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## *FOURTH MEETING OF GOVERNMENT CHIEF NURSES OF THE NEWLY INDEPENDENT STATES*

Report on a WHO meeting

Tashkent, Uzbekistan  
1–3 October 1997

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## TARGET 30

### COMMUNITY SERVICES TO MEET SPECIAL NEEDS

*By the year 2000, people in all Member States needing long-term care and support should have access to appropriate services of a high quality.*

## ABSTRACT

As part of the broader process of change, health services are facing the fundamental challenge of cost containment. At the same time, they are struggling to cope with an increased demand for quality and choice and with changing demographic and social factors and, not least, advances in science and technology. The challenge for the nursing profession is to understand the implications of this transitional process, and to maximize its contribution within the reformed health services while reaffirming the spirit of the 1978 Alma-Ata Declaration and the 1988 Vienna Declaration. The aims of this fourth meeting were to gain a better understanding of the reform efforts in the newly independent states (NIS) of the former USSR and their implications for nursing; to identify necessary changes if new roles for the profession are to be developed; and to look at key issues for the future. The meeting also provided an opportunity to increase knowledge of the nurse's role in health care reforms in Europe and to strengthen the network of nurse leaders in the NIS.

## Keywords

**NURSE ADMINISTRATORS**  
**NURSING SERVICES – organization and administration**  
**HEALTH CARE REFORM**  
**PRIMARY HEALTH CARE**  
**COMMONWEALTH OF INDEPENDENT STATES**

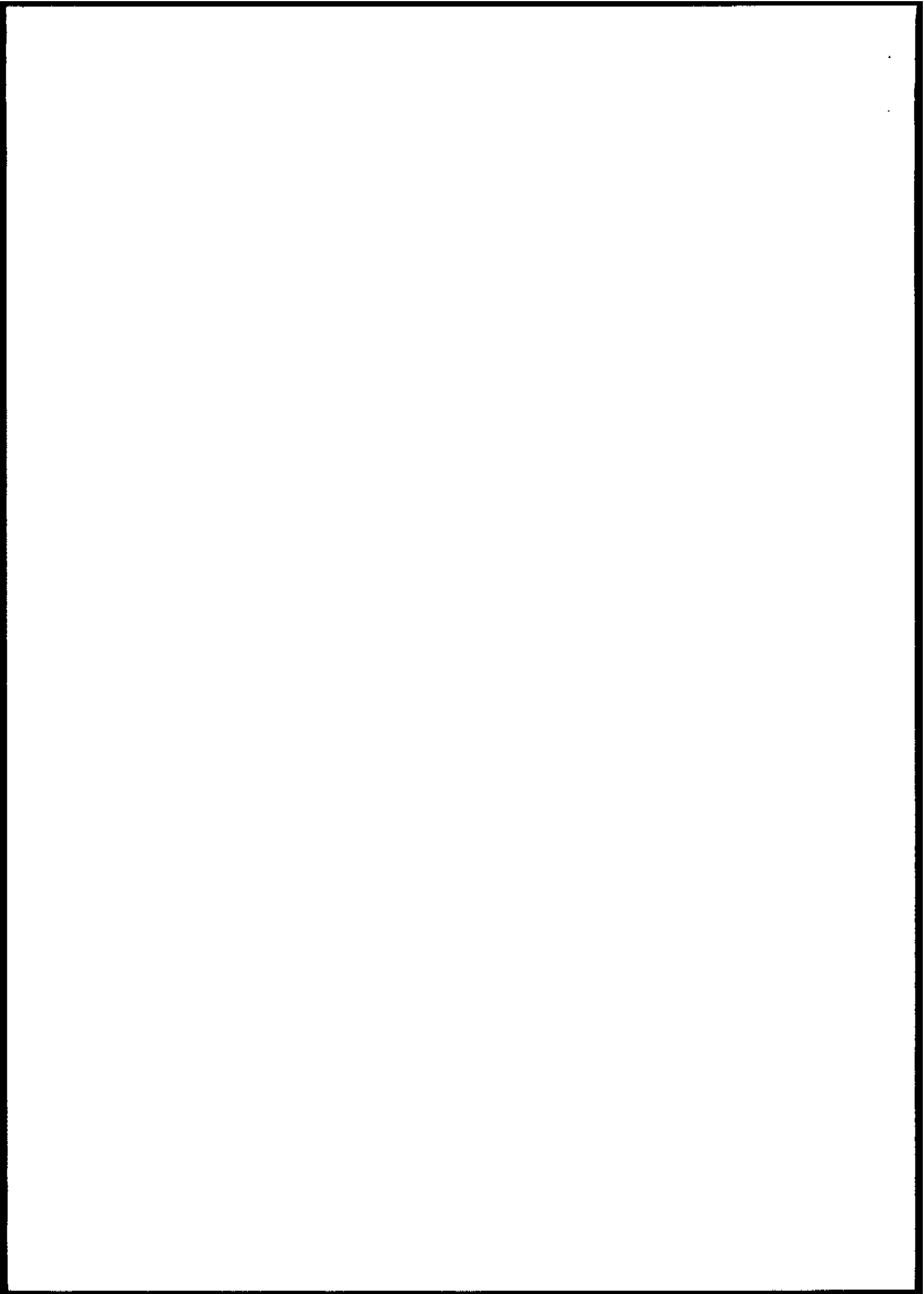
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## 1. INTRODUCTION

