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GLOBAL ADVISORY GROUP ON NURSING AND MIDWIFERY

Report of the second meeting

Geneva, 8 to 10 November 1993

World Health Organization
Geneva, 1993

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Contents

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1. Introduction

Resolution WHA45.5 on "Strengthening nursing and midwifery in support of health for all" was adopted by the World Health Assembly in May 1992. It requested the Director-General to establish a global multidisciplinary advisory group on nursing and midwifery to advise the Director-General on all nursing services, and in particular on:

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

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

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

A first meeting of the Global Advisory Group (GAG) on Nursing and Midwifery took place in Geneva from 30 November to 2 December 1992 to advise the Director-General on all nursing and midwifery matters. Arising from this meeting a report with a set of recommendations was prepared on the functioning of the GAG and its future activities, and submitted to the Director-General. One of the recommendations called for a Sub-Group of the GAG to be formed. This group was charged with the task of working with the WHO Secretariat to develop a strategic plan of action towards the realization of Resolution WHA45.5, including activities of the GAG. As part of its work, the Sub-Group considered the focus for the second meeting of the Global Advisory Group and provided input into a proposed strategic plan and associated plans of action.

The second meeting of the GAG took place in Geneva from 8 to 10 November 1993. Membership of the Group was multidisciplinary, bringing together a range of knowledge and experience in global health needs and health care services delivery to address the complex issues in strengthening nursing and midwifery services in support of health for all. The list of participants, who were invited in their private capacity, appears in Annex 1.

2. Objectives of the meeting

The objectives of the meeting were:

1. to review the progress on the implementation of the recommendations of the first meeting of the GAG in December 1992;

2. to assist WHO in identifying and developing needs assessment tools for assessing nursing and midwifery needs at country level;

3. to assist WHO in developing the technical aspects of a national action plan for nursing;

4. to assist WHO in developing methods of monitoring progress in implementing Resolution WHA45.5;

5. to consider how technical, political and budgetary resources can be mobilized to strengthen nursing and midwifery;

6. to formulate recommendations to the Director-General regarding strategies for addressing Resolution WHA45.5.

3. Opening of the meeting

The meeting was opened by Dr Hu Ching-Li, Assistant Director-General, who welcomed the participants on behalf of Dr H. Nakajima, Director-General, who was unable to attend. Dr Hu Ching-Li spoke of the key role that nursing and midwifery played in the delivery of health care services across the world and the continuing need to strengthen those professions. He acknowledged the World Development Report of the World Bank and its emphasis on the need to develop those categories of health care providers. The World Development Report and Resolution WHA45.5 are important policy statements and the GAG must consider how to translate them into a sustainable reality that is individualized for each country and region. The challenge is seeking workable strategies that are political, social and economic rather than technical.

Dr Hu, referring to the work of the Study Group on Nursing Beyond the Year 2000 held in July 1993, emphasized three strategic directions from its draft report that were central to the strengthening of nursing and midwifery:

1. achievement of a multisectoral approach to health care delivery with a system orientation and full collaboration of health care personnel at all levels;

2. a shift in the focus of work force development in nursing and midwifery to reflect country health needs, with particular emphasis on vulnerable groups;

3. reorientation of nursing and midwifery education and practice to meet the challenges of the future.

Specific ways of moving forward to realize these strategic intents were part of the consideration of the GAG at its second meeting.

4. Method of work of the second meeting of the Global Advisory Group

4.1 Mrs Y. Moores was nominated as Chairperson, Professor A. Hassouna as Vice-Chairperson, and Ms J. Plotnick and Mr O. Adams as Rapporteurs.

4.2 The Group commenced its work in plenary, breaking into three Groups, to discuss the development of indicators to monitor progress and to examine the draft plans of action that had been prepared by the Sub-Group of the GAG. The Agenda and Schedule of Work appear in Annex 2. Each group reported back to plenary with suggestions for monitoring indicators, recommendations for action, and strategies for implementation. Those were refined in the plenary into formal recommendations to the Director-General.

5. Progress in developing nursing/midwifery services

5.1 Dr M. Hirschfeld reported on WHO Headquarters' activities directed towards the implementation of Resolution WHA45.5 and the recommendations of the GAG outlined in its first report. The Director-General had distributed more than 900 copies of the report with a letter to all Member States and to persons and agencies included in the WHO official list of addresses. WHO has received requests from countries for additional copies. The Director-General has given support to the Nursing unit of HRH by allocating an additional secretarial position. Dr Hirschfeld reported that US$ 50 000 has been made available by the Director-General for initiating research which addresses nursing and midwifery service needs.

The Nursing unit has worked extensively with collaborating centres over the past year. Each centre has itself been very active and the Global Network of WHO Collaborating Centres for Nursing & Midwifery Development has grown in numbers and activities. In WHO HQ, in order to maximize the use of resources and to seek more effective and efficient strategies to improve health services and seek ways to implement WHA45.5, an in-house Coordinating Committee on Nursing and Midwifery (HQCC) has been established. The terms of reference of the HQCC include ensuring that nursing and midwifery services are addressed in WHO policy formulation and programme implementation and that respective programme areas make optimal use of nursing and midwifery experts for suitable vacancies and technical input to their work. A sub-Committee of the HQCC is reviewing the post descriptions for vacant and reclassified posts of professional grades. This is intended to determine positions where the duties could also be carried out by health professionals other than physicians. Post descriptions are altered to reflect this. The GAG recommended that nursing/midwifery be considered a priority area in the organization's work and that it be reflected in the 9th General Programme of Work. The request is under consideration by the Director-General.

5.2 A more structured system has been developed for the reporting of Nursing activities in each WHO Region both to HQ and to the GAG. Reports on the situation in their specific regions were presented by each regional nursing adviser. These reports indicated a significant increase in regional office and national initiatives to address Resolution WHA45.5 and the recommendations of the GAG, and the development of strategies sensitive to each region. Enormous efforts have been undertaken despite the constraints of personnel and financial resources.

