywords

NURSE ADMINISTRATORS
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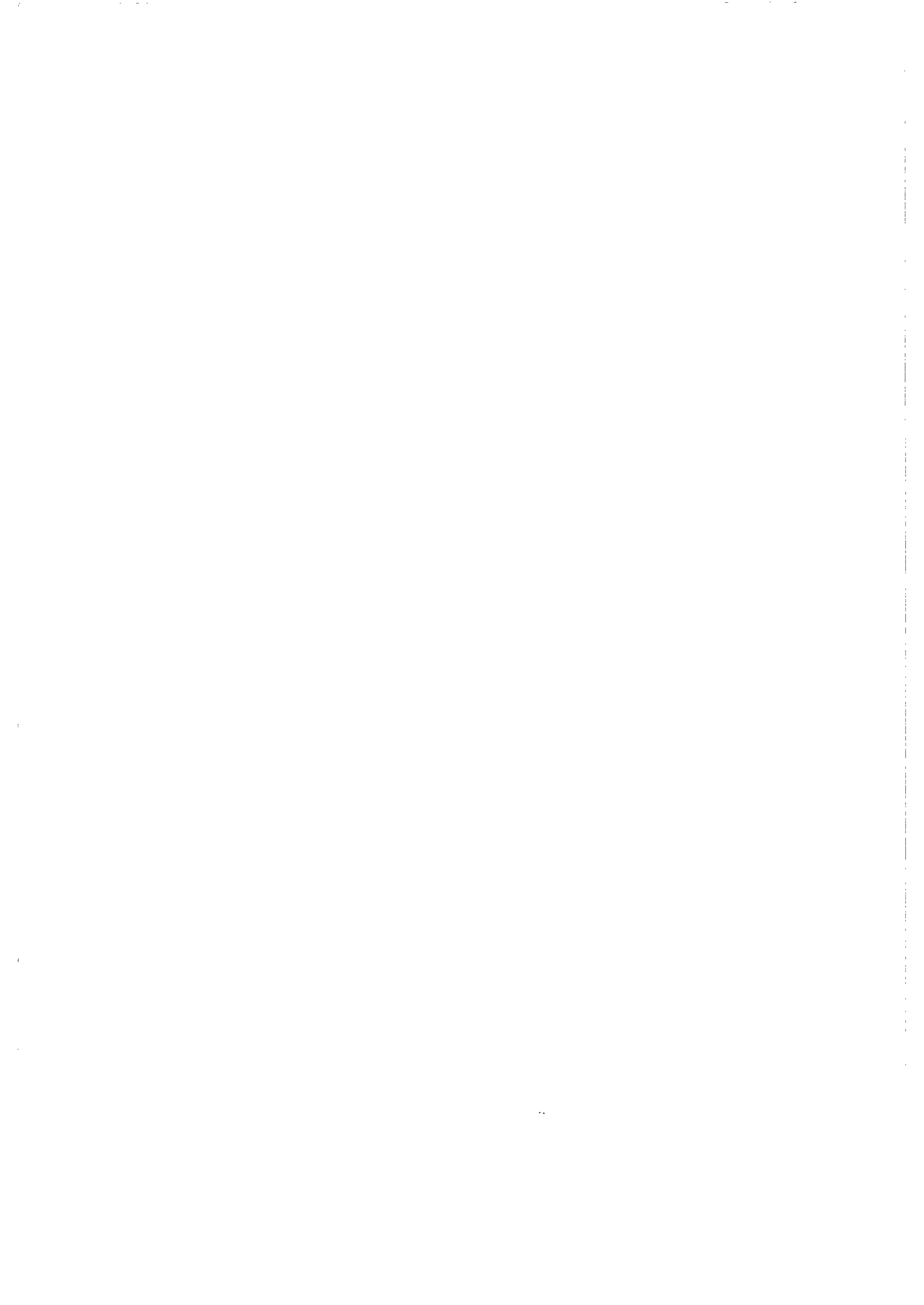
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Introduction

Europe has experienced substantial change over the past decade. The political map has altered, armed conflicts have resulted in serious injuries and deaths on a massive scale as well as great numbers of displaced persons and refugees. The health gap in the Region is widening between east and west and within Member States. Major environmental issues and economic recession have affected a number of European countries. Not least in the area health and health care, Europe is experiencing major health care reforms, a return of diseases such as tuberculosis, cholera, typhoid, hepatitis A and malaria and continuing mortality and morbidity from cancer, cardiovascular diseases and lifestyle-related problems.

