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EUROPEAN FORUM OF NATIONAL NURSING AND MIDWIFERY ASSOCIATIONS AND WHO

Report on the First Annual Meeting

Delphi, Greece
29 October 1997

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

The First Annual Meeting of the European Forum of National Nursing and Midwifery Associations and WHO was attended by representatives of national nursing and midwifery associations from 28 WHO European Member States (including newly formed national nursing and midwifery associations from the newly independent states of the former USSR and the countries of central and eastern Europe) and observers from international associations. The participants agreed on the aims of the Forum and, with slight amendments, its operational principles. Working in groups, the participants suggested principles for action to be incorporated in declarations or statements on care for the chronically ill, elderly people, mothers and children, and smoking cessation among nurses and midwives. Finally, the participants agreed that members of the Forum would make up task forces in 1998 to act on the Meeting's recommendations; the task forces would draw on the expertise of relevant specialist organizations.

Keywords

SOCIETIES; NURSING
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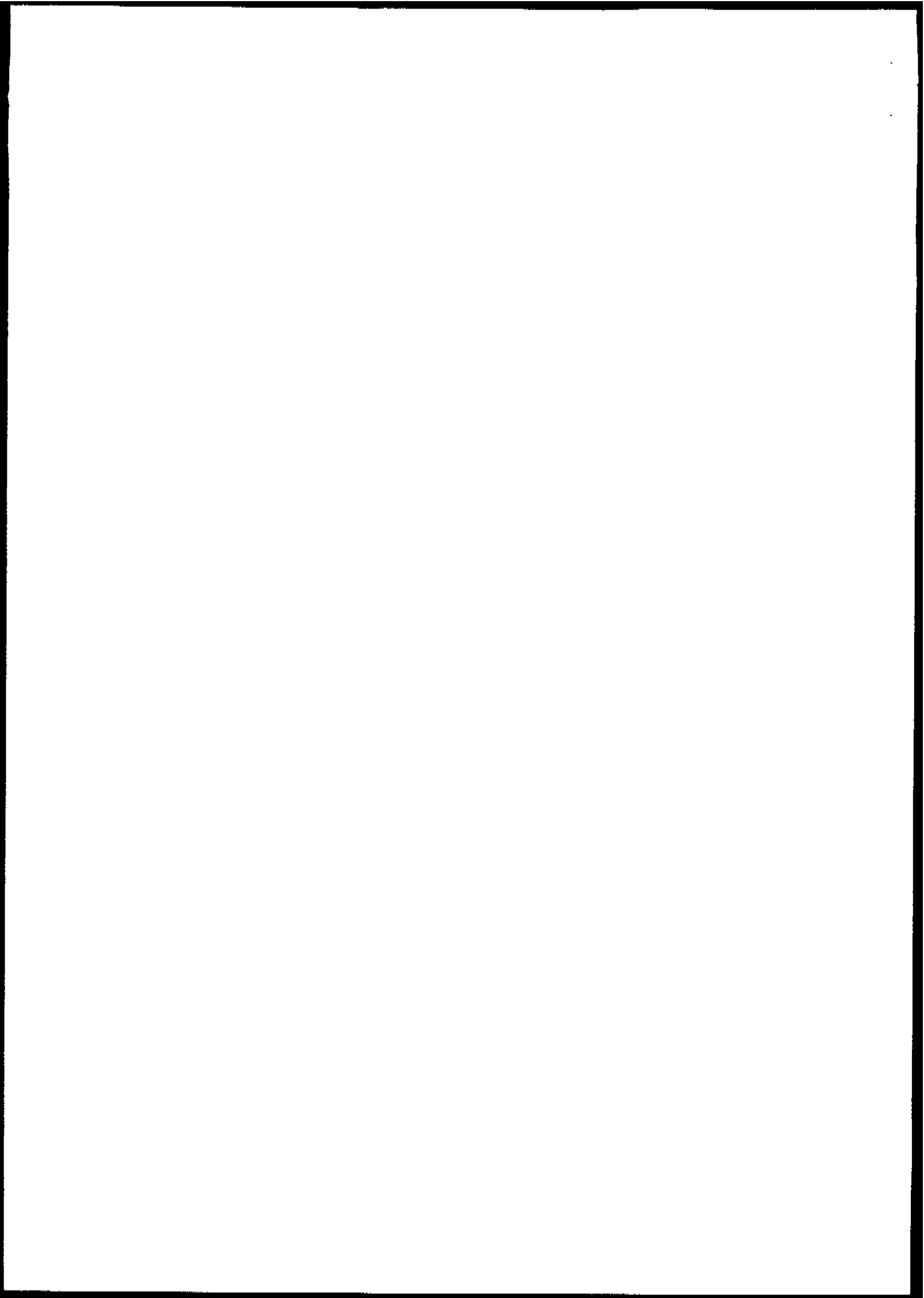
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Introduction