The Regional Nursing Advisers reported that the Report and recommendations of the first GAG meeting had proved helpful as a guide to reinforcing the policies of the regional office. It also provided a focus for discussions with the Ministries of Health. The Report is beginning to increase the demand from individual countries for assistance in addressing the recommendations. WRs are encouraged to take a proactive role in supporting country efforts to develop nursing/midwifery.

A number of central issues were identified as continuing areas of concern:

- the need to strengthen nursing development - using both an independent (focusing upon professional development) and an integrated (focusing upon nursing/midwifery components in disease control and service development) approach.

- the need for greater allocation of human and financial resources to nursing/midwifery development at the regional level;

- the need for nursing visibility at the WHO regional office and country level to ensure nursing input to policy decision-making;

- the need to continue and expand training and development in nursing/midwifery management and leadership at the country level;

- the need for more fellowships for nurses and midwives;

- the need for the development of culturally appropriate health learning materials in the language of the countries;

Although all of the issues identified above can be expanded upon, all but the first are relatively clear in their intent. The first issue, however, speaks to the complex decisions that must be made at the global, regional or country level when deciding how best to allocate very scarce resources. The decision is between directing resources to strengthening nursing midwifery services via a nursing/midwifery programme or to disease control and other service delivery programmes which include nursing/midwifery services. A nursing/midwifery programme focuses primarily upon human resource development aspects as, for instance, planning of the workforce, training and improving management capacity, work and employment conditions, and recognition of the services provided by the profession. The argument for this approach lies in the fact that nurses and midwives are the backbone of most primary health care services and shoulder the responsibilities to deliver all services effectively and efficiently. To do so, special attention to the needs of this professional group, its education and the organization of its work is necessary. The argument for strengthening the nursing/midwifery aspects of health service delivery programmes is reinforced by the comparative ease of demonstrating success when efforts are specifically focused upon such issues as immunization, diarrhoea or AIDS control. After some discussion, the general consensus was that in order to improve the health of the population, which is always the first focus of these initiatives, both approaches are needed. Nursing and midwifery must be supported to deliver a wide range of integrated services at the community level, but specific programmes must also strengthen the nursing/midwifery aspects.

5.3 Of great importance to the success of Resolution WHA45.5 is the cooperation between WHO and relevant NGOs. Ms C. Holleran, Executive Director, International Council of Nurses (ICN), and Ms J. Walker, Secretary General, International Confederation of Midwives (ICM), reported on the many activities their respective organizations have undertaken which will act to strengthen the development of nursing/midwifery. Two of the many critical initiatives include ICN's recently published Task Force Report on Cost of Nursing and ICM's development of nine policy positions to guide midwifery service development. The NGOs continue to work closely with WHO.

6. A National Action Plan for Nursing/Midwifery

Three presentations primarily addressing the first and second terms of reference of the GAG were discussed in plenary. It was agreed that National Action Plans for Nursing would be presented first to give a context and overview. This was followed by a discussion of tools for needs assessment and protocol for use. These were brought together by a presentation and discussion of the technical aspects of developing a plan. The presenters and discussion leaders were Ms J. Salvage, Dr N. Khadr and Professor A. Hassouna, respectively.

6.1 Ms Salvage used as a base for discussion a paper prepared by her in consultation with the Nursing units in Headquarters and other regions (Annex 3). The urgent need for a strategic approach to nursing/midwifery was stressed. While recognizing that "every country has its own traditions, strengths, leadership styles and priorities", there is a need for general guidance to develop national nursing/midwifery plans. The paper emphasizes that an action plan for nursing/midwifery must be part of the overall action plan for health in the country concerned. Although having a written document - an Action Plan - is important, the type of process used to develop a plan is crucial in determining whether it will be supported and implemented, or remain only on paper. It is critical, therefore, that when the plan is being developed, the input of a broad range of interested persons is sought. The paper discusses the need for a plan, and succinctly outlines steps to the development of a plan and the elements of a plan. [1]

6.2 As part of a plan there must be an assessment of the national nursing and midwifery needs. Determining the tools that are available to be used and/or that can be adapted is a first step in this activity. Dr Khadr stated that assessing needs using a set of well understood and clear tools were an essential part of ensuring that a country's requirements were appropriately addressed. The tools that are used must be consistent with the contextual approach to the delivery of health care. The assessment tools must be able to capture the elements of systems directed to primary health care (PHC). The paper discusses such crucial elements as perspective, the time dimension and the need to define the unit of study. [2]

6.3 Professor Hassouna stated that the two major functions of strategic planning are:

- to increase the interaction among managers so that plans throughout the organization are consistent with its long-range objectives, and
- to increase the flexibility of the organization so that it can respond to change in the environment. The paper sets out a conceptual framework that describes planning in terms of inputs, process, outputs and outcomes, pulled together by a system of monitoring evaluation and feedback. [3]

Among the several key points made during the presentation and discussion, the following are particularly instructive:

- planning requires human interaction and political involvement and political solutions. It is not a technical exercise;
- common definitions are fundamental to the planning process;

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[1] *National Action Plans for Nursing: From Vision to Implementation*, Jane Salvage

[2] *Needs Assessment Tools and Protocols for Use*, Nirvana Khadr

[3] *Technical Aspects of Planning a Framework for Discussion*, W.A. Hassouna

- the limitations of available data should be recognized and documented, but lack of "good" data should not be used as a reason for not planning;
- health systems research is a critical element in planning.

The above presentations led to an informed debate which reinforced the need for nursing/midwifery action plans and the involvement of nursing in the development of national health plans. It was pointed out that nursing/midwifery leaders must be informed and alert to opportunities if they are to have a meaningful role in the development of policies. Supportive information sharing networks can contribute to increasing the ability of leaders in nursing/midwifery to function more effectively in decision-making systems.

It was suggested that carefully designed case studies which identify successful country programmes can be helpful in assisting nursing/midwifery leaders in other countries to become involved in the planning process.

7.0 Monitoring Progress

7.1 The first meeting of GAG had concluded that to direct resources and strengthen nursing/midwifery effectively in its many aspects, it is necessary to understand, by monitoring and subsequent evaluation, the changes that are taking place at country level and in WHO. In addition Resolution WHA45.5 paragraph 4./1)(c) calls for the monitoring of progress in support of strategies for health for all. A general overview, a discussion of methods and elements that can be used in the construction of indicators, was presented in plenary by Mr O. Adams. [4] To discuss the report and begin the development of indicators the group was divided in three sub-groups. Paragraphs 2(1) to 2(8) and 4(2) to 4(5) of WHA45.5 were used as the framework for the development of progress indicators.