The response of nursing and midwifery to these prevailing factors has been patchy and piecemeal and needs to exert greater influence on national health policies. These professions also need to be recognized as key agents in the delivery of the reform agenda today and beyond. This has not happened in the way the recommendations set forth by the first WHO Conference on Nursing and Midwifery (Vienna, 1988) suggested.

The Sixth WHO Meeting of Government Chief Nurses of the European Region, under the local organization and sponsorship of the National Board of Health and Welfare of Sweden, the Swedish Nurses' Association, and the Swedish Association of Health Professionals, met in Stockholm on 20–21 November 1998, to take stock and learn lessons, draw from the work of the professions in meeting people's needs as the new millennium draws nearer. Critical challenges relevant for nursing and midwifery to meet the agenda for health and health care into the twenty-first century were also to be identified. The meeting was attended by 56 participants, including Government Chief Nurses from the newly independent states (NIS) and countries of central and eastern Europe (CCEE). Observers from Italy, Malta, Sweden and Switzerland also attended (see Annex 1 – Participants).

Election of the Chairperson and rapporteur and announcement of facilitator

Ms Ainna Fawcett-Henesy, Regional Adviser for Nursing and Midwifery at WHO's European Office, was nominated Chairperson and the work of the meeting began with the adoption of the programme. Ms Ragnheidur Haraldsdottir, Government Chief Nurse of Iceland, was nominated as rapporteur. Ms Gillian Biscoe, a well-respected management consultant from Australia, who has worked for WHO in several of its regions, facilitated the meeting.

Objectives of the meeting

The meeting was structured in three main parts (see Annex 2 – Programme):

- “*From Vienna ...*” to reflect on the recommendations made at the WHO Conference on Nursing and Midwifery (Vienna, 1988) in relation to the current status of the professions today through a SWOT analysis; to study the new health policy for Europe designed to meet prevailing needs of Europeans to speculate on future challenges, issues and obstacles into the twenty-first century.
- “*Via Stockholm ...*” to review the implications for nursing and midwifery of the changing characteristics of the Region; the new public health policy for Europe and the possible challenges of the future based on current trends.

- “*To Munich ... and beyond*” to articulate the critical challenges relevant for nursing and midwifery to meet health and health care needs into the twenty-first century; to identify the forces and drivers to instigate changes for the professions; and to commit to an action plan with milestones and comprising tasks within an 18 month time-frame which identifies individuals responsible for moving the preparatory work forward for the Munich Conference and for the professions in the coming decades.

Welcome addresses

The meeting was opened by *Ms Ann Bonair*, Government Chief Nurse of Sweden, who welcomed the participants and wished them success in their deliberations.

Ms Kerstin Wigzell, the newly appointed Director General of the Swedish National Board of Health and Welfare also welcomed the participants and expressed her pleasure at hosting a WHO meeting in Stockholm. She underscored the importance of international attempts to meet the demands of health care workers and the fact that more cooperation between the professions and between sectors is needed.

Mr Hakan Ceder, Director, Health Care Division at the Ministry of Health and Social Affairs of Sweden, reminded the participants of the factors impinging on health care and more specifically cost-containment and structure reforms. Although these reform strategies are important, they will only succeed if people accept them. To be accepted, people will need better information on alternative care options and the right to seek second opinions about diagnosis and proposed treatments.

Dr J.E. Asvall, WHO Regional Director for Europe, underscored the importance of the size of the nursing and midwifery workforce (representing 5 million nurses) in meeting the challenges of health at the turn of this century.

Ms Gillian Biscoe, the facilitator, clarified that this event would set the scene for two time lines, i.e. preparatory activities leading up to the Second WHO Conference on Nursing and Midwifery in Europe (Munich, June 2000) and the work of the professions in the aftermath. She emphasized that what the professions have done in the last 10–15 years will not do for the coming 10–15 years. To prepare participants for a systematic approach to their task, she shared with them the Strategic Thinking model (Lewis, 1996) (Fig. 1).