Europe's 4.5 million nurses and midwives constitute the largest group of health care workers in almost every country. They are employed in every health care setting – the home, the community, the hospital, the school and the workplace. Thus, they are ideally placed to have a positive impact on the health of the population.

This thinking led to the foundation of the European Forum of National Nursing and Midwifery Associations and WHO in November 1996 in Madrid (Spain). Twenty-six national nursing associations and the WHO Regional Office for Europe signed a declaration of intent, recognizing the value of dialogue between them and the potential strength of joint action to promote health and health care in Europe and thus to contribute to the health for all agenda.

The First Annual Meeting of the Forum, under the local organization of the Hellenic Graduate Nurses' Association, was held in Delphi, Greece, on 29 October 1997. It was attended by 60 participants, including representatives of national nursing and midwifery associations from 28 WHO European Member States, including newly formed national nursing and midwifery associations from the newly independent states (NIS) and countries of central and eastern Europe (CCEE) as well as observers from international associations (Annex 1).

Objectives of the Meeting

The Meeting was structured in two parts (Annex 2):

- *a business meeting* to agree on the draft operational principles of the Forum, including *inter alia* membership and fees, financing issues, annual meetings, task forces and the functions of a secretariat; and to elect a Steering Committee for the next two-year period;
- *a technical discussion* on health gain, health care reforms and the Ljubljana Conference, comprising keynote addresses and working groups on patient-focused, evidence-based nursing care for the chronically ill, the elderly, mothers and children and – not least – smoking among nurses and midwives.

Election of the Chairperson and Rapporteurs

Mr P.J. Madden, General Secretary of the Irish Nurses Organization, was nominated Chairperson and Professor Vassiliki Lanara, President of the Hellenic Graduate Nurses Association Vice-Chairperson. Ms Karin Mörgelin (German Nurses' Association) and Ms Jyoti Bahadur (Standing Committee of Nurses of the European Union) were nominated co-rapporteurs.

Statements

Statement by Mr Konstantino Yetonas, Minister of Health of Greece

Mr Yetonas reiterated the commitment of Greece to the principles of health for all and to primary health care. He underscored Greece's strong focus on these aims, especially in relation to health services in rural areas, where emphasis is placed on appropriately staffed health centres. In recent years, Greece has taken considerable steps to remedy past deficiencies and to promote the new philosophy of WHO. Efforts are also being made to improve hospital care and in general to provide a more competent health care system to the population. A recent law will provide for better primary health care (PHC) in urban areas, the reform of public health services and the reorganization of hospitals.

The establishment of the Forum is a significant initiative which will allow for dialogue and the exchange of knowledge between WHO, national nursing/midwifery associations and national governments. It will synthesize ideas and implicitly promote the development of nursing practice and health care. Important services are provided by nurses and midwives, including preventive and promotive work, at all levels of the health care system from primary to tertiary care. With the strategic plans and policies embodied in the daily practice of these professionals, health care systems can become more functional, more human and more effective.

It will be important to seek a European level of quality in health care, paying special attention to patient satisfaction. Solutions can only be found through cooperative efforts to influence *inter alia* the education of nurses and midwives. The effectiveness of the system and the quality of services delivered will not least be dependent on the positions and roles of these health care providers within continuously changing health care systems.

Statement by Professor Vassiliki Lanara, President, Hellenic Graduate Nurses' Association

In his welcome to the participants and guests on behalf of the Hellenic Graduate Nurses' Association, Professor Lanara quoted the words of an ancient Attic song to emphasize the appropriateness of holding the meeting in the ancient site of Delphi: "For a man, health is the first and best possession, second best is to be born with shapely beauty, and third is wealth, honestly won". He wished the participants every success with their deliberations in the spirit of health for all, as well as continuous personal health and wellbeing.