7.2 Some of the key points stemming from the presentation were:

- the need to determine what should be monitored;
- the need to ensure that the chosen indicator reflects what it is supposed or intended to indicate;
- the need to recognize the potential impacts of political or societal issues such as gender and income;
- although "sufficient" and "good data" should be sought for the development of indicators, their absence is no excuse for inaction;
- the resources required to develop and use the indicators must be weighed against the utility of the indicators.

7.3 The subgroups divided the paragraphs of WHA45.5 and considered what information would be required to indicate progress in each of the relevant areas. In the identification of the indicator, the group members were requested to consider the feasibility that the indicator could be developed and used in a cost-effective way. Subsequent refining of a minimum set would be developed later. In plenary the whole group debated the intent of developing monitors. It was resolved that a well-constructed limited set of indicators should reflect what has happened in countries; this in turn will reflect progress with Resolution WHA45.5. The meeting agreed that careful stock must be taken of the resources required to implement monitoring. The importance of developing a limited set that could be distributed to the Member States by spring 1994 was agreed to.

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[4] *Monitoring Progress in Strengthening Nursing and Midwifery*, Orvill O. Adams

8.0 Competencies for leadership and management

The need to strengthen management skills is a continuing theme in the development of nursing and midwifery. Competencies in management are needed at every level in nursing/midwifery services. Ms H. Fields from the Department of Health (UK) presented a framework of management skills and competencies. [5] The framework is intended to assist organizations and individuals to:

- consider issues relating to organizational culture, strategy and management styles;
- think about the changing nature of management roles for effective implementation of hospital and community care;
- profile management roles within organizations and the outcomes and expectations within those roles;
- draw on valid and reliable data for job design and specification;
- identify staffing needs and implement appropriate recruitment and selection;
- focus upon sound career counselling, individual performance review, role development and education.

It was agreed that this framework would have to be appropriately adapted for countries in order to reflect the education, culture and needs of nursing/midwifery in each country.

9.0 Issues to be addressed

GAG members reviewed a set of action plans that had been developed by the Sub Group and the secretariat. These background documents were discussed in group work and reported on in plenary.

Based on these discussions, reports from the Regional Nursing Advisers, and reports from the Collaborating Centres and the Collaborating Centre Network, the Global Advisory Group identified a number of issues which are presented below.

9.1 There was extensive discussion concerning the benefits to be gained from a more horizontal approach to the development of nursing/midwifery services. Such an approach necessarily required strengthening of nursing/midwifery policy and technical input at headquarters, regional and country levels. An alternative approach would see a concentrated effort of resource reallocation of nursing/midwifery services to the vertical (specific disease eradication) programmes. This essentially calls for a focusing of nursing/midwifery development within individual programmes. Here decisions would have to be made about the level of priority afforded a programme and the associate nursing/midwifery development required.

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[5] *Managerial Skills and Competencies for Nurses*, Helen Fields

The consensus was that a balance is required. In keeping with Resolution WHA45.5 it is essential to develop meaningful nursing input at all levels. It is also critical to ensure that vertical programmes do not lack the technical input they need for them to evolve optimally.

9.2 Recognizing the continuing need for resource mobilization for the implementation of WHA45.5 in the light of expanding country level demands and increasingly vulnerable populations, the GAG believes it is appropriate for WHO to review its work with donors with respect to nursing and midwifery. It was proposed that a report be prepared outlining the needs and potential benefits for donor support. The report could be used as one of the background documents in a WHO-convened donors' meeting to support nursing/midwifery activities globally in the context of serving health for all.

9.3 The GAG had an extensive discussion on whether to reconfirm its recommendation from last year to propose to the Executive Board as a possible topic for Technical Discussions at the World Health Assembly "The role of nursing and midwifery in achieving health for all". Weighing the potential benefit in terms of visibility and education of policy makers versus the resources needed for preparing technical discussions, GAG decided to reconfirm its prior recommendation.

9.4 The Global Advisory Group continues to stress the importance of ensuring that "nursing/midwifery development must grow out of country specific realities" (See GAG Report 1992). One way of gaining information about countries' research and education needs is through the work of the WHO Collaborating Centres for nursing and midwifery development. GAG is of the opinion that support of the Collaborating Centres by national governments will result in the development of a national asset that will provide essential information and serve to encourage sustainable nursing/midwifery development.

9.5 The Global Advisory Group has identified a number of activities that will contribute to the implementation of WHA45.5. The most immediate is to send a letter outlining GAG's concern and requesting a meeting with the Director-General, Dr Nakajima, to present key areas of activity that require action in the short term.

The Global Advisory Group will revise its action plan in the light of the requested meeting with the Director-General. It will continue to foster working relationships with WHO Collaborating Centres for nursing/midwifery. The group will provide advice to the Director-General on the areas under its mandate. It offers its assistance in convening a global donors' meeting to support nursing/midwifery activities.

10.0 Conclusions and recommendations

The Second Meeting of the Global Advisory Group addressed specifically the development of assessment tools, the development of action plans and methods of monitoring progress in strengthening nursing/midwifery. Based on the plenary and group discussions, and responding to its Terms of Reference, the Global Advisory Group therefore recommends that:

the Director-General and Regional Directors:

1a. consider increasing the allocation of current resources and actively seek extra budgetary funds for nursing and midwifery activities;

1b. consider increasing the professional staffing of the nursing units at headquarters and in the regional offices;

the Director General:

2. ensure that the WHO programmes (e.g. Family Health, Global Programme on AIDS, Strengthening of Health Services, Health Protection and Promotion, Office of International Cooperation, Mental Health, Noncommunicable Diseases, Emergency and Humanitarian Action, Health Education, Diarrhoeal Disease Control, Control of Tropical Diseases) have sufficient nursing/midwifery support to allow for optimal technical development of these services in support of health for all;

3. propose to the Executive Board as a possible topic for Technical Discussions at the World Health Assembly in 1996 or 1998 "The role of nursing and midwifery in achieving health for all";

4. urge countries to:

   a) develop national action plans for nursing/midwifery, which are consistent with national health plans;

   b) use nursing/midwifery indicators developed by WHO to monitor progress on Resolution WHA45.5 and report to the 1996 WHA;

   c) Strengthen management and leadership skills in nursing/midwifery through multidisciplinary management development programmes which specifically address nursing/midwifery needs at country, district and subdistrict levels, and by allocating more fellowships to nurses/midwives.