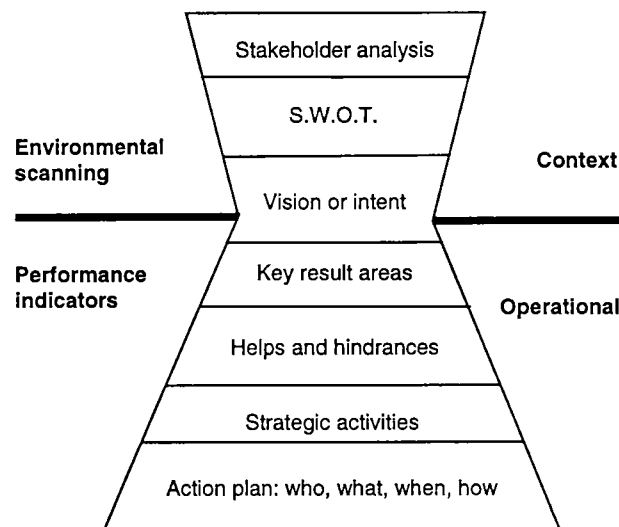
“From Vienna ...”

Reflections on Vienna

Ms Ainna Fawcett-Henesy, Regional Adviser for Nursing and Midwifery, WHO Regional Office for Europe

Ms Fawcett-Henesy addressed the participants on the purpose of the meeting as a bridge of reflection from the Vienna Conference (1988) to set the scene for the Second WHO Conference on Nursing and Midwifery (Munich, 2000) using the back-cloth of the newly endorsed public health policy document for Europe *HEALTH21 – health for all in the twenty-first century*. She identified the key issues and areas of action pledged at the Vienna Conference (Box 1) and raised the question of what achievements had been made by countries on the Vienna recommendations to date, what actions have not been taken and what are the obstacles and barriers preventing action.

Fig. 1. Strategic Thinking Model



Box 1. Vienna recommendations – key areas for action

- HFA promotion
- LEGISLATION for primary health care nursing
- EDUCATION (university level, broad, taught by nurse teachers, continuing)
- SERVICES (qualified, focused on health, based on needs, sensitive to health determinants)
- RESEARCH in nursing practice
- INFORMATION systems for quality improvement
- PERSONNEL POLICIES for recruitment, retention and counselling
- SMOKING CESSATION policies
- DECISION-MAKING – increased involvement in planning and management at central, regional and local levels
- EMPOWERING CLIENTS for self-reliance and self-help
- COUNSELLING on healthy lifestyles
- COUNSELLING on care options

A regional overview SWOT analysis was presented and Ms Fawcett-Henesy underscored that despite the head start by northern and western European countries, there is still a discrepancy in equity across populations in remote and rural areas within these countries. The SWOT analysis also informed of the huge continued dominance of the medical model and resistance to advance nursing education in northern and western Europe, while shortage of nurses is another obstacle. Southern European countries are facing similar problems with the added burden of poor public perception about the role of the profession. Eastern European countries lack the willingness or commitment by a part of the professions to move the agenda forward. Poor working conditions and salaries, and restricted duties of nurses and midwives to prevent them being a threat to the medical profession are the main obstacles faced by these countries.

Anticipating the future: a new health policy for Europe

Dr J.E. Asvall, WHO Regional Director for Europe

Dr Asvall provided the participants with a back-cloth for the challenges they will face by providing them with the broad perspective for health and health care into the twenty-first century. With the efforts to mobilize sectors to work together and the broadened ideas and approaches as outlined in the new health policy document, this would provide a different and wider framework for the profession than at the time of the Vienna Conference. *Health21* cannot become a reality unless nurses and midwives are front-line, independent workers different from what they are today. Dr Asvall then gave a background description of WHO's six regions. The European Region was seen earlier to have been faced with limited problems. This situation has now changed with continuous conflicts, wars, etc. On the other hand, the 25-fold difference in the GNP rates today makes for more money to spend and improved life expectancy potential in general. However, sexually transmitted diseases, the return of malaria and polio, assault on women (domestic violence causes more injury to women than traffic accidents, rape and muggings), inequities (longer life expectancy – eight years more for babies born into a higher social class), social environment issues (e.g. ethnic and gang violence in large cities), etc. are some of the challenges faced by policy-makers at the European level, despite changes in government and consequent changes in priorities and approaches. Long-term stable strategies are needed and are offered in *Health21*, along with clear targets, and a scientific and professional plan.