Statement by Ms Eleni Samaritaki, President, Greek Midwives' Association

Ms Samaritaki told the Meeting that midwives and nurses are prepared to take on the challenge of existing health problems and to contribute to improving the health status of populations.

Owing to improved social and economic conditions in Greece and the positive efforts of WHO and the Greek Government, maternal and child mortality rates are currently low. Greek midwives, through their patience, hard work, and extensive experience as one of the oldest professions in the country, have also been able to ensure safe motherhood as well as safe deliveries. Health promotion is central to their role and there is a strong belief in higher education and training among this group to sustain and improve their service.

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

Dr Asvall commented that it was appropriate to hold the First Annual Meeting of the Forum in Greece – the cradle of democracy. The time was right to understand the important principle of democracy in relation to health care development. There must be a dialogue between equal partners, a fundamental principle of this Forum.

As stated at its founding meeting, the Forum should inspire thoughts, not clearcut prescriptions. At the threshold of a new millennium, it is appropriate to debate how to bring forward the health for all policy into the twenty-first century. There is already a need to deal with new problems and new ideas, for example, the needs of marginal population groups (Ireland) and refugees (Azerbaijan), safe motherhood practices (Malta), chronic diseases and aging (Denmark) and, not least, the organization of work within health care reform structures (Croatia, Hungary, Poland). There is a wide variety of ways in which nurses and midwives can make a difference in these circumstances. As the largest group of health professionals in Europe, they must not miss this important opportunity to assume responsibility for a huge amount of care needed and for health promotion.

The Forum had started with 26 associations in 1996. The presence of representatives from the CCEE/NIS at this Meeting gave hope that the Forum would expand to that part of the Region where there was a great need for information on nursing and midwifery, and where western European countries could learn from some of the innovative ways that these countries have had to use to manage change.

Another problem is the big shift in the forces influencing developments in Europe today, such as the challenge posed to national policies and systems based on principles of solidarity, dignity, equity and democracy by economic forces which are not based on these values and which have no conscience. It is dangerous to believe that market forces by themselves will provide the same principles for better health care. People who believe in shaping health care in line with the needs of society and who are willing to embrace new forces are much needed. However, developments must be steered in a direction that will give us principles in which we believe. As national nursing and midwifery associations, the members of the Forum can and must maintain these principles and must find the partners who will maintain them.

Draft operational principles of the Forum

A steering group consisting of Kerstin Belfrage (Sweden), Laila Daavoey (Norway), Ainna Fawcett-Henesy (WHO Regional Office), P.J. Madden (Ireland), Katalin Mucha (Hungary), Myriam Ovalle (Spain) and Barbara Schwochert (Germany) had been elected at the Madrid meeting to draw up draft operational principles of the Forum for consideration at this Meeting. Laila Daavoey and P.J. Madden presented these to the participants. For ease of reference, they are listed below in the order they appear in the draft (Annex 3).

Preamble and aims

The preamble and aims of the Forum were accepted as per the draft.

Membership and fees

The discussion on membership of the Forum was problematic in the absence of any representative of the International Confederation of Midwives (ICM) who, according to the operational principles, should play a pivotal role in clarifying the mechanisms for midwifery participation in the Forum. It was unanimously agreed that nurses and midwives share the same aims and objectives and thus a way to work together must be found.

The criteria for membership set out in the draft were accepted, including the ratio of one midwife to nine nurses, the limit of one vote per country delegation, and the stipulation that the official country delegates should be presidents and general secretaries (or equivalent) of national nursing associations.

The Steering Committee agreed to consider including in the operational principles the suggestion that the European Union Standing Committee on Nursing and the Midwifery European Liaison Committee should be observers.

The Meeting accepted the proposed criteria for membership fees for the first year and agreed that these would be re-assessed at the next annual meeting of the Forum.

The secretariat

The Meeting accepted the functions of the secretariat proposed in the draft operational principles, although participants doubted that the membership fees would be sufficient to cover the costs of a part-time secretary for the Forum. They asked whether WHO could employ a nurse to deal with Forum matters.

Task forces

The establishment of task forces was accepted as proposed in the draft operational principles.

The specialist organizations which have expressed an interest in the Forum had not been informed about the operational principles. In view of this, their invitations to this Meeting had been withheld. Only one European level specialist association had expressed dissatisfaction.

Steering Committee

The Meeting accepted the terms of the Steering Committee in the draft operational principles, with the suggested inclusion of the stipulation that a midwife should be a member of the Steering Committee at all times.