Reforms are taking place across the globe, within the European Region and not least in the newly independent states (NIS) of the former Soviet Union. They have had an impact on the political, economic and social environments at national, regional and local levels. Health services, as part of the broader process of change, are also being challenged by reform policies which call for efficient and effective practices to contain costs and still meet the important demographic and social changes and increased demand by clients for choice and improved quality in health care.

One major challenge facing the nursing profession today is to understand the implications of this transitional process and maximize its contribution within the reformed health services.

Nurses in the NIS will need to ensure that their practice takes into account the principles of reformed delivery systems which will demand from them new knowledge and skills as well as a different approach to work. There will be opportunities for new roles for nurses within a multidisciplinary context (e.g. family practice; public health teams) as reform moves health care away from the acute-centred approach of the secondary level to the primary care level, allowing consumers more responsibility and choice in their health care.

As front-line health professionals, often closest to the community, nurses can play a key role in ensuring a balance of care, including health promotion and disease prevention. A strategy for outcome-oriented and evidence-based practice must be developed and nursing legislation strengthened to give nurses the status and autonomy to be, when required, accountable members of the multidisciplinary team or independent health care professionals under reformed health services.

The Fifth WHO Meeting of European Government Chief Nurses (Reykjavik, April 1996) provided an opportunity to review implications for nursing in the current health care reforms, to develop a strategy for disseminating information and to raise awareness of the new nursing contribution. A statement was produced at the meeting. The Fourth WHO Meeting of Government Chief Nurses of the Newly Independent States was convened by the WHO Regional Office for Europe (WHO/EURO) in collaboration with the Ministry of Health of Uzbekistan with the overall aim of gaining a better understanding of the reform efforts of the Russian-speaking government chief nurses in this sub-European region.

A group of 12 participants from as many WHO European Member States, 15 observers from Uzbekistan, 1 observer from the United Kingdom and 2 WHO/EURO staff met in Tashkent, from 1 to 3 October 1997 (see Annex 1). The Department of Health of the United Kingdom is acknowledged for its financial support to this event.

The opening session was attended by Dr R. Sultanov, First Deputy Minister of Health of Uzbekistan, who welcomed the government chief nurses to Uzbekistan on behalf of his Minister. He provided information on the increasing role and innovative practices in nursing in Uzbekistan and in the NIS and specified the need for furthering the nursing contribution within the reformed health services.

Dr A. Gadaev, Head of the Department of Professional Training and Health Manpower Development at the Ministry of Health, welcomed the participants and offered examples of current changes in nursing education in the country.

Ms Richsinisa Salichadjaeva, Government Chief Nurse of Uzbekistan, also welcomed the participants on behalf of the nurses of Uzbekistan.

Ms Ainna Fawcett-Henesy, Acting Regional Adviser for Nursing at WHO/EURO, welcomed the Government Chief Nurses on behalf of Dr J.E. Asvall, Regional Director of WHO/EURO. With the strong support of the participants, she assumed the Chair while Co-chairmanship was given to Ms Salichadjaeva. Ms Galina Perfiljeva (Russian Federation) was announced as the Rapporteur of the meeting. The provisional programme was adopted by all participants (Annex 2).

### **Objectives of the Meeting**

1. To provide an opportunity for government chief nurses of the NIS to debate:
  - how to maximize the contribution of the nursing profession within the reformed health services in the spirit of the Alma Ata Declaration (1978) and the Vienna Declaration (1988); particular focus was placed on the nursing contribution to primary health care and community nursing;
  - how to ensure that nursing practice is outcome oriented, based on the best available evidence and underpinned by appropriate educational curricula which take account of new delivery systems; the importance of continuous quality development in nursing care under reformed health services was emphasized;
  - the changes that may be required of the nursing profession to meet new demands and expectations; maximizing the potential of national nursing associations in relation to new demands was discussed in some depth.
2. To provide an opportunity to identify changes necessary within legislation, education, recruitment and retention if new roles are to be developed.
3. To review the contents of the LEarning Materials On Nursing (LEMON) in the light of further country level development (see Annex 3 for details of special session held).
4. To enhance the written communication skills of the government chief nurses (see Annex 4 for special session on Report writing skills).
5. Implicitly, to strengthen the network of nurse leaders in the NIS and allow an increased knowledge and vision of the nurse's role in NIS health care systems.