The WHO Secretariat

1. develop and disseminate to Member States the tools and indicators for monitoring progress in strengthening nursing/midwifery;

2. develop the practical guidelines for national action plans for nursing/midwifery and their implementation at country level, and assist nurses and midwives in leadership/ management positions;

The Global Advisory Group

1. seek a meeting with the Director-General at his earliest convenience to discuss the concerns of the Group with respect to meeting its mandate;

2. offer assistance within its mandate to strengthen global nursing and midwifery.

Annex 1

LIST OF PARTICIPANTS

Members of the Global Advisory Group:

Mr Orvill ADAMS, Curry Adams & Associates Inc., Ottawa, Ontario, Canada

Dr Naeema AL-GASSEER, Chairperson, Nursing Division and Director, Ministry of Health, College of Health Sciences, Manama, Bahrain

Mrs Gloria BETTS, President, Sierra Leone Association for Maternal & Child Health, Freetown, Sierra Leone

Dr Tassana BOONTONG, Dean, Faculty of Nursing, Mahidol University, Bangkoknoi, Bangkok, Thailand

Professor Ashraf HASSOUNA, Director General, Community Development Programme of the Social Fund for Development, Cairo, Egypt

Dr Mo Im KIM, Dean & Professor, College of Nursing, Yonsei University, Seoul, Korea

Mrs Yvonne MOORES, Chief Nursing Officer/Director of Nursing, Department of Health, London, United Kingdom

Ms Julia PLOTNICK, Rear Admiral/Chief Nurse Officer, United States Public Health Service Department of Health & Human Services, Rockville, Maryland, USA

Dr Judith Shamian, Vice-President, Nursing & Program Committee Development, Mount Sinai Hospital, Toronto, Canada

Ms Maria Mercedes D. DE VILLALOBOS, ACOFAEN, Santafé de Bogota, D.C. Colombia

Dr Méropi VIOLAKI-PARASKEVA, Member of the Executive Board of the World Health Organization, Honorary Director-General of Health, Greece

Non-Governmental Organizations:

Ms Constance HOLLERAN, Executive Director, International Council of Nurses, Geneva

Miss Joan WALKER, Secrectary General, International Confederation of Midwives, London, United Kingdom

Ms Erlinda L. ORTIN, Technical Adviser (Nursing), International Federation of Red Cross and Red Crescent Societies, Geneva

Representative:

Ms Anna-Berit Ransjö-Arvidson, SIDA (Swedish International Development Authority), IHCAR (Department of International Health Care Research, Karolinska Institutet), Stockholm, Sweden

Regional Nursing Advisers:

Ms E. W. Isaacs, RNA, Regional Office for Africa
Dr S. Land, RNA, Regional Office for the Americas
Dr E. Abou Youssef, RNA, Regional Office for the Eastern Mediterranean
Ms J. Salvage, RNA, Regional Office for Europe
Dr S. A. Bisch, RNA, Regional Office for South-East Asia
Ms T. Miller, RNA, Regional Office for the Western Pacific

WHO HQ Coordinating Committee:

Dr S. Anderson, IDS/HCS
Mrs K. Bergström, EPI
Dr J. Bertolote, MNH
Dr D. Blake, Deputy Director GPA
Dr M. Jancloes, PCO/ICO
Dr R. Johnson, MCH/MSM
Ms R. Saadeh, FNP/NUT
Mr D. Sanvincenti, Director PER
Mrs A. Singh Williams, HRM
Dr I. Tabibzadeh, SHS
Dr T. Türmen, Director FHE
Mr F. Verzelloni, PER/MRA
Ms A.L. Bergman, FHE/ADH
Mrs B.S. Hansen, EPI
Ms J.M. Robson, CNP/TMD
Ms F. Wittgenstein, MCH/MSM

WHO Secretariat:

Dr F.S. Antezana, ADG
Dr R.H. Henderson, ADG
Dr Hu Ching-Li, ADG
Dr J.-P. Jardel

Dr E. H. T. Goon, HRH
Dr M. J. Hirschfeld, HRH/NUR
Dr Nirvana Khadr, Temporary Adviser, Cairo
Mrs A. Eisenhoffer-Sandler, HRH/NUR

ANNEX 2

GLOBAL ADVISORY GROUP ON NURSING AND MIDWIFERY

Geneva, 8-10 November 1993

Salle D, Seventh Floor

PROGRAMME AND SCHEDULE OF WORK

Monday, 8 November 1993

09.30 - 10.00 Opening Session:

- Welcoming remarks: Dr Hu Ching-Li, ADG
- Appointment of: Chairman, Vice-Chairman, Rapporteurs
- Adoption of the Agenda

10.00 - 10.30 Report and Discussion of Progress since last meeting (Dr M. J. Hirschfeld).

10.30 - 10.45 COFFEE BREAK

10.45 - 12.30 Reports from Regional Nursing Advisers:

Ms E. Isaacs, HRN/AFRO
Dr S. Land, RNA/AMRO
Ms J. Salvage, RA/NMS/EURO
Dr E. Abou Youssef, RNA/EMRO
Dr S. Bisch, RNA/SEARO
Ms T. Miller, RNA/WPRO
HQCC

12.30 - 14.00 LUNCH BREAK

14.00 - 14.20 ICN and ICM (Ms C. Holleran & Ms J. Walker)

14.20 - 15.30 General discussion on Progress Reports.