Major health determinants today include: genetics, socioeconomic factors, lifestyles, environmental issues and, not least, health care.

Health21 comprises five main components:

1. the goal of health for all
2. health objectives, i.e. strengthen health over the life course, reduce illness/injury
3. basic values
4. broad action strategies
5. WHO's role

The health for all (HFA) targets focus on specific population groups over the course of life, i.e. offering programmes such as that from the WHO Healthy Schools Initiative (health promotion as early as kindergarten level).

Basic values as presented in *Health21* include: health as a basic human right; equity/solidarity; and participation and accountability. The document presents the following broad action strategies:

- multisectoral strategies with respect to the health determinants (e.g. socioeconomic factors, lifestyles, the environment);
- genetics;
- primary health care based health care sectors with flexible hospital support;
- health outcomes focused clinical care and public health programmes; and
- settings based on HFA partnership.

WHO's role is to support governments in their public health attempts within the *Health21* framework.

Smoking in Europe kills 3500 people every day. Alcohol abuse requires major government action as does the prevention of HIV among drug users. The European Health Care Reform (Ljubljana, 1996) and the European Observatory on health care systems (soon available on the Internet) allows governments to meet the above challenges by organizing health care services with a focus on community care and with key health care professionals, i.e. the family health nurse, the family health physician, and not least with the community itself.

Dr Asvall offered clear advice to the participants that if there is one thing the professions could do to influence health it would be to emphasize developments in relation to the family health care nurse. He said that clinical outcome measures are important in showing the added value of the profession and that this concept has been recognized by the European Forum of National Nursing and Midwifery Associations and WHO which has taken onboard some quality indicators for nursing and midwifery care. The WHO QualiCare data collection, available on the Internet, provides evidence of changes in Europe and implies that we cannot depend on governments alone but also on the private sector and local institutions to be active in health care strategies. However, the most important setting is the family with partners who include family members, the family health nurse, the family physician and the social worker. This partnership must be done in an organized way. Other settings could include schools, the workplace, prisons, etc. Health for All is often seen in a too restricted light.

Interpreting the new health policy for nursing and midwifery

Ms Shoshana Riba, Government Chief Nurse of Israel

The factors that characterize Europe today include technological advancements allowing for an information explosion, widespread awareness of healthy behaviour, more transparent decision-making, increased life expectancy and new epidemiological diseases. All of these factors have had a substantial influence on health care systems, i.e. quality health care has led to higher operating costs; new alternative forms of care have increased competition; greater efficiency introduced control systems; accountability introduced quality assurance and management systems. Further consequences involve changes in health care service providers and settings for care delivery, i.e. hospitals providing mainly curative care, intensive care, short-term treatment by using advanced technology while community facilities provide follow-up care, care for the chronically ill, long-term treatment using a methodology of coordination, consultation and supervision. Thus, the majority of patients will be provided with care in the community, with a strong emphasis on primary health care and a multidisciplinary working approach.

In the light of the above, there are anticipated changes that will alter the workforce including changes in the distribution of care time between care providers, changes in boundaries of authority and responsibilities; and a demand for new skills (coordination, consultancy, supervision). An integratory managerial model will replace the old hierarchical model to include knowledge exchange, re-division of functions and new interprofessional relationships; emphasis on the particular contribution of each profession; equal status given to the needs of the patient and the system; and development-centred orientation. This type of model would oblige acquiring of new skills related to coordination, consultancy, supervision, control and management. A case management model will satisfy the demand for such skills requiring eclectic knowledge, the ability to coordinate and manoeuvre, high-level interpersonal skills, familiarity with service networks, holistic and patient-centre care and a developed sense of responsibility with a sensitive social conscience. These changes, trends and outcomes must be managed.