### **Expected outcomes of the Meeting**

1. To share the experiences of nursing under current health care reforms in the NIS and consequently to increase the knowledge and vision of the nurse's role in the reformed services.
2. To reach conclusions and make recommendations on implications for nursing in the current health care reforms in the NIS and agree upon a strategy for further development.
3. To strengthen the network of government chief nurses of the NIS.
4. To enhance the confidence of government chief nurses in delivering the nursing message.
5. To reinforce the involvement of government chief nurses in the further development of the LEMON Project in their respective countries.

## **2. OVERVIEW OF HEALTH CARE REFORMS IN EUROPE AND THE WHO CONFERENCE ON EUROPEAN HEALTH CARE REFORMS**

Demographic and social trends and an overall reduction in the gross domestic product in many European countries have led to economic recession, reported Ainna Fawcett-Henesy. Several of these countries are experiencing problems of unemployment, poverty, homelessness, migration and social exclusion. At the same time, there is an increased demand by the public for more and improved health services and attempts to meet these demands are being made on reduced health budgets.

The main health problems Europe is facing at present include cardiovascular diseases, external causes of death (accidents, homicide and suicide), resurgence of communicable diseases such as tuberculosis, diphtheria and poliomyelitis, the pandemic of AIDS/HIV and, not least, infant mortality.

Health care reforms have had to deal with all of these challenges, especially organizational, financial and service delivery aspects.

Main challenges to the health sector, therefore, focus on counteracting the increasing inequities in health care and health gain, inadequate cost-effectiveness, inefficient services, quality, citizens' choice and participation, and accountability of health professionals.

The WHO Conference on European Health Care Reforms (Ljubljana, 17–20 June 1996) produced a Charter (Annex 5) setting out principles and strategies on reforming health care in Europe.

As the largest single group of health care professionals and as front-line workers, nurses could make a significant contribution to health care reforms. They must be prepared to be educators, communicators, enablers, facilitators and coordinators. Flexibility is essential and response must be rapid to develop appropriate mechanisms and indicators. There will be a need for effective leadership, strong professional organizations, sound educational policies and research-based evidence on effective interventions and nursing inputs and better ways of collecting and using relevant data for monitoring and evaluation.

## **3. IMPLICATIONS FOR NURSING UNDER HEALTH CARE REFORMS**

This session attempted to demonstrate the implications for nursing under reformed health care services through the case history of two NIS, namely Georgia and Kyrgyzstan.

Ms Lia Mamaladze, in her keynote address, outlined the main objectives, plans and problems associated with her work as Government Chief Nurse of Georgia. She underscored the need for changing the activities of the Ministry of Health to meet the key objectives of nursing reform in Georgia. With a group of nurse leaders, Ms Mamaladze has developed a draft national action plan which has gained the administrative and political support of the Minister of Health.

The need to develop legislation on nursing was recognized as a key element. The current political and economic instability in the country, however, continues to hinder major progress in this respect.

The experience of Kyrgyzstan was offered by Ms Tamara Saktanova, who outlined the main milestones of the nursing reform in her country. The challenge for nursing to make a positive contribution to the health care reform in Kyrgyzstan has been agreed at all levels of the health care system and is led under the MANAS Health Care Reform Strategy, under the Project "Nursing and Midwifery 2000". This project includes five major areas for change, i.e. leadership, education, practice, research and legislation. Each area has its own objectives and strategies. The Project was discussed and approved during a National Nursing Convention held in September 1997.

Ms Saktanova also indicated the major problems which are hindering the improvement of nursing services in Kyrgyzstan, namely a lack of resources, leadership, adequate information, and qualified nurse-teachers and nurse-managers. Furthermore, there is an ineffective use of nursing personnel and inadequate professional training, resistance to change, and outdated legislation.

The case histories were followed by discussion and short presentations were given by each participant. The presentations made by the government chief nurses were framed by the following three aspects:

- (a) recent changes in nursing practice
- (b) challenges for nursing under health care reform
- (c) three major obstacles for nurses in relation to meeting the challenges.

#### **4. NURSING UNDER REFORMED HEALTH CARE SERVICES IN THE NEWLY INDEPENDENT STATES: COUNTRY REPORTS**

The following health care reform principles and strategies grasped the particular attention of the nursing profession's effort in relation to health care reforms, as reflected in their presentations:

- equity (Kyrgyzstan)
- accessibility (Kyrgyzstan, Russian Federation, Uzbekistan)
- quality of care (Kyrgyzstan, Georgia, Republic of Moldova, Russian Federation)
- shared responsibility for health care (Kyrgyzstan)
- ethics (Russian Federation, Uzbekistan)
- effective use of resources (Kyrgyzstan, Ukraine)

#### **Reform strategies**

The following areas and actions were cited as the particular focus to date of the nursing contribution to reforms in the NIS:

- Primary health care/community-based health care
  - Increased health promotive/disease preventive activities; teamwork in relation to newly established family practices (this was common to all countries represented)
  - Family-centred health care approach (Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Uzbekistan)
  - Intersectoral collaboration with social services (Belarus, Russian Federation)
  - Focus on vulnerable groups (Uzbekistan, Azerbaijan, Russian Federation)

Obstacles to the nurse's expanded role in PHC include the lack of legislation to support new tasks as well as the lack of community assessment undertaken by nurses themselves.

