

GLOBAL ADVISORY GROUP

on

NURSING

&

MIDWIFERY

Report of the Seventh Meeting
Geneva, 27-29 November 2001



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Global Advisory Group on Nursing and Midwifery

Report of the Seventh Meeting – World Health Organization, Geneva, 27–29 November 2001

Executive summary

Dr Gro Harlem Brundtland, Director-General of the World Health Organization, set the tone for the Seventh Meeting of the Global Advisory Group on Nursing and Midwifery (GAG/NM) by stating that:

- Strong nursing and midwifery services are vital for the world's health systems.
- Health systems need to be fuelled by the best nursing and midwifery skills and an adequate number personnel to staff them.
- Nursing and midwifery skill development and stewardship must be promoted with a focus on health service quality.
- Policy-makers, when choosing options to scale up health systems, need to be aware of the contribution that nursing and midwifery services can make.
- Best practice guidance and technical support must be further developed and require investment.
- The strong link between ill health and poverty requires a dramatic scaling-up in health systems, and nurses and midwives are well placed to play a key role in this regard.
- Nurses and midwives are pivotal to the sustained success of the new public–private partnerships for health that will assist in extending service coverage and improving health outcomes.

Key issues that define the current context within which health systems, and consequently also nursing and midwifery, should be viewed:

- The scaling up of health outcomes that bring significant benefits for the well-being of the worlds poorest people
- The Global Fund for HIV/AIDS, TB and Malaria
- The Global Health Sector Strategy for Strengthening Health Sector Response to HIV/AIDS
- The role of health in poverty alleviation, peace, security and broader development
- Health Systems Performance Assessment – focus on outcomes

Challenges that emerged during discussions included

- The need to develop a strong evidence base regarding the effective use of nursing and midwifery services, as well as impact of workforce shortages, and address issues as a matter of urgency
- The need to ensure a strong platform for advocacy regarding the contribution of, and challenges confronting, nursing and midwifery services
- The need to develop strong nursing and midwifery leadership globally
- The need for nurses and midwives to play a key role in reducing risk factors for disease and disability
- The need to work together in an alliance with key partners, and members of the multi-disciplinary health team, held together by common purpose

In view of the urgency of the matter in relation to the key issues and context referred to above, and with appreciation for the adoption of resolution WHA54.12, the following recommendations were submitted to the Director-General at the conclusion of the Seventh Meeting of the WHO Global Advisory Group on Nursing and Midwifery:

1. WHO to urge and support Member States to attain and maintain adequate levels of nursing and midwifery service providers, and the provision of a healthy and safe working environment.
2. WHO to promote the full participation of nurses and midwives in health policy development and decision-making processes, and in the management of health systems at all levels by:
 - Promoting and supporting sustainable programmes that will build and strengthen the leadership capacity of nurses and midwives, and
 - Fostering a policy-making environment that generates the full participation of nurses and midwives.
3. WHO to enhance the generation, collection and wide dissemination of evidence that supports effective use of nursing and midwifery services within the health system, including establishing a workforce database using a uniform framework.
4. WHO to support the implementation of the Strategic Directions and Plan of Action (SDPA), including through:
 - Urging Member States to adopt, implement and monitor the SDPA for Strengthening Nursing and Midwifery.
 - Building and strengthening strategic alliances with existing and new key partners to accomplish specific elements of the Strategic Directions and Plan of Action for Nursing and Midwifery.
5. The GAG/NM encourages the Director-General to present a report to the 110th session of the WHO Executive Board in May 2002 on the progress in the implementation of the Strategic Directions and Plan of Action to strengthen nursing and midwifery services.

1. Introduction

The Seventh Meeting of the Global Advisory Group on Nursing and Midwifery (GAG/NM) was held at the World Health Organization (WHO) headquarters in Geneva from 27 to 29 November 2001. A number of changes in the GAG/NM membership had occurred since the group's Sixth Meeting. Dr Joyce Thompson had been appointed as Vice Chair, and Prof. Rachel Vuyiswa Gumbi, the newly appointed Chairperson, as well as Dr Ascobat Gani, participated for the first time. Prof. Ilta Lange, who had previously been appointed as official Rapporteur for GAG/NM, was assisted in this regard by Professor Laetitia King during the meeting.

The objectives of the meeting were to:

- Review the proposed Strategic Directions and Plan of Action (SDPA) for Strengthening Nursing and Midwifery Services and to agree on the steps to move forward;
- Advise the Secretariat on a communication strategy for disseminating the SDPA, and to propose recommendations for facilitating its implementation;
- Provide policy advice on the monitoring and evaluation of nursing and midwifery services; and
- Provide an overview of the progress made since the Sixth Meeting of GAG/NM.

Following opening remarks by the newly appointed chairperson, Prof. Rachel Gumbi, Mr Orvill Adams, Director, Department of Health Service Provision, on behalf of Dr Chris Murray, Executive Director, Evidence and Information for Policy Cluster, welcomed the delegates to the Seventh Meeting of the (GAG/NM).