15.30 - 15.45 COFFEE BREAK

15.45 - 17.15 *"A National Action Plan for Nursing", "Technical Aspects of Developing a Plan"*, **Dr A. Hassouna**

"Needs Assessment Tools & Protocols for Use", **Dr N. Khadr**

17.15 - 17.45 Discussion

18.00 Reception

Tuesday, 9 November 1993

09.00 - 09.15 Plenary: review of previous day's minutes.

09.15 - 10.30 *"Monitoring Progress"*, **Mr O. Adams.**

10.30 - 10.45 COFFEE BREAK

10.45 - 12.00 Group work on monitoring progress.

12.00 - 14.00 LUNCH BREAK

14.00 - 15.30 Continuation of Group work: Discussion of Strategic Action Plan to include fund raising strategies and time-frame for activities.

15.30 - 15.45 COFFEE BREAK

15.45 - 16.15 *"Competencies for Leadership and Management"*, **Mrs Y. Moores.**

16.15 - 17.00 Plenary discussion on Strategic Action Plan.

Wednesday, 10 November 1993

09.00 - 09.15 Review of previous day's minutes.

09.15 - 10.30 Continuation of Group work on Strategic Action Plan.

10.30 - 10.45 COFFEE BREAK

10.45 - 12.00 Finalize Strategic Action Plan.

12.00 - 13.30 LUNCH BREAK

13.30 - 15.30 Plenary: Discussion of Global Advisory Group future action.
Topics to be considered:

- Technical Discussions - appropriateness and feasibility.
- Special Initiatives - i.e. Safe Motherhood, Sick Child, Urban Health.
- Role of Collaborating Centres in Implementing the Resolution.

15.30 - 15.45 COFFEE BREAK

15.45 - 16.30 Closing Session

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ANNEX 3

ICP/HRH 301/v/Rev.2
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DOCUMENT

NATIONAL ACTION PLANS FOR NURSING: FROM VISION TO IMPLEMENTATION

INTRODUCTION

Leadership is one of the most important issues in nursing and midwifery today. Nurses and midwives are becoming more aware that they need good leaders in order to ensure that the contribution of their professions to health care is maximised and its value is fully recognized. As a workforce mainly composed of women, with their attention fixed firmly on the needs of their patients, most nurses did not traditionally see any need to have strong nurse leaders among the country's top health policy-makers and managers. Today, however, they see that care - the essence of nursing - tends to be ignored, undervalued and under-resourced unless there are advocates to represent nursing views at the highest levels. Without such advocacy, care will continue to be regarded as a simple basic task, and not as what it really is - a complex and difficult job requiring skill and intelligence as well as compassion.

Linked with this desire for good nursing leadership, there is a growing interest in the need to adopt a more strategic approach to nursing. For example, the Vienna Declaration of 1988, drawn up at the first WHO European Conference on Nursing, is a strategy for nursing in the whole European region. It sets out a vision for the future and proposes some ways of making that vision into reality. In all parts of the world, countries and regions have already produced strategies for nursing, and others are in preparation: examples include Argentina, Bolivia, Chile, Croatia, Denmark, Ecuador, England, Kyrgyzstan, the Netherlands, Nicaragua, Northern Ireland, Paraguay, Scotland, Turkey and Wales. Even in health centres and hospitals, nursing teams are beginning to produce their own mission statements and action plans. Whether these are called strategies, policy statements or action plans, they follow the same basic principle - the need to pursue specific targets for improvement: to know what you want and how to get it, in order to increase your own effectiveness.

Prepared by Jane Salvage, RNA/EURO in consultation with NUR Units in HQ and other Regions

The 1992 World Health Assembly endorsed this strategic approach to nursing. It passed a resolution asking WHO to "assist countries with the development of national action plans for nursing and midwifery" (Strengthening Nursing and Midwifery in Support of Strategies for Health for All, May 1992, WHA45.5). Activities to provide such assistance were already under way in the European Region, as requested at the first and second meetings of European Government Chief Nurses and consultation meetings with smaller groups of nurse leaders.

The purpose of this paper is to provide ideas and information for nursing leaders at national level, especially those working in Ministries of Health or similar institutions, to help them develop a national action plan for nursing. Every country has its own traditions, strengths, leadership styles and priorities, so the intention is not to provide a blueprint. Furthermore, the global trend towards strengthening local health systems underlines the role of national plans as giving general guidance and emphasising expected outcomes, leaving the details of how this should be done to regional/local levels. On the other hand, nursing leaders everywhere share many of the same problems and challenges, and that a strategic approach is needed. This paper is offered in that spirit, as a starting point for discussion and a stimulus to begin the strategic planning process.

Finally, a note on midwifery. Some countries regard nursing and midwifery as one profession while others have separate regulatory, educational and professional bodies for the two occupations. In using the term "national action plans for nursing", this paper does not imply any assumptions about nursing's relationship to midwifery. The need for midwifery leaders to promote a strategic approach to its development is just as crucial as the need for nursing, but whether this is done jointly or separately is a matter for each country to decide. Either way, it is in the interest of both groups to define their goals and to work together on the many areas of mutual concern. The same point applies to other occupational groups which are regarded by some countries as part of the nursing workforce, such as feldschers, physiotherapists and community health workers. The principles of strategic planning are applicable across the board.

WHAT IS A NATIONAL ACTION PLAN FOR NURSING?

A national action plan for nursing is part of a continuing process of describing visions, choosing priorities, winning widespread support, taking action and evaluating the outcome. (Each stage of the process requires careful attention: this paper focuses mainly on the initial steps.) It is not a piece of paper produced in an office by a few administrators; it is the fruit of much debate among many interested people. Without such debate and commitment-building, no paper plan - however sensible and coherent - has any chance of success.

As suggested above, a national action plan can be known by many different names but has certain key features: a description of a vision for the future, and signposts of the direction to be taken to reach the vision. The plan can include midwifery and other occupations, or they can be tackled separately, but it should be closely linked to the overall national policy for health and health services. Ideally the national plan for nursing is one of a comprehensive series of interlinked plans designed to improve health in specific settings such as primary health care, acute services, schools or workplaces, and is a key component of the national strategy on human resource development for health. In countries where such plans have not been well developed, nursing can help to lead the way by demonstrating its own commitment to the strategic approach.