There are currently three areas where action is needed if change is to come about, i.e. education (new principles, techniques and attitudes), stimulating interprofessional collaboration, and resolving unclear areas of authority and responsibility.

Munich and beyond: future challenges, issues and obstacles

Mr Laurie McMahon, Office of Public Health Management, United Kingdom

Mr McMahon brought to the attention of the participants the issues that have hampered the professions in contributing more forcefully to the health care agenda. He underscored the importance of understanding the context, how it will change and how important it is to be ahead of the game, anticipating what it will look like. Political expertise will be needed. There are two ideas which obstruct understanding the future, i.e. the rational actor model and rational systems model which are very heavily ingrained in our thinking and based on the idea that the future is predictable. Who are the stakeholders (e.g. family relatives, administrators, financial contractors, insurance companies, general practitioners, users) that have an interest in moving in a certain direction? What is the nature of the stakeholders' interest and what power do they have or need? It is important to grasp this concept at the micro-political level.

There are other forces for change at the macro level, e.g. technologies, health policy (welfare-oriented, individualistic, primary, secondary, tertiary care emphases), workforce issues (licensure, skill-mix, education, training), the public's expectations, types of services in demand, etc. It is important to identify the forces for change that are in operation in Europe in each of these areas.

“Via Stockholm ...”

Five working groups were formed to look at the “forces and drivers” which influence change. Group work was facilitated by Ms Ann Jarvie and Ms Jill Stevens (United Kingdom), Ms Karelene Ravn (Denmark), Ms Maxim Kesselring (Switzerland) and Ms Gillian Biscoe, the facilitator. Table 1 itemizes the specific forces and drivers debated in each group.

Mr McMahon presented a simulation of “squaring the circle” to enable participants to see the power force of the professions. Together with the participants, ways in which nurses could be power-brokers were identified as follows:

- links with people in power position;
- the power of numbers through associations;
- education;
- emphasis on primary health care and on nursing and midwifery (getting nurses and midwives into the new agenda through reinforced energy and action);
- formation of political work groups with legal status to show that nurses can influence and provide with legal status to show that nurses can have influence and provide cheaper care;
- making the public aware and solicit their help to influence politicians (tap into patient satisfaction);
- through outcomes (show by research the quality of care delivered);
- improve competence of the profession;
- work with patient interest groups, the press, politicians;

Table 1. Forces and drivers debated in the working groups

Group 1	Group 2	Group 3	Group 4	Group 5
Influence on employees	Government ministers	Relationships between health care professionals	Professionals	Basic needs
Influence on the public	The economy	Financing	Patients	Health care needs
Influence on prevention	Influence of medicine	Quality-skill mix, public/private	Policy-makers	
Quality of care	Role of the individual versus society	Social politics (media)		
Technology versus personal contact	Funding – private/public	Education, flexibility, stability		
Proactive in research agenda	Public expectations for short-term results	War/migrants, meta forces		
Education practice anticipation development	Pressure groups			
Inequality	Catastrophes/crises			
The environment	Research/information			
	WHO			

- being at the right place at the right time to influence policy decision-makers (understand the push and shove of bargaining);
- force yourself to dare to speak up;
- be well informed of political and economic issues;
- disturb the system with new things (use the power of others);
- base arguments on facts but also on emotions and vignettes;
- be present in community groups (implicitly become pressure groups);
- listen to the public and show that through action;
- identify nursing leaders, look for new leaders (beyond nurses);
- be involved in politics; enhance self-awareness of the roles – they should use their political power at the local level continuously and forcefully;
- identify peers in the field of nursing.

“To Munich ... and beyond”

The conceptual phase of expectations planning covered by participants during the first day of the meeting moved to a more operational engagement to enhance the needed changes. The meeting facilitator took the opportunity to underscore that change required moving one’s thinking forward and in this light shared the following quote:

... the significant problems we face cannot be solved at the same level of thinking where and when we created them.

Einstein

Also underscored was the fact that thinking that may not have been found acceptable before may well be so today and that system readiness was pivotal to change.