- Quality of care
  - New standards of practice (Kyrgyzstan, Republic of Moldova, Russian Federation)
  - Licensing (Armenia, Russian Federation, Ukraine)
  - Certification system (Russian Federation)
- Education
  - Reoriented curricula towards primary health care (common to all countries represented)
  - National standards of education (common to all countries represented)
  - Major changes in length of training (common to all countries represented)
  - Multi-level system of care (Belarus, Kazakhstan, Kyrgyzstan, Russian Federation, Ukraine, Uzbekistan)
  - University-based master's programme in nursing education, nursing management (Belarus, Russian Federation, Ukraine)
  - State system of continuing education and involvement of nursing associations in continuing education of senior nurses (common to all countries represented)

Representatives from Armenia and the Republic of Moldova were hindered in their actions to develop this aspect of the reforms in their countries due to a lack of available learning materials. Information was lacking on the content of the new nursing curricula derived by these countries in relation to the health care reform principles and sociomedical care.

#### **Obstacles to facing the challenge**

- Not all nurses want change (Kyrgyzstan, Russian Federation, Ukraine)
- The high number of doctors and the ratio of doctors to nurses (common to all countries represented)
- Absence of legislation and a need for a common basis for nursing legislation in the NIS in relation to practising new education curricula (common to all countries represented)
- The gap between education and practice (common to all countries represented)
- Lack of concrete investment by the ministry of health for government chief nurse positions to be secured. It should be noted, however, that there is more involvement of the profession by the ministry in the decision-making process (common to all countries represented)

#### **New roles for nursing**

- Creation of deputy head doctors responsible for nursing services (Kyrgyzstan, Uzbekistan)
- Nursing specialists at sub-regional levels responsible for nursing services (Kyrgyzstan, Uzbekistan)
- Infection control nurses (Kyrgyzstan, Uzbekistan)
- A coordination council on nursing at the ministry of health (Russian Federation, Uzbekistan)

### **Requirements for the role of the government chief nurse**

- A team of nurses as a key group for reform strategy development (Georgia)
- Need to communicate with the minister of health and involvement in policy decision-making (common to all countries represented)
- Need for a full salaried post (common to all countries represented)
- Appropriate education (Kyrgyzstan)
- Improved communication, networking and information on nursing in the country (Armenia, Kazakhstan)
- Political stability (Armenia, Belarus, Republic of Moldova, Ukraine)

## **5. PREPARING FOR THE FUTURE**

### **A focus on primary health care and community nursing**

In the light of the focus on primary health care as part of reforming health care services, structural changes are ongoing in Belarus, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Uzbekistan. One example was that of hospital rationalization programmes which the participants thought required better management over time to allow for the development of appropriate PHC infrastructures. Alternative services to hospitalization should be considered, including nursing homes for the elderly who previously benefited from acute/long-term beds in hospitals. Participants also acknowledged the under-development of current community nursing services and underscored the need to have a parallel development with that of family practice.

Appropriately qualified community health nurses can be a cost-effective resource for delivery of the health care reform agenda. Consideration should be given to investing in these carers instead of using doctors inappropriately in the long term. The innovative use of the feldsher model by Armenia and the Republic of Moldova are examples of the expanded role of community health nurses.

In line with the emergence of new market mechanisms to allow for a range of health care providers to compete for contracts in home care, it is possible that such a provider could be a nursing association. Furthermore, privatization of nursing services is also emerging. This will call for quality assurance mechanisms to be put into place to ensure that a high level of service is maintained.

Participants found it important to recognize the huge burden placed on informal caregivers in the community who could benefit from the support of statutory health and social care agencies.

It was concluded that in order to meet the changing needs of the population, new areas of competence will have to be identified for the profession. Nurses will have to work in more independent roles in the future and will require an education which allows them to function safely and effectively and with a large degree of independence in decision-making and working autonomously with a whole range of client groups offering first-line care, often without access to a doctor.

## Quality of care

Cost-containment is an important goal of governments today. Nurses, like clinicians and physicians, must make great efforts to use scarce resources most effectively. Nurses must evaluate their current practice and ensure that they are doing the right things in the right way. They must be able to demonstrate that their interventions are necessary. Evidence-based practice is important in terms of nursing effectiveness, however, as is striving for services of the highest quality. As professionals get so little feedback about their daily practice, large variations occur. Professionals must develop clinical indicators and collect information and feed that information back. Only then can we see an improvement in our practice.

Quality of health in the twenty-first century will take on a whole new meaning. Health care must be available to the people of Europe and acceptable to each individual, regardless of his or her ability to pay. That care should be comprehensive, continuous and coordinated at primary, secondary and tertiary levels.