The most visible product of the national strategic planning process for nursing is a brief written document, usually endorsed by health policy-makers and leaders at the highest levels. This document will contain a vision of nursing for the future (perhaps for the next five or ten years,

depending on the local situation), describing how nurses can help people to improve their health, cope with their illness or disability, and have a dignified death. It will set out specific goals which will help to make that vision a reality. It might also indicate the next steps to be taken to reach those goals, while respecting local autonomy in a decentralised health care system. This document may be widely circulated among the public, policy-makers and professionals, and its messages reinforced through other means such as discussion in the mass media, meetings and debates.

WHY DOES MY COUNTRY NEED A NATIONAL ACTION PLAN FOR NURSING?

The continuing cycle of producing a national action plan, taking steps to implement it and reviewing what has happened, assists the development of nursing in many ways. Some of them include:

- Ensuring an orientation towards health. The plan reinforces the goal of nursing as promoting improvements in the health of individuals and populations, with an emphasis on results/health outcomes.

- Optimising nursing's contribution to health and health care. The plan provides a focus for mobilising all available nursing resources to achieve the best possible results and best value for money.

- Building and maintaining a vision for nursing. It is easy to neglect our visions or regard them as irrelevant idealism when we are immersed in the details and difficulties of everyday work. A vision of where we want to go, especially when it is shared by our colleagues and friends, is an essential source of nourishment and inspiration.

- Having a clearer sense of direction. The day-to-day challenges of our work often make us feel overwhelmed and confused. This inevitable feeling is easier to cope with if we keep hold of an overall sense of where we are going.

- Making nursing's achievements more visible. Many of the finest achievements of nursing are warmly appreciated by patients and clients, but are not acknowledged in medical textbooks, conferences or influential discussions.

- Mobilising nurses and their supporters to be more active. The process of strategic planning helps to uncover or inspire unexpected new friendships and coalitions which can then work together to improve health care.

- Coordinating current nursing activities. The planning process helps nurses to identify what projects and innovations are already under way, to link them more closely together, to strengthen them, and to create clear frameworks for future developments.

- Making closer links between policy and practice. Policy-making is too often remote from the people who are supposed to carry out the policies. A planning process involving service users, practitioners and educators as well as policy-makers helps to reduce the usual damaging gaps between thinking and action, data and perceptions, policy and operation, planning and implementation, and experts and workers.

- Winning support. Nursing is more likely to win support from the people, policy-makers and other professionals if it can state clearly where it is going and what it hopes to achieve. Such support includes commitment and respect as well as money.

- Controlling our own work and future. Nursing traditionally has had little control over its own destiny, with nurses seen only as servants of another profession. A strategic plan is the starting point for becoming equal partners in health care work and in our relationships with professionals and the public. This in turn will help nursing to play its full part in ensuring health gain.

A strategic approach is particularly important at this point in nursing's development. All societies in Europe are undergoing momentous changes, which are creating a confusing mixture of opportunities and fears. Traditional values are being questioned, including assumptions about health care and the role of the state as protector of the poor and the oppressed. Health care systems, under strong financial as well as ideological pressure, are being reformed, with an emphasis on new thinking and new roles. Nurses, like all other health professions, cannot expect that their roles and relationships will continue unchanged. Increasingly, too, they will have to demonstrate their value and effectiveness to those who control the budgets. In this time of change, those with a clear sense of their hopes and directions are more likely to survive and prosper.

HOW TO DEVELOP A NATIONAL ACTION PLAN

When people think about developing a strategic plan, they often start with a discussion of the content - what the plan should contain. However, a better starting point is to establish a clear planning process before plunging into the content question. This should be done through the creation of a team who will be responsible for drafting the plan and overseeing the consultation process before the plan is finalized and implemented.

The steps to be taken can be divided into phases: building the leadership team, creating the draft plan, initiating the consultation process, finalizing the plan and implementation. In real life, of course, the steps will not be so neat and clearly defined; an open and creative process will inevitably, at many points, involve overturning previous decisions, revisiting areas which were missed, and so on. Some parts of the later stages may overlap with parts of the earlier stages. Nevertheless, it is helpful to have a map to steer by even if the journey contains some unexpected detours or delays. Five stages are described here, as follows:

- Building the team (structure issues)
- Creating the plan (process issues)
- Consultation
- Finalizing the plan
- Implementing and reviewing the plan (outcome issues).

STAGE 1: Building the team

Find the leader

Who should lead the process? It is important that there is clear leadership and that this is reinforced by the formal authority of the leader's position, whether she or he is chief nurse in the Ministry of Health, president of the national nursing association or holder of some other nationally recognised position. In general, if the plan is to be adopted as national policy it may be best to initiate the process within government. However, the formal position of government chief nurse does not always reflect the personal authority of the leader or her recognition by others. For example, in a country with a powerful nursing association, the most senior nurse in the Ministry may be seen as relatively weak. Some countries have no nurses at all in government positions, or

working only in junior positions. Others have very decentralised or regionalised systems which do not lend themselves easily to national initiatives, in which case it may be preferable to develop regional action plans and then bring them together nationally.

Ultimately the answer will depend on each country's situation, and on finding a leader with the right balance of positional power and personal power. Whoever is identified as the leader, or chooses that role, the principle of working through co-operation and consensus will help to minimise fruitless power struggles and constant challenges to the leader's legitimacy.

Support for the leader

Right from the start the leader needs access to enough funds to establish and maintain the group, and secretarial help such as typing letters, booking meeting rooms, arranging travel and so on. Ministries of Health should be requested to support the project, since the leader cannot be expected to carry it out unaided. If this is impossible, funds may have to be found from other sources inside or outside the country. Group members should be asked to think about this at the first meeting (see below).

Convene the group

The leader should invite interested and influential people to work together on the project. This group may be called a task force, steering group, committee or leadership group. A group of this type may already exist, or it may be necessary to start a new one, but either way the same process should be followed to ensure everyone is committed to the project and contributes to it fully.

Sometimes interest can be stimulated by establishing a national committee chaired by a well-known public figure which then makes recommendations to government; in this case there must be strong representation of or close liaison with government nurses and other recognised leaders. Alternatively, the nursing association or trade union or other body may set up a group and invite wide participation. Strategic planning for nursing in countries where the nursing leadership is weak sometimes starts with a small, informal group of activists which has no formal authority but can act as a spur to others.