The WHO Director-General, Dr Gro Harlem Brundtland, addressed the delegates at the start of the meeting and acknowledged the work of GAG/NM to date.¹ She stressed the importance of the meeting in reviewing the global action plan for increased investment in nursing and midwifery. She said that there was a need to address the reality facing us in order to secure the future of the world's health systems. A strong platform for advocacy was required, with a focus on the rapid delivery of proven and effective health interventions to those in greatest

need. Not only was strong leadership required, but also a strong evidence base to assist the Member States to improve the overall coverage and effectiveness of their health systems. Dr Brundtland concluded by wishing the meeting well in its deliberations, and urged the participants to continue working together in an alliance held together by a common purpose — striving to achieve a common vision of better health for all people.

The agenda of the Seventh Meeting of GAG/NM and the list of participants are given in Annexes 1 and 2, respectively.

2. Progress on recommendations and strategies of the sixth meeting of GAG/NM

The Sixth Meeting of the Global Advisory Group on Nursing and Midwifery concluded with specific recommendations, as well as a number of proposed strategies to complement the recommendations, which were submitted to the WHO Director-General and Regional Directors. The four main areas of concern in the recommendations from the Sixth Meeting are summarized below.²

1. The need for an evidence base and information on the impact of nursing and midwifery services, particularly with regard to cost-effective nursing and midwifery services, and their impact on priority diseases such as HIV/AIDS, tuberculosis, and malaria.
2. Review of health policy, including issues relevant to health workforce planning, particularly in view of the critical shortage of nurses and midwives globally.
3. Advocacy for nursing and midwifery services, relating to the establishment of mechanisms required to inform policy-makers and the public about the impact and contributions of nursing and midwifery services in meeting the health needs of under-served populations.
4. Capacity-building, with an emphasis on the promotion and support of sustainable programmes that will build and strengthen the leadership capacities of nurses and midwives, and increase their involvement and contribution to health policy development and decision-making processes and the management of health systems.

During the Seventh Meeting of GAG/NM, a review of global progress on implementing the stated recommendations was presented, and it became evident that while meaningful progress had been made, further work is needed.

The following synopsis highlights some of the progress made in the various WHO regions with regard to the implementation of recommendations submitted during the previous meeting:

- SEARO and EMRO are collaborating with the International Council of Nurses in implementing the “Leadership for Change” programme in selected countries.
- WPRO is working on the development of a tool kit for evidence-based practice.
- AMRO developed a tool kit for Nurse Managers that was pilot tested in selected countries.
- EURO developed and/or disseminated tools to support evidence-based practice in a number of technical areas.
- AFRO, in partnership with the World Bank, is working on a joint initiative to strengthen the contribution of the health professions (medical and nursing) to health sector reform.

¹ See Annex 3.

² The recommendations from the Sixth Meeting of GAG/NM were included with the Background Documents distributed during the Seventh Meeting.

- AMRO is working on accreditation of academic health institutions, and EMRO and EURO are publishing a joint document on regulation of nursing and midwifery.
- SEARO established a multidisciplinary advisory group to strengthen work force management.

It was also noted that progress had been made in many areas at the global level, with WHO playing a role in developments, such as the Commonwealth Ministers' declaration on shortages and discussions to develop ethical guidelines for recruitment, as well as the Global Nursing Partnerships Conference which brought together nursing associations, governments, human resource directors, and health planners to discuss workforce issues and strategies to address shortages in the nursing workforce.

GAG/NM discussions

The major points raised during discussions were as follows:

- In response to a question posed by GAG/NM, Mr Adams indicated that a database will be developed with information in relation to evidence in nursing. A systematic review has been initiated with the support of the WCC in Canada.
- There must be a concerted effort to show more evidence of the contribution by nursing and midwifery to health systems.
- Regarding the "Leadership for Change" programme offered by ICN in Africa, it is important to look at countries that have not yet been targeted, especially Francophone countries, and to secure relevant WHO financial support in that regard.

3. The new global fund for AIDS, TB and Malaria — A WHO perspective

Dr Andrew Cassels, Director, Department of Health & Development, SDE, presented a WHO perspective on the newly established Global Fund for HIV/AIDS, TB and Malaria. He indicated that there is growing support for a new funding mechanism, and that this is based on increasing calls at summits during the past two years for more resources to tackle diseases such as HIV infection, malaria, and TB. The Commission on Macroeconomics and Health suggested the need for at least \$7–10 billion of new resources per year, and the UN Secretary-General and the G8 proposed that some of these resources be provided through a Global Fund.

WHO recognized that, in order to develop an appropriate response to the challenges of globalization, stakeholders require a fund that will address the priorities, respond to country needs, and be able to move resources quickly to the communities. In addition, such a fund should help to achieve lasting results in an innovative manner.