## Nursing associations

During the past few years, nurses have begun to organize themselves through the development of professional organizations throughout the NIS. The reasons for this movement include an urgent need to improve the status of nurses and an awareness of nursing as a formal profession. Exposure to international examples where, through better organization, nurses have been able to influence the health care agenda as well as improve their image in society, is having an impact. One interesting development has been the push from government chief nurses for nursing associations to be established in order to assist them to develop nursing in the country. In many instances, government chief nurses occupied key positions in these associations. This is found acceptable in a transitional period where leadership must be separate but working together in both structures. Nursing associations are playing a key role in managing change in nursing practice. Many nursing associations are already showing a keen interest in being associated with the public health agenda of WHO through its newly founded European Forum of National Nursing and Midwifery Associations. (See Annex 6 for details of a special session held on national nursing associations in conjunction with the meeting.)

## 6. CONCLUSIONS AND RECOMMENDATIONS

The nurses of the NIS acknowledge their actual and potential role in the reformed health care systems of their countries.

To enable them to carry out their expanded role, and learning from the mistakes of other countries, the following factors in particular should be addressed.

- *Legislation.* To function in a safe and competent way, legislative changes will be required.
- *Education.* Preparation for the new roles must continue, while nurses working across the care spectrum will need to develop their skills, especially in primary health care. A commitment to life-long learning must be made to ensure the maintenance of skills.
- *Primary health care.* While substituting PHC services for hospital care is seen as appropriate and efficient, continuity of care must be ensured. The role of the feldsher must be retained and built on to encourage the development of holistic nursing care in the community. Special attention should be paid to developing alternative services to hospital

care for vulnerable groups in the population, especially the elderly. There is a need to ensure that there is no divide between health and social care.

- *The structure and quality of care.* Care should assume a team approach and funding should be organized accordingly. Quality of nursing care must be a central health care reform principle. Standards of care and nursing practice must be ensured equally in polyclinics and in the community as in hospitals. A code of ethics in nursing is also encouraged. Efforts to develop licensing further will be important. Licensing will be important to support the level of quality.
- *Nursing associations.* Nursing associations should be nurtured and encouraged as key agents for change in facilitating the nursing reforms in each country.
- *Influencing conditions for practice in reformed health services.* The appointment of a government chief nurse at the ministry of health must be encouraged to lead the nursing community in the reforms. Networking with nursing associations will be essential as they could act as agents for change. Endorsement of the ILO Convention on Nursing for practice conditions is also recommended. The principles of independent practice should be made known widely to encourage the independent behaviour of the nursing profession.

*Annex 1*

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Annex 2

PROVISIONAL PROGRAMME

<b>Wednesday, 1 October</b>	
08.00–09.00	<b>Registration</b>
09.00	<b>Opening session</b> <ul style="list-style-type: none"> <li>• <i>Minister of Health of Uzbekistan</i></li> <li>• <i>Richsinisa Salichadjaeva, Chief Government Nurse of Uzbekistan</i></li> <li>• <i>Ainna Fawcett-Henesy, WHO/EURO</i></li> </ul>
09.30	<b>Introductory session</b> <i>(Ainna Fawcett-Henesy, WHO/EURO)</i> <ul style="list-style-type: none"> <li>• Background and objectives of the meeting</li> <li>• Adoption of agenda and programme</li> <li>• Announcement of Chairperson, Co-chairperson and Rapporteurs</li> </ul>
10.00	<b>Overview of health care reforms in Europe and the WHO Conference on European Health Care Reforms</b> <i>(Ainna Fawcett-Henesy, WHO/EURO)</i>
11.30	<b>Implications for nursing under health care reforms (followed by discussion)</b> <ul style="list-style-type: none"> <li>• A case history from Georgia <i>(Liya Mamaladze, Chief Nurse of Georgia)</i></li> <li>• A case history from Kyrgyzstan <i>(Tamara Saktanova, Chief Nurse of Kyrgyzstan)</i></li> </ul>
14.00	<b>Introduction to country reports</b>
14.15–17.00	<b>Group work: country reports</b>
<b>Thursday, 2 October</b>	
08.30	<b>Plenary – Feedback from Day 1</b> <i>(Rapporteurs: Anna Maslin, UK; Galina Perfiljeva, RUS)</i>
09.30	<b>Introduction to parallel workshops</b> <i>(Ainna Fawcett Henesy, WHO/EURO)</i>
09.45	<b>Group work:</b> <ol style="list-style-type: none"> <li>1. Preparing for the future – a focus on primary health care and community nursing <i>(Facilitator: Majda Slajmer, SVN)</i></li> <li>2. Quality of care <i>(Facilitator: Ainna Fawcett-Henesy, WHO/EURO)</i></li> <li>3. Articulating the nursing message- a skills workshop on preparing a report <i>(Facilitator: Norah Casey, UK)</i></li> <li>4. Getting organized – a focus on maximizing the potential of professional nursing organizations <i>(Facilitator: Barbara Schwochert, DEU)</i></li> </ol>
11.30	<b>Plenary: Reports from rapporteurs of Workshops</b>