Annual meetings

The Meeting agreed with the terms for annual meetings of the Forum as laid out in the draft operational principles. The criteria for eligibility for financial assistance to participants in annual meetings of the Forum should be laid down in the operational principles.

Interfacing with other European networks

This was agreed as per the draft operational principles.

Review of the operational principles of the Forum

The draft operational principles were agreed with the changes proposed and subject to approval at the next annual meeting.

Election of the Steering Committee

A secret vote resulted in the unanimous election of the members of the Steering Group as members of the official Steering Committee of the Forum, with a term of office of two years.

Technical discussion

Health gain, health care reforms and the Ljubljana Conference

Ms Fawcett-Henesy (WHO Acting Regional Adviser, Nursing and Midwifery) discussed the common problems faced, to a greater or lesser extent, by all the European countries as they reformed their health care systems. The impact of reforms on the nursing profession was being felt in relation to the numbers of nurses working, their respective roles, their education, and legislation and regulation of nurses.

New health insurance laws were being enacted emphasizing primary health care and community nursing. Primary health care was being seen by governments across the European Region as a panacea for all ills, often allied to cost-cutting exercises with real implications for the quality of

nursing care. There was also an important issue regarding the criteria for reimbursement of the cost of care, on the basis of need.

Rather than just looking at the role and function of the nurse, the nursing profession would in future need to ask what were the needs of patients and communities and how these needs could be met in the multidisciplinary health care environment. Evidence-based practice and clinical indicators would be important tools for nursing in the future. It was possible that WHO could play a role in developing such indicators.

Ms Fawcett-Henesy left participants with several questions on which to reflect and to guide their work at the Forum, including the changing role of nurses and midwives, and whether nursing could possibly adapt to a new focus on public health within a multidisciplinary team.

Health care reforms – implications for nursing and midwifery

Ms Wojcik (Government Chief Nurse of Poland) explained that Poland was midway through the reform process. When the process had begun in 1989, reforms had focused on the economy, industrial policy and the legal system. The priorities for the second phase of action were directed towards the issues of health and education, with health in particular assuming a high level of importance. The main features of the health care reform process included:

- deregulation of the health care system;
- reform of primary health care;
- restructuring of hospital beds;
- contracting out of health care services, including home care services;
- setting up a register of health care services (since 1991, responsibility for health care had passed to regional and local authorities);
- increasing independence of health care facilities;
- accreditation of health care facilities;
- passing of a general health insurance act.

The concept of family medicine had been introduced in 1992 and the development of family nursing in 1993 was based on an older definition of community nursing.

Nursing homes would be provided under the health system, and payment for care in such homes would be financed from the health and welfare budgets.

The reforms had led to significant changes for many workers in the health care sector within the new environment and structure of the independent hospitals. For nurses in particular, the impact had included the loss of jobs but new opportunities had opened up for them to compete for management positions.

Legislation on health care had been adopted, including regulations on nursing and midwifery covering negotiating rights for these professions and reforms to the education system for nurses and midwives. Since 1991, the high-school level of training had been abandoned and a new curriculum with a primary health care focus had been developed. Poland is also working to ensure that nursing education complies with the requirements of European Union legislation by 2000 and that midwifery education complies by 2002.

Further activities needed to improve health care include:

- analysis of the methods necessary to reduce costs
- implementation of a quality assurance programme
- assessment of existing resources.

The reforms had:

- created a favourable atmosphere for developing a new consensus
- provided a critical analysis of the current situation
- provoked a limited but healthy discomfort with regard to security of employment
- activated the nursing and midwifery communities.

Ms Wojcik felt optimistic for the future, although it would be necessary to develop new models and to keep up with changes. The essential values of the nursing and midwifery professions, however, would remain the same.

Health care reforms and the Ljubljana Conference

In his address, Dr Philalithis (WHO Temporary Adviser) charted the sequence of events leading up to the Ljubljana Conference, beginning with the adoption in 1977 by the World Health Assembly of the concept of health for all by the year 2000 and the Alma Ata declaration on primary health care as the means of achieving the health for all targets. Significant events included the Ottawa Charter on Health Promotion and the 1988 Vienna Conference on Nursing.

The health for all targets had been revised taking into account the political and social changes in Europe between 1989 and 1992. After 1989, the focus in the CCEE/NIS was on democratization, privatization, deregulation, economic growth and new social policies. In health care, from 1989 onwards there was increasing separation between purchasers and providers.