A second round of group work was then organized to identify four to six critical issues to move nursing and midwifery forward. The discussions were guided by the following principles:

- clarify, question, and clarify again
- challenge assumptions and try to be comfortable
- group forms, storms, norms, and then joins in
- take responsibility for self, i.e. don't go away
- learning experience – useful, fun

The areas of work identified for the groups included: workforce planning, clinical outcome indicators, the added value of nursing and midwifery, and multidisciplinary and multisectoral working approach. Table 2 lists the outcomes of the group discussions.

Table 2. Outcomes of the group discussions

Workforce planning	Clinical outcomes	Added value of nursing and midwifery	Multidisciplinary/multisectoral working
Epidemiological trends	Multicentre studies for clinical outcomes	Ability to be family-centred	Interprofessional rather than multidisciplinary
Economic trends	Counselling skills in nursing	Unsure of how far we have gone	Responsibility as individual team members
Ratio	Ability to measure outcomes by nurses	Accountability and responsibility (sharing good practice)	Regulatory framework to support teamwork and outcome
Skill mix	Translate tools to enable comparable data	External champions: no identified research	Competency in teamwork at basic and post-basic training levels
Standards		Dichotomy around grey areas are important, must be flexible, must gain consensus	Patient records and information systems to facilitate teamwork and improve outcomes
Changes in government policy		Leadership	Research on effective teamwork and job satisfaction
Ability to be flexible			

Against the background of the above-mentioned critical issues to be challenged by the professions, plenary discussion identified the following drivers for change in relation to the issues:

- advancing technology
- health policy
- the workforce
- public expectations
- meta-determinants.

Advancing technology

Forces and drivers such as: influence on employees and the public; influence on prevention; quality of care; technology vs. personal contact; research; interactive education which anticipates development; developers of technology who contribute to specialisation; inequalities emerging which deny access; influence on the environment, were found to be imposed by advancing technology.

Health policy

The following elements were identified:

- change of government/ministers
- economy
- influence of medicine
- the role of the individual vs. society
- private/public funding
- public expectations for short-term results
- pressure groups
- catastrophes/crises
- research/information
- WHO.

The workforce

Key forces would include:

- relationships
- financing
- quality and skill-mix
- public/private
- social politics
- the media
- recruitment
- education
- flexibility
- specialization
- meta forces.

Public expectations

- professionals (over/under-treatment; educated, ethical behaviour, accountable, concerned with people)
- patient choice
- policy-makers.

Meta-determinants

- basic needs
- peace and silence
- health needs
- lifestyles
- violence
- increasing disability.

Against the background of their deliberations and findings, the participants moved to implications for the forthcoming Munich Conference. Fig. 2 lists the key items suggested for consideration in relation to the Conference and its agenda:

Fig. 2. Items for consideration in relation to the Munich Conference

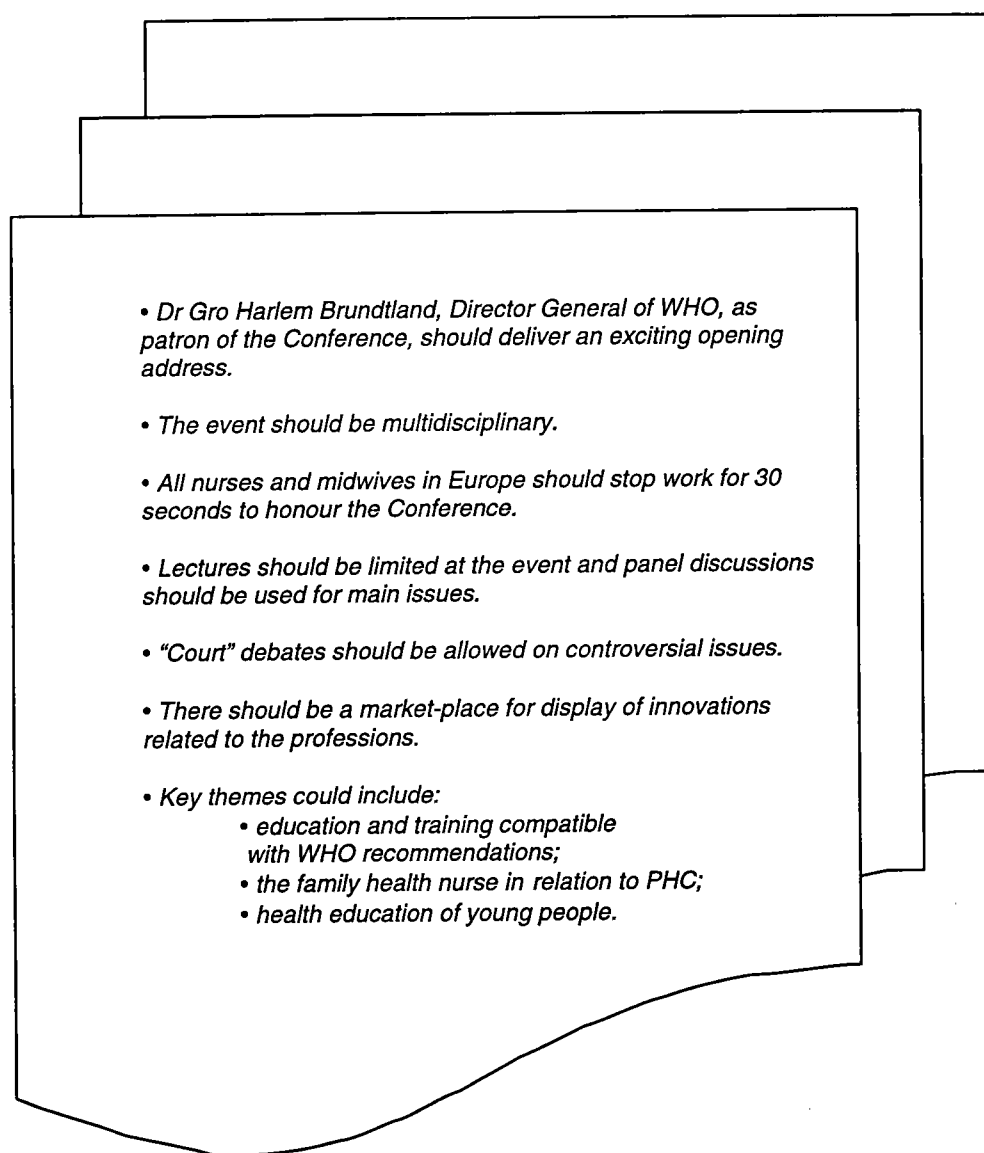


Table 3 gives a plan of some actions and deadlines for the next 18 months leading up to the Munich Conference, as agreed by the participants.

Table 3. Action plan: Munich 2000

Action	By whom	By when	Performance measure	Achieved
<p>1. ADDRESS HEALTH21 TARGETS</p> <p><i>Set up group to:</i></p> <ul style="list-style-type: none"> • Understand targets • Agree what the nursing contribution might be in each country • Discuss and disseminate translated version and contribution • Provide paper on nurses' views from the country 	Government Chief Nurse or agreed nurse leader	End 1999	Speed of paper	
<p>2. FAMILY HEALTH NURSE(ING)</p> <ul style="list-style-type: none"> • WHO discussion paper • Discussion groups 	<p>WHO Regional Adviser for Nursing and Midwifery</p> <p>Government Chief Nurse or agreed nurse leader</p>	March/April 1999	Number of groups/ Individuals involved, nursing associations	
<p>3. HEALTH PROMOTION AND EDUCATION (METHODS AND TOOLS)</p> <ul style="list-style-type: none"> • Demonstration projects • Papers and resource preparation • Review of present practice and identification of needs for improvement 	WHO Regional Adviser for Nursing and Midwifery with Government Chief Nurse	<p>Identification of sites by June 1999</p> <p>Reports by February 2000</p> <p>June 1999</p>	<p>Paper</p> <p>Paper</p>	
<p>4. HOW TO INFLUENCE CHANGE</p> <ul style="list-style-type: none"> • Manpower • Information • Research • Interprofessional aspects • Quality <p>1. Possible working groups</p> <p>2. WHO papers for discussion</p>		<p>June 1999</p> <p>December 1999</p>	<p>Papers</p>	

The important changes in the health care context in the decade from Vienna until the emergence of the new public health policy for Europe *Health 21*, had been analysed by the participants at this meeting. Their implications for nursing and midwifery today and into the new millennium

had been considered in depth. As a result of focused debate and consensus, the all-important vision for the Munich Conference had been clarified, together with key result areas which would form the basis of the agenda for the Conference. Strategic activities and an action plan, which gave both a timeframe and categories of individuals to be responsible for moving these forward during the preparatory phase leading up to the conference were also agreed as was the need for a Munich Conference Task Force. With respect to the latter point, participants were invited to express their interest in becoming members of the Task Force.