14.00–16.30	<ul style="list-style-type: none"><li>• “Pulling the pieces together” <i>(Presentation, followed by discussion)</i></li><li>• Statement on “The nursing contribution to health care reforms in the newly independent states” <i>(Chairperson)</i></li></ul>
<b>Friday, 3 October</b>	
09.00	<b>HALF-DAY WORKSHOP*</b> Relating theory to practice – focusing on the content of the LEMON (LEarning Materials On Nursing) Project <i>(Facilitator: Majda Slajmer-Japelj, SVN)</i> <i>*Programme details to follow</i>
12.00	<b>Closure</b>

*Annex 3*

**SESSION ON LEARNING MATERIALS ON NURSING**  
(Facilitator: Majda Slajmer Japelj)

**SUMMARY**

This session was held to:

1. review the status of the LEarning Materials On Nursing (LEMON) project and materials in the participants' countries;
2. to discuss the possibilities for the development of primary health care nursing services; and
3. to undertake an oral evaluation.

**The LEMON Project**

Most of the countries represented at the session are still using the Russian translation of the LEMON Package. It was adapted to the country situation in Uzbekistan and is serving as a basis for the new curricula. As the government chief nurses or representatives in most of the countries had not been informed about the LEMON materials they had not been able to support the activities. The materials were then presented, and agreement reached that support and involvement by the government chief nurses would be ensured.

**Primary health care nursing services**

The most important result of this session was that participants agreed that it was always possible to improve the delivery of nursing services in their countries. They understood that primary health care does not call for costly equipment to ensure good care but that the answer lies in professional knowledge, orientation towards health and complex preventive activities based on the concrete needs of a local community.

The following questions were asked to stimulate discussion:

- (a) Do you have any health professionals working in the local community (e.g. nurses, feldshers)?
- (b) Do you have a surplus of nurses under the new hospital arrangements?
- (c) What type of community health services would you need (e.g. family nurses or other)?
- (d) Do you have any form of home care for the sick? What needs to be established or is causing acute problems (e.g. daily contacts between different members of the health team; lay support in home help)?
- (e) If you were to start a community nursing/family nursing service, could feldshers be trained to do these tasks? What additional education would be required for them?
- (f) Do you still educate feldshers in your country? If yes, could you provide a curriculum for feldsher training?

The participants preferred to take the questions back with them to their respective countries and to provide written responses to WHO/EURO's Nursing and Midwifery unit. The discussion offered hints that nurses and feldshers are already working in the local community setting. In all countries represented, there are institutions and cadres which could comprise PHC workers following professional reorientation and motivation. There does not seem to be a surplus of nurses as the reform of hospital services has not yet been fully effectuated. The majority of countries lack professionals for family health, including home care and social services. There is no team approach in community health services and in health education programmes.

## **Evaluation**

The participants expressed their satisfaction with the possibility of comparing developments in nursing in the various countries represented. They felt that positive competition between the countries would allow them more opportunities to achieve goals.

The following conclusions were reached:

1. WHO/EURO's Nursing and Midwifery unit should make efforts to influence ministries of health to designate a government chief nurse at ministry level. It should also provide the ministries with a description of the tasks for the government chief nurse.
2. Nursing needs to be updated with respect to expanding the PHC-orientation in its curriculum (in accordance with principles adopted in other countries of the European Region and which consider the specific health needs of individual countries).
3. WHO/EURO's Nursing and Midwifery unit should develop new guidelines for nursing education and provide these to the government chief nurses to pursue an upgrading of nursing education in their respective countries.
4. The opportunity for government chief nurses from countries with similar health and nursing developments to meet is appreciated, as this allows them to learn from each other and to make common plans for the future.

*Annex 4*

SESSION ON REPORT WRITING SKILLS  
(Facilitator: Norah Casey)

SUMMARY

At the request of the network of government chief nurses of the NIS, a special session was organized during the Meeting to assist them to enhance their communication skills, and particularly writing skills in relation to their key role as nurse leaders in their respective countries.

The efforts of the group concentrated on developing the following skills:

- editing and distilling essential information
- layout and clarity of reports to make them more attractive
- creative and concise writing.

Through an interactive approach, participants were exposed to concise verbal and written communication, use of good grammar and punctuation, and tips on getting started. Gaining self-confidence in relation to writing was an inherent aim of the session. Individual exercises comprised development of an outline report of 500 words to master word count, structure and hierarchical headings. Supporting documentation was distributed in addition to materials on public speaking and working with the media.

Finally, participants were requested to complete a curriculum vitae form as part of the learning process.

Despite the inconvenience of language differences, the NIS government chief nurses present found the session to be both important, challenging and useful for their roles.