The Ljubljana Charter analysed these reforms in health care and formulated policy and the basic principles for health care systems. There were several recurrent issues, including the fact that life expectancy in a nation has a direct relation with the GDP, and the vital importance of equity – even in richer countries where more was spent on health, the gains were not proportionate.

The Ljubljana Charter was to be seen as a set of principles driven by values, centred on people to improve quality, based on a sound financing system to guarantee universal access and with a primary health care focus involving joint decision-making by the care provider and the patient or client.

The health sector was faced with many challenges; including changes in societies increasingly dependent on information technology, demographic changes and advances in the social sciences. To manage these changes effectively, the following would be necessary:

- scientific and technical knowledge
- political will
- professional support for change in order to overcome resistance
- public endorsement of the changes
- an administrative capacity to carry out organizational change
- sufficient financial resources
- legislative and regulatory framework to effect change.

Seven principles to enable change to come about included the need to:

- define targets and strategies
- apply a stepwise approach
- implement flexible tactics
- demonstrate with models rather than pilot projects
- decentralize and delegate
- develop good information systems to gather feedback.

Group work

The participants separated into four groups to discuss care of the chronically ill, care of the elderly, smoking cessation for nurses and midwives, and care for mothers and children.

Care of the chronically ill

The key words chosen by this group were: national nurses associations, nurses, and WHO Forum.

The group believed that national nurses associations should:

- deal with other actors (universities, etc.)
- identify the needs of chronically ill patients
- identify what they can offer to chronically ill patients.

Nurses should:

- be educated to enable them to act as intermediaries between patients, their families and doctors
- sensitize management at all levels to the problems/issues relating to chronically ill people.

The Forum should:

- request that national nursing associations establish standards of care and good practice
- test indicators and exercise caution in the use of data, and
- set up a task force on this issue.

Care of the elderly

This group had a general discussion on global trends affecting Europe. Participants felt there was a need for:

- a more active role for national nursing associations to develop standards and criteria and measure outcomes;
- national nursing associations to take part in policy-making and influence legislation;
- care oriented to the family (not just the individual older person);
- continuity of care;
- a review of the nursing curricula -- some countries may be using a medical model;
- networking to develop new models for the provision of nursing care to the elderly; and
- a focus on maintaining independence for the elderly.

Smoking cessation for nurses and midwives

The group felt that there was a strong role for national nursing associations in connection with:

- a recommendation for a declaration by the WHO Forum;
- a professional commitment for healthy lifestyles and against tobacco;
- promotion of education programmes aimed at nursing students, primary schoolchildren and the groups at most risk, and smoking cessation activities for members of national nursing associations;
- the development of the role of nurses and midwives as a joint project with other WHO Forums; and
- a declaration to be completed by the Steering Committee in consultation with the members of the Forum.

Care for mothers and children

The group saw a need for agreement on:

- the role of health care professionals during the postnatal period
- family-centred advice (involving fathers)
- consistent advice regarding breastfeeding
- influencing nurses and midwives.

Participants discussed abortion. They considered that it was important to know the number of abortions in each country and the impact on the health of women and families. They also felt that each Member State should examine the reasons for abortions and take preventive measures, e.g. education.

The group saw a role for the Forum. They also recommended that WHO research the abortion figures, as some of the figures discussed in the workshop had been queried.

Date and theme for the next meeting

It was suggested that the next meeting should take place in September 1998 in Copenhagen, as this would afford participants an opportunity to meet ministers of health of WHO European Member States following the forty-eighth session of the WHO Regional Committee for Europe.

Participants were requested to write to Ainna Fawcett-Henesy by 1 December 1997 with ideas for the Steering Committee to discuss at their next meeting