The membership of the group will vary according to national circumstances but might include some or all of the following:

- nurses and midwives working in the Ministries of Health/Education/Labour;
- other Ministry officials with responsibility for nursing issues;
- Ministry officials with responsibility for planning, human resources and other key functions;
- representatives of nursing associations and trade unions with nurse members;
- heads of institutions influential in nursing, such as colleges of nursing, research centres, and WHO Collaborating Centres;
- managers of nursing services, in hospital and community;
- practitioners of nursing - clinical leaders and innovators;
- other health professionals, especially doctors;
- politicians and/or other policy-makers and opinion leaders;
- citizen representatives, e.g. from community groups, local councils, voluntary organizations;
- experts from elsewhere who are working on nursing development in the country.

It is important that the group is small enough to create a sense of ownership, belonging and trust; the larger the group, the harder this is. The core group should not be more than 12 people, who should ideally be committed to attending all meetings (consistency of membership also makes the task easier). Not every interest group or influential person can be represented, but ways should be found of involving them all at some stage, for example on subgroups or in the consultation process. The more people that can be involved in this way, the more chance there is of success.

Another issue to resolve is the balance between nurses and non-nurses. Like any group of people with a common understanding and experience, it is legitimate for nurses to discuss among themselves their visions, ideals and priorities before sharing them with others. Their conclusions can then be shared and viewed from other perspectives, although it is important that nurses maintain overall leadership of the process.

A further tricky issue is the need to bring together people who may have very different viewpoints. There are positive advantages in having a variety of perspectives brought to the group, since this is likely to reflect the diversity of opinion in the wider world, and if well managed can create stimulating discussion. Other tensions may arise from bring together people with a past history of conflict, especially in countries which have recently undergone rapid political change. One common example is hostility between professional nursing associations and trade unions. Both perspectives are legitimate and important and both should be considered - not least because anyone who is left out may try to sabotage the project. Excluding one or the other from the group for the sake of a quiet life will ultimately make its task harder, if not impossible. The group should be a genuine attempt to create a consensus, not a vehicle for one faction or another.

Create the climate

Once the group has been selected and the first meetings are under way, spend plenty of time helping group members to get to know each other and feel at ease. It is important that they participate as themselves and share something of themselves as individuals, not only as representatives or professionals. The group leader's role in laying these foundations is vitally important, and she should seek support from trusted colleagues/friends who can help her plan the meetings and discuss her hopes and fears.

Deal with the administrative issues

Ask the group to decide what help is needed for the project. Settle at the beginning such practical questions as choosing when and where the meetings will be held; obtaining permission for group members to attend meetings during work time; travel and subsistence expenses; and secretarial support, including organizing meetings, taking notes and circulating papers. A budget should be estimated at the beginning, and members should agree how they will obtain the necessary resources: funding will be needed now and later for maintaining the group, publishing the plan, publicity, public meetings and so on.

Discuss the need for expert help

The leader and the group may feel they need help with the process, or with particular aspects of its work. Often the leader takes on too much by trying to manage the content of the meetings and the process. She may easily and unwittingly become the scapegoat or lightning conductor for the emotions which are inevitably stirred up in any well-functioning group. It may therefore be valuable to use expert assistance from a facilitator or consultant whose role is not to

direct the group, but to help it work creatively from a non-partisan standpoint. Such help may be available from WHO or from some other individual or organization which has no vested interest in influencing the group.

Allocate responsibilities

Ask the group to decide who will be responsible for specific tasks, including chairing the meetings, leading subgroups, providing secretarial support, hosting the meetings, and controlling the budget. It is important for successful group functioning that members are clear about what is expected of them, and that there is some way of making them accountable for what they do.

STAGE 2: Creating the plan

Define the group's mission

The group needs to reach a shared understanding of its goal, its role and its boundaries before it can work together effectively on the task. The leader should start the discussion by asking what is the purpose of the project? Full and open discussion of this is essential to ensure the members' commitment, understanding and ownership of the task.

Assess the situation

One of the group's first tasks is to conduct a brief assessment of the current situation. This map of the environment provides the baseline information on the task the group is going to tackle. Questions to be considered include: What is the current state of health and health care and of the social/political/economic factors likely to influence health in future? What are the strengths of nursing, and what are the biggest challenges it faces in contributing to health development?

The group needs to identify what sources of data can be used to provide a clear and accurate picture. Their own knowledge should be supplemented where possible by any available information, qualitative and quantitative. As well as the country's own sources, international organizations such as WHO may have good information. The scope of this assessment, including the decision whether to collect new data through surveys etc, will depend on the resources available to the group, the quality of existing data systems and other factors. A balance must be struck between the need to be well informed and the need to avoid spending too long gathering data to prove what is alreadyknown. The issue of information management is itself a possible subject for inclusion in the National Action Plan.

Describe the vision

WHO and many other organizations have produced statements which describe a vision for nursing - an ideal picture of how it should be in the future. For example, the Director General of WHO recently gave a view of the role of nurses 'not just as active providers of care, meeting the professionally defined needs of passive patients, but ... as facilitators who help people to take charge of their own health.'

These existing statements are a good starting point for discussion, but group should also be encouraged to describe their own visions for nursing in the future and what they see as nursing's contribution to health. As previously mentioned, people sometimes have difficulty in getting in touch with their dreams and ideals when they are bogged down in everyday problems, so it is important that the vision is both futuristic and also grounded in the country's social, cultural and

political context. It must spring from those roots, rather than be transplanted from elsewhere - otherwise it will be irrelevant and will not inspire people's commitment, energy and sense of pride and ownership.

Visions are closely tied to people's personal values and beliefs, and some differences are sure to emerge in the group; these should be welcomed, valued and explored openly before agreeing what aspects of the visions overlap or coincide. This can then be formulated in a vision statement which will be embodied in the National Action Plan and will provide the direction and reference point for its specific goals.