*Annex 5*

**THE LJUBLJANA CHARTER ON REFORMING HEALTH CARE**  
**18 JUNE 1996**

**PREAMBLE**

1. The purpose of this Charter is to articulate a set of principles which are an integral part of current health care systems or which could improve health care in all the Member States of the World Health Organization in the European Region. These principles emerge from the experience of countries implementing health care reforms and from the European health for all targets, especially those related to health care systems.
2. This Charter addresses health care reforms in the specific context of Europe and is centred on the principle that health care should first and foremost lead to better health and quality of life for people.
3. The improvements in the health status of the population are an indicator of development in the society. Health services are important, but they are not the only sector influencing peoples' wellbeing; other sectors also have a contribution to make and responsibility to bear in health, and intersectorality must therefore be an essential feature of health care reform.
4. *In cognizance of this, we the Ministers of Health or their representatives from the European Member States of WHO (participants in the Ljubljana Conference) hereby pledge ourselves to promote the following principles and call upon all citizens and urge all governments, institutions and communities to join us in this endeavour. We further request the WHO Regional Office for Europe to take the necessary action to support Member States in giving effect to these principles.*

**FUNDAMENTAL PRINCIPLES**

5. Within the European context, health care systems need to be:
  - 5.1 **Driven by values**  
Health care reforms must be governed by principles of human dignity, equity, solidarity and professional ethics.
  - 5.2 **Targeted on health**  
Any major health care reform should relate to clear targets for health gain. The protection and promotion of health must be a prime concern of all society.
  - 5.3 **Centred on people**  
Health care reforms must address citizens' needs taking into account, through the democratic process, their expectations about health and health care. They should ensure that the citizen's voice and choice decisively influence the way in which health services are designed and operate. Citizens must also share responsibility for their own health.

**5.4 Focused on quality**

Any health care reform must have as its aim – and include a clear strategy for – continuous improvement in the quality of the health care delivered, including its cost-effectiveness.

**5.5 Based on sound financing**

The financing of health care systems should enable such care to be delivered to all citizens in a sustainable way. This entails universal coverage and equitable access by all people to the necessary care. That, in turn, requires the efficient use of health resources. To guarantee solidarity, governments must play a crucial role in regulating the financing of health care systems.

**5.6 Oriented towards primary health care**

Reforms, with primary health care as a philosophy, should ensure that health services at all levels protect and promote health, improve the quality of life, prevent and treat diseases, rehabilitate patients and care for the suffering and terminally ill. They should reinforce joint decision-making by the patient and care provider and promote the comprehensiveness and continuity of care within their specific cultural environments.

**PRINCIPLES FOR MANAGING CHANGE**

6. The following principles are keys to managing change effectively:

**6.1 Develop health policy**

6.1.1 Health care reform should take place as a coherent part of an overall policy for health for all which is consonant with the socioeconomic conditions of each country. This policy development process needs to be based on a broad consensus involving as many relevant social actors as possible.

6.1.2 Major policy, managerial and technical decisions on development of the health care system should be based on evidence where available. Reforms must be continuously monitored and evaluated in a way that is transparent to the public.

6.1.3 Governments must raise value-related issues for public debate and ensure equitable distribution of resources and access of the entire population to health services. They should also take facilitating legislative and regulatory initiatives. Whenever market mechanisms are appropriate, they should favour competition in ensuring quality and in using scarce resources.

**6.2 Listen to the citizen's voice and choice**

6.2.1 The citizen's voice and choice should make as significant a contribution to shaping health care services as the decisions taken at other levels of economic, managerial and professional decision-making.

6.2.2 The citizen's voice should be heard on issues such as the content of health care, contracting, quality of services in the provider/patient relationship, the management of waiting lists and the handling of complaints.

6.2.3 The exercise of choice and of other patients' rights, requires extensive, accurate and timely information and education. This entails access to publicly verified information on health services' performance.

### **6.3 Reshape health care delivery**

- 6.3.1 Self care, family care and other informal care, as well as the work of a variety of social institutions, need to be brought closer together with the formal health care services. This requires continuous communication and appropriate referral and information systems.
- 6.3.2 Well designed strategies are needed to shift working capacity from acute hospital care to primary health care, community care, day care and home care, whenever necessary.
- 6.3.3 Regional health service networks need to be reinforced insofar as they are more cost-effective, allow for a better organization of the response to medical emergencies and facilitate cooperation between hospitals and with primary health care.
- 6.3.4 Continuous quality development in health care requires information systems based on selected quality indicators that can be abstracted from routine work and fed back to individual physicians, nurses and other health care providers.

### **6.4 Reorient human resources for health care**

- 6.4.1 In the health services, greater attention needs to be paid to identifying and stimulating appropriate professional profiles that can be part of the multi-professional teams of tomorrow's health care systems.
- 6.4.2 There is a need for a broader vision than that of traditional curative care in the basic training, specialization and continuing education of health care personnel. Quality of care, disease prevention and health promotion should be an integral part of training.
- 6.4.3 Proper incentives should be introduced to encourage health personnel to be more conscious of quality, cost and outcomes of care. Professional and payment organizations should cooperate actively with health authorities to promote such a development.