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Annex 2

PROGRAMME

Wednesday, 29 October

- 08.00–08.30 Registration
- 08.30–09.30 **Opening session**
Welcome addresses:
Minister of Health of Greece
Professor Vassiliki Lanara, Director, Hellenic National Graduate Nurses Association
Dr J.E. Asvall, WHO Regional Director for Europe
Ms Ainna Fawcett-Henesy, WHO Acting Regional Adviser, Nursing and Midwifery
- 09.30–10.00 Election of Chairperson of the Meeting and announcement of Rapporteur
Adoption of agenda and programme
Briefing on background and purpose
(Ms Ainna Fawcett-Henesy, WHO Acting Regional Adviser, Nursing and Midwifery)
- 10.00–10.30 Setting the scene: health for all for the twenty-first century
(Dr J.E. Asvall, WHO Regional Director for Europe)
- 11.00–13.00 Operational principles of the Forum
(Ms Leila Daavoey, President, Norwegian Nurses' Association)
Budget and financing of the Forum
Adoption of the operational principles of the Forum
Election of a Steering Committee
- 14.00–17.30 **Technical discussion:**
- 14.00–14.15 Health gain, health care reforms and the Ljubljana Conference
(Ms Ainna Fawcett-Henesy, WHO Acting Regional Adviser, Nursing and Midwifery)
- 14.15–14.35 Health care reforms – implications for nursing and midwifery
(Ms Grazyna Wojcik, Government Chief Nurse of Poland)
- 14.35–15.00 Health care reforms and the Ljubljana Conference
(Dr A. Philalithis, WHO Temporary Adviser)
- 15.30–15.35 Introduction to group work
(Ms Ainna Fawcett-Henesy, WHO Acting Regional Adviser, Nursing and Midwifery)
- 15.30–16.00 *Coffee break*
- 16.00–17.00 **Group work:**
Patient-focused, evidence-based practice for best outcome
- 17.00–17.30 Reports from group rapporteurs – conclusions and recommendations
- 18.00–18.30 Date for next annual meeting
Theme for next technical discussion
- 18.30 Closure of the meeting

Annex 3

DRAFT OPERATIONAL PRINCIPLES FOR THE FORUM

Preamble

The Forum, founded in November 1996, is a joint initiative of European national nursing and midwifery associations and the WHO Regional Office for Europe, recognizing the value of dialogue between them and the potential strength of joint action to promote health and health care in Europe.

On occasion, issues of concern to member associations may be in conflict with WHO aims and objectives (i.e. a specific situation in an individual country, union-type issues). In view of the requirement for WHO to adhere to United Nations regulations, each item which falls within this area of doubt must be judged on its merit and the best solution found outside the Forum.

1. The aims

- (a) contribute to and inform the debate on improving health and the quality of health care in Europe;
- (b) promote the exchange of information, ideas and policies between nursing/midwifery associations and WHO;
- (c) support the integration of appropriate policies in line with the health for all philosophy into nursing practice as well as into basic, postgraduate and continuing nursing and midwifery education;
- (d) formulate consensus/policy statements and recommendations on health and issues related to nursing/midwifery, developed by consensus; and
- (e) undertake pilot projects.

2. Membership and fees

- (a) There will be a single European Forum for both nursing and midwifery and WHO which embraces the WHO European Region from Greenland in the north to the Mediterranean in the south and to the Pacific shores of Russia in the east.
- (b) Membership is for the **national** nursing and midwifery associations belonging to or in the process of affiliation to the International Council of Nurses. There will be two representatives per member country and representatives are to be presidents and/or general secretaries (or equivalent). In addition, the International Confederation of Midwives (ICM) will nominate midwifery representatives proportional to nursing representation in the Forum, i.e. one midwifery representative to every nine nursing representatives.¹
- (c) There will be one vote per country and one per delegate nominated by the International Confederation of Midwives.
- (d) Specialist nursing groups will be represented in the Forum through their respective national nursing associations. European level specialist nursing groups will be active participants in task forces which will be established from time to time by the Forum.

¹ Justification: HFA database, indicator 270202 Qualified nurses, per 100 000: European average in 1989 – 559.21; indicator 270209 Midwives, per 100 000: European average in 1989 – 64.38.

(e) The International Council of Nurses and the International Confederation of Midwives shall have observer status in the Forum.

(f) One representative from each of the following bodies will be given observer status in the Forum:

Network of Government Chief Nurses
 Standing Committee of Nurses of the European Union
 European Forum of Medical Associations and WHO
 European Forum of Pharmacists and WHO
 European Union Advisory Committees on Training in Nursing
 European Union Advisory Committees on Training in Midwifery

(g) Membership fees will be calculated on the basis of a basic budget requirement of \$48 000 per annum. They will be set at three levels, in accordance with the GNP per capita of member countries based on the World Bank Development Report 1993. Suggested rates are as follows:

Rate 1	\$1000	GNP over \$2895/capita/per annum
Rate 2	\$800	GNP under \$2895/capita/per annum
Rate 3	\$500	GNP under \$725/capita/per annum
WHO	\$4000	Standard annual contribution

Rate 1 will apply to 29 associations; rate 2 to 15 associations; rate 3 to 7 associations in low-income countries in the WHO European Region. ICM delegates should pay at rate 2.