Outline the options

The vision is likely to be wide-ranging. To be made real, what steps must be taken? Encourage the group to brainstorm all the possible options for making the vision real, without editing or selecting at this point.

Select priorities

The group will have made many suggestions, but now choices have to be made and priorities recommended. Decide what options are the most important. Many actions will need to be taken but it will not be possible to do them all at once - so which should be tackled first? At this stage the group will be recommending choices for wider consultation, not making final decisions, but the consultation process will be more productive some options are set out for discussion.

Analyse the opportunities and difficulties

Setting priorities is one of the most difficult aspects of formulating an action plan. Depending on their viewpoint or special interest, people will have different views about what should be tackled first. Some will argue that nursing education must be reformed, while others will advocate clinical practice development as the most urgent need. Of course all these issues will need to be tackled some time, but when resources are limited difficult choices have to be made. Many action plans fail to be implemented because they are unrealistic, containing too many priorities and unachievable goals; people then become dispirited and lose faith in the plan.

One useful way to assess how to put the suggested actions into priority order is to analyse their chance of success. What are the forces - people, institutions, regulations, finances - which can help or hinder progress on each option? Sometimes a priority which everyone wants may be impossible because of circumstances, and sometimes apparently lost causes succeed because support can be mobilized. The group should brainstorm to assess the feasibility of each option, perhaps using a simple planning tool such as "force field analysis". (Some of this work, as in other stages, can be done by subgroups or in consultation with other people.)

Agree on a draft plan

The possible content of the draft plan is described in more detail below. It could include a description of the vision; the current situation; the proposed priority areas; and short-term, medium-term and long-term goals. Drafting such a plan in committee is difficult, so after full discussion the draft should be prepared by the leader, secretariat or a small subgroup and then presented to the whole group for comment and final approval.

STAGE 3: Consultation

Now that the first stage of its work is complete and it has reached a consensus on its draft plan, the group can share its ideas with a wider audience. A marketing programme should be drawn up specifying how this will be done and who is the target audience.

The initial consultation may be done with a small target group of influential people such as politicians, medical associations, health care leaders, consumer associations etc, to test the water. At the right point, the plan should be disseminated as widely as possible, using the group members to explain and publicize it. Some countries have done this through sending a printed copy to every qualified nurse, as well as to interest groups. They have also organized public meetings, press conferences, articles in newspapers and magazines, and TV and radio programmes. Reactions to the plan should be recorded, and written feedback requested by a specific deadline.

The consultation process helps to achieve the following:

- encourages widespread debate on the issues - which are of great public interest;
- ensures that all relevant perspectives and views are considered;
- raises people's awareness and understanding of nursing;
- attracts support, from nurses themselves, from the public and from politicians and policy-makers;
- inspires positive thinking and action;
- highlights areas of difficulty and of special interest;
- helps the leadership group to review, revise and improve the plan;
- identifies more clearly how the plan can be implemented.

STAGE 4: Finalizing the plan

Once the consultation process is completed, the group should meet again to review it and discuss the implications. It should look at the written responses and any other feedback members have received, formally and informally. It should look again at the plan and review the priorities: do they still appear feasible in the light of the feedback? At this stage, if it is confident that the plan will be acceptable to its target audience, the group may arrange for the final version to be printed and distributed.

The plan needs to contain a detailed work programme. This can be attached to the main document, or issued later as a supplement. It should outline the next steps for implementation of the short-term priorities, say for the next year - what is to be done, by whom, when, and with what resources. It should be clear how these steps can be linked with or part of other health care initiatives.

The group may feel that this task should be done by those who will be responsible for implementing the plan, who may or may not be members of the group itself. If a new implementation group is more appropriate for the task, it should have overlapping membership with the first group and consult it closely. The decision will depend on each country's situation. One option is for the group which prepared the plan to become an official or ministerial advisory group or steering committee to oversee or advise on implementation; the specific activities in the plan will undoubtedly be the responsibility of many different groups, and this needs to be set out clearly and negotiated with the groups concerned.

Finally, whether or not the group will continue to meet in this forum, it should celebrate the important journey it has made together.

STAGE 5: Implementing the plan

A continuing review process needs to be established for national strategic planning in nursing. However good the plan, it will always need modifying in light of experience, especially in countries which are undergoing rapid change and where the future is unpredictable. Decisions need to be made^- perhaps through recommendations from the planning group^- about how and when to assess progress, celebrate the achievements, and draw up the next phase of the plan. Evaluating the outcomes of the plan will be a difficult but essential issue to tackle.

Implementing the plan is in itself a large and complex topic which needs to be explored fully, perhaps in a further paper summarising the extensive experience and literature already available. It involves great skill in management, especially the management of change, and leadership.

WHAT GOES INTO A NATIONAL ACTION PLAN?

The content and format of a National Action Plan for Nursing will vary from country to country; there is no perfect blueprint. Depending on your circumstances, your plan could include some or all of the following items:

- Introduction, including messages of support from key figures such as the Minister of Health. Acknowledgement should be made by name of all the people and organizations which have helped the project.

- Scene-setting, including a description of the current health/nursing situation.

- Description of the vision for nursing, including the role of the nurse in various health care settings, and the expected benefits for patients and society.

- List of priorities for action. These can be organized in different ways. For example, they can be grouped under subject headings, such as Practice, Management, and Education. They can be organized under functional headings, such as Primary Health Care and Hospital Services. They can be expressed as targets, standard statements or goals.

- Steps to be taken to achieve each priority, including activities, timescale, resources, and responsibility for implementation.

- Description of methods to be used to review progress and evaluate outcomes.

- Name and address which people can contact if they want to become more involved, obtain more information or make comments.

CONCLUSION

In drawing up your national action plan, it may be useful to look at examples from other countries. Action plans drawn up by other health care groups, by commercial companies and other organizations may also provide ideas and interesting comparisons, because the steps described here are ones which are followed by many organizations and groups, not only nurses. Articles

describing the process of strategic planning can be helpful too^- and you may wish to help others by writing about your own experiences of the process.

Working on a national action plan for nursing will not solve all your problems, but it will help you in many ways. The longest journey starts with a single step, and it's a good idea to know in what direction to set off - and to take a map and compass with you.

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