### **6.5 Strengthen management**

- 6.5.1 There is a need to develop a set of managerial functions and public health infrastructures entrusted with the tasks of guiding or influencing the overall system to achieve the desired improvements in the population's health.
- 6.5.2 Individual health care institutions should enjoy the maximum possible autonomy in management of their resources consistent with the principles of an equitable and efficient health care system.
- 6.5.3 Management development needs to be strongly promoted by strengthening individual capacities to lead, negotiate and communicate and by developing institutional tools to deliver health care more effectively and efficiently.

### **6.6 Learn from experience**

- 6.6.1 There is a need to promote the national and international exchange of experience with implementing health care reform and supporting reform initiatives.
- 6.6.2 This support must be founded on a well validated knowledge base with regard to health care reforms, with cross-cultural differences in health care being properly understood and appropriately valued.

*Annex 6*

SESSION ON NATIONAL NURSING ASSOCIATIONS  
(Facilitator: Barbara Schwochert)

SUMMARY

The most powerful government chief nurse is one that has the support and backing of the national nursing association. From the opposite perspective, the government chief nurse is the link of the nursing profession to policy decision-makers. This symbiosis can work to the mutual advantage of nursing in the country.

This session on national nursing associations was held in the light of the surge of new nursing associations in the newly independent states. It aimed to maximize the potential of professional nursing associations.

The participants were reminded of the *raison d'être* of a national nursing association: to improve the status and self-esteem of nurses and to improve the care services provided by the profession. Areas in which an association can influence nursing included:

- active involvement, in collaboration with educational institutes, in the development of graduate and post-graduate professional education as well in the promotion of higher educational standards;
- ensuring that changes to the profession are research-based and effective; an association needs to work closely with existing nursing research institutes towards this aim; in the absence of such an institute, an association can assume this task if it is not formally that of the government chief nurse in the country;
- disseminating to its membership information to improve the quality of practice and education, including state-of-the-art research in the field; this can be done through a professional journal, in addition to working with and through the media;
- developing a code of ethics for the profession in the country; in Germany, for instance, the national nursing association went further and established a multiprofessional commission on ethics which includes a lawyer, a theologian and a doctor as well as other health professionals;
- advising nurse entrepreneurs who wish to establish a home nursing agency (another example of activity from the German Nursing Association; N.B. the services of these agencies are accessible to the entire population and nursing services are reimbursed through health insurance schemes);
- improving working conditions for nurses (e.g. staffing, salaries).

Group work during this session called for participants to respond to the following questions:

1. What steps should be taken in establishing a national nursing association and what services can an association offer?
2. What are the goals and responsibilities of an association?
3. How can an association attract members?
4. Who will comprise the membership of an association?
5. With which organizations/groups should an association collaborate?
6. What are the major professional needs of nurses and nursing in your country?
7. What should be the role of the government chief nurse at the ministry of health in relation to an association?

The responses from the participants to these questions are categorized below, for easy reference.

**Q1: Steps to be taken in establishing a national nursing association and services to be offered by such an association**

- The government chief nurse should establish a team of professionals who share the same goals.
- Start with local and regional interest groups or steering groups which can later be linked to a national association (this process can also be reversed to secure local level associations).
- Seek legal advice.
- Seek advice from the International Council of Nurses.

**Q2: The goals and responsibilities of an association**

An association should:

- represent the interests of nurses
- act as a political pressure group
- improve working conditions
- improve professional education
- improve standards of practice
- improve nursing practice
- develop legislation for nursing practice and education
- nursing research
- improve nursing skills
- ensure the quality of care
- develop a short-term strategy.

**Q3: Attracting membership to an association**

Services could include the provision of:

- an opportunity for professional education
- consultancy in legislative matters
- advice in connection with loss of employment or labour-related problems
- professional visits/exchange programmes within or between countries.

**Q4: Constituency of an association**

- A legal adviser in each country
- Ordinary members should be nurses and midwives
- Additional members could be other health care workers

**Q5: Organizations/groups to collaborate with an association**

- Trade unions
- Medical associations
- Associations of other health care professionals
- International organizations
- European Forum of National Nursing and Midwifery Associations and WHO

**Q6: Major professional needs of nurses and nursing in your country**

- Professional qualifications
- New knowledge on skills
- Ethical aspects of nursing

**Q7: The role of the government chief nurse at the ministry of health in relation to an association**

- The government chief nurse should collaborate with leaders of an association to improve nursing practice.
- The government chief nurse should know about and discuss with the association proposals to develop their policy and strategy in nursing development.

It is worth noting that there was a clear demonstration that nurses in the NIS have begun to organize themselves in nursing associations. They will require guidance on leadership and direction from organizations such as the International Council of Nurses in order to maximize their potential and to channel their energies to the best effect. WHO will continue to support activities for both the network of government chief nurses and national nursing associations.