The meeting closed with a reminder to all of the dates set for the Second European Conference on Nursing and Midwifery, to take place in Munich, Germany, from 15 to 17 June 2000.

In closing, the representative from Germany, Mr Hermann Kurtenback, and Ms Ann Bonair thanked Ms Fawcett-Henesy and Ms Biscoe as well as all of the participants for a stimulating and interesting meeting. Ms Fawcett-Henesy formally closed the meeting by expressing her sincere thanks to the members of the Swedish tripartite organizing committee of the meeting for hosting and funding the event and to all participants for their positive contributions and hard work.

Annex 1

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Annex 2

PROGRAMME

Friday, 20 November

08.30–09.00

Registration

09.00–10.00

Opening Session

Election of Chairperson and announcement of Rapporteur

Chairperson's welcome address

Adoption of Programme

Welcome Addresses

Mrs Ann Bonair, Government Chief Nurse of Sweden

Mrs Kerstin Wigzell, Director General, Swedish National Board of Health

Mr Hakan Ceder, Director, Health Care Division, Swedish Ministry of Health and Social Affairs

“From Vienna ...”

10.00–10.15

Reflections on Vienna – 1998

(Ms Ainna Fawcett-Henesy, Regional Adviser, Nursing and Midwifery, WHO Regional Office for Europe)

10.15–11.00

Anticipating the future: why a new health policy for Europe?

(Dr J.E. Asvall, Regional Director, WHO Regional Office for Europe)

11.30–12.00

Interpreting Health 21 for the Nursing and Midwifery

(Ms Shoshana Riba, Government Chief Nurse of Israel)

12.00–13.30

Munich and beyond: future challenges, issues and obstacles

(Mr Laurie McMahon, Office of Public Health Management, UK)

“Via Stockholm ...”

14.30–16.00

WORKING GROUPS – Implications for nursing and midwifery

Feedback from working group rapporteurs to plenary session

16.30–17.30

Conclusions of Day 1

18.00

Reception at the Swedish Nurses' Association

Saturday, 21 November Future essentials: developing our competence and capabilities

08.00–10.15

Introduction to Day 2

(Ms Gillian Biscoe, Facilitator)

Working Group 1. An introduction to workforce planning

(Dr A. Goubarev, Human Resources Policy Analysis, Planning and Management, WHO, Geneva)

Working Group 2. WHO initiative on clinical outcomes
(*Ms Anne Ströbel, WHO Temporary Adviser, Nursing and Midwifery, WHO Regional Office for Europe*)

Working Group 3. Articulating the added value of nursing and midwifery
(*Ms Judith Oulton, International Council of Nurses*
Ms Eva Selin, International Confederation of Midwives)

Working Group 4. A multidisciplinary and multisectoral working approach
(*Ms Karen Lene Ravn, Chief Nursing Officer for Denmark*)

- 10.15-10.30 Plenary session: Key messages from group work
- “To Munich ...”** – Plenary and small group work
- 11.30–12.00 Implications for “Munich 2000”
(*Ms Gillian Biscoe, facilitator*)
- 13.30–15.00 “Munich 2000” draft agenda
(*Ms Gillian Biscoe, facilitator*)
- Responsibility for moving forward – a personal action plan
(*Ms Gillian Biscoe, facilitator*)
- “... and beyond”** – Final plenary session
- 15.00–15.30 Concluding remarks
(*Ms Ainna Fawcett-Henesy, Regional Adviser, Nursing and Midwifery, WHO Regional Office for Europe*)
- 15.30 Closure of the Meeting by Chairperson