Payment of membership fees will be due on the 15th day of the first month of each year direct to the elected Treasurer.

3. The secretariat

- (a) The secretariat will carry out the administrative functions necessary to ensure the organization and coordination of Forum activities.
- (b) To allow better coordination with multidisciplinary networks and maintenance of international standards, the secretariat will be located in the Nursing and Midwifery unit at the WHO Regional Office for Europe, Copenhagen.
- (c) The secretariat will be supported by secretarial services including access to telefax, telephone, photocopier, e-mail, printing and mailing services.
- (d) The costs of the secretariat will be met through membership fees.

4. Task forces

- (a) The purpose of the task forces is to initiate developmental work and prepare background documentation for technical discussions at annual meetings of the Forum.
- (b) There will be no more than three task forces in the start-up phase, and no more than three meetings of each task force per annum.
- (c) Each task force should comprise not more than eight core members whose participation costs will be met by their respective associations.
- (d) Task forces will draw their membership from within the Forum and from representatives of pan-European relevant specialist nursing groups, non-nursing/midwifery experts, and consumer group representatives, as required.

- (c) Administrative costs for task force meetings will be met from membership fees.
- (f) Task forces will be encouraged to develop funding proposals for consideration by funding bodies in connection with their projects.
- (g) The venues and dates of task force meetings will be decided by their membership. It is suggested that whenever possible these meetings should take place at the WHO Regional Office for Europe.

5. Steering Committee

- (a) The purpose of the Steering Committee is to prepare the agenda for annual meetings in accordance with the aims of the Forum, and the implementation of decisions taken by the Forum during these meetings. The Steering Committee will also prepare the agenda and ensure the carrying out of all preparatory work for the following meeting of the Forum.
- (b) The Committee will be elected biennially and will comprise no more than eight people including a chairperson, vice-chairperson (chairperson-designate), treasurer, four representatives of national nursing and midwifery associations and ICM-nominated delegates, and a representative of WHO. One full member of the Steering Committee must always be a midwife.
- (c) The treasurer will be accountable for the collection and monitoring of membership fees. He/she will produce a financial report and present it to the Forum during the business meeting at the annual meetings.
- (d) There should be no fewer than two meetings of the Steering Committee per annum.
- (e) The costs of participating in Steering Committee meetings will be borne by the members concerned, with the exception of cases where support for participation has already been agreed and will be absorbed through membership fees.
- (f) The venues and dates for Steering Committee meetings will be decided by its members. One meeting each year should, however, take place at the WHO Regional Office for Europe.

6. Annual meetings

- (a) There will be one meeting of the Forum per annum.
- (b) The venue and timing of annual meetings will be decided by the Forum. It is proposed that the first annual meeting be held at WHO Regional Office for Europe so that participants can familiarize themselves with the organization and work of WHO.
- (c) Annual meetings will, in the first instance, be held in the English language only.
- (d) Annual meetings will comprise two parts: a business meeting and a technical discussion.
- (e) Themes for technical discussions will be in accordance with the aims of the Forum and will be decided by the Steering Committee for the following year.
- (g) Participation costs in annual meetings will be borne by the members, with the exception of cases where support for participation has already been agreed and will be absorbed through membership fees.
- (f) Administrative costs for annual meetings will be absorbed through membership fees.
- (g) The Steering Committee will be responsible, when required, for obtaining additional funding to support annual meetings. Industry may be approached in this respect, within the rules laid down by the World Health Organization vis-à-vis working with industry. The Steering Committee will decide on the use of this type of funds.
- (h) A rapporteur will be appointed by the Steering Committee for each annual meeting. Costs will be absorbed through membership fees.

7. Interfacing with other European networks

- (a) The Forum should establish close collaboration with the government chief nurses of each member country as well as with WHO collaborating centres in nursing and midwifery to ensure commonality of purpose and outcome.
- (b) Joint activities, with relevant organizations within Europe, including those networks which are observers in the Forum, will be encouraged where possible.

8. Review of the operational principles of the Forum

- (a) The operational principles will be reviewed periodically by the Steering Committee of the Forum.