Agreement has been reached as to the key features of the Global Fund. The Fund will mainly focus on diseases such as HIV infection, TB, and malaria, and the purpose will be first to attract additional resources and then move them rapidly to where they are needed. Disbursement of resources is to be linked to the results.

It has been agreed that there will be minimal additional work for countries or donors, and no increase in transaction costs. The Fund will be a global fund, not a UN fund, and the aim will be to support and sustain effective processes at national level.

A public commitment has been made by nations that have pledged contributions, and it is envisaged that the Fund will be operational by the end of 2001. To this effect, a Transitional Working Group was established after the G8 Summit in Genoa, Italy, and a temporary facility for receiving funds has been set up by the UN Foundation. The Transitional Working Group is drawn from G8 Governments and Organizations, and the Secretary-General

nominated Chrispus Kiyonga as Chair of the group that is intended to have a 4-month lifespan. The Working Group is backed up by a Technical Support Secretariat based in Brussels.

Issues that the Transitional Working Group and the Board of the Fund will need to address include the following:

- Maintaining a balance between the goals set for HIV/AIDS versus malaria versus TB.
- Building of health systems to help achieve priority health outcomes, with a focus on technical excellence.
- The handling of requests for better access to HIV care, linked to efforts to reduce the prices of medicines.
- The pattern of support, including national programmes or restricted projects, and tight versus flexible implementation.
- Links with initiatives for Research and Development.

The following additional questions will be addressed in due time:

- Which countries are eligible to apply for resources from the Fund?
- What are the criteria for review of applications?
- What is the process for appraising the applications and approving them?
- How will the use of resources be monitored?
- What are the available processes for releasing these resources?
- What will the level of support for national planning, budgeting and health system processes be?

GAG/NM discussions

The major points raised during discussions were as follows:

- Dr Cassels indicated that there is still no definitive answer regarding the focus that will be supported by the fund, but stated that this will be based on national decisions. The aim will be to achieve a balance between aspects of prevention and cure, and the Fund is not intended to be merely for the treatment of HIV/AIDS.
- The intention is to build on what works, such as donor-government coordination committees and the UN resident co-ordinator system (United Nations Development Group, United Nations Development Assistance Framework). A sector wide approach will be followed where appropriate. Involvement of civil society and the private sector will be ensured in planning and implementation of the Fund, and mechanisms will be established to manage resources in country. Where possible, decisions on strategies, prioritisation of action, implementation and, ideally, resource transfer, will be kept in country. National institutions will be involved with regard to managing, monitoring, evaluation and audit of the fund in country, and available capacity within WHO country and regional offices, as well as other development partners, will be used where required.

There is agreement that the Fund is to be established to make a significant contribution to scaling up effective action against AIDS, TB and malaria. WHO will encourage the Fund to provide support for effective initiatives at the country level and will help ensure that countries have proposals ready for submission in January 2002. WHO will propose that the Fund draw on the experience of existing national, regional and global partnerships, and will encourage the Fund to stimulate a better pattern of external assistance for health, always based on the best evidence.

- Dr Cassels reiterated that the Fund will not be the only source of funding, and that other sources at national and global level will continue to be important. The importance of this Fund not becoming caught up in bureaucratic situations was emphasized.
- GAG/NM was in agreement that nurses and midwives could play a meaningful role in the development and implementation of relevant proposals, and that this should be kept in mind as initiatives are developed and implemented in the countries.

- Concern was raised about the impact of vertically oriented health care delivery programmes on ongoing in-country health care delivery systems, and the importance of promoting coordinated activities was stressed.

4. Update on health systems performance assessment

Mr Orvill Adams, Director, Department of Health Service Provision, presented an update on Health Systems Performance Assessment from the WHO perspective, and in this regard referred to the WHO Executive Board's Resolution EB107.R8 (see Annex 4).

A Health Systems Performance Assessment Advisory Group has been established. Activities are focused on outcomes, and stewards of the system should focus on the contribution of the system to key outcomes. There should be broad accountability, taking into consideration that health systems comprise all health actions whose primary intent is to improve health. Promotive, preventive, curative, rehabilitative and intersectoral actions must be considered. Not only is efficiency important, but also goal attainment should always be considered as highly relevant.

With regard to health expenditures, it should be noted that extensive interaction with Member States has led to more reliable data for the 2001 World Health Report. The report's annex includes new 1998 figures with updates for 1997 and, in addition, another column on external resources for health as a percentage of public expenditures was introduced.

WHO acknowledges the importance of building the capacity of countries to undertake performance assessment and to build stronger links between performance measurement and policies to improve performance. There is a great demand from countries to work with WHO on the development of methods and capacity-building to do performance assessment, and to link it to policy. Plans are under way for WHO to conduct a World Health Survey (WHS) in which the issue of coverage will be addressed, and this will include nursing and midwifery. The WHS will also include a module on the health workforce.

5. WHO policy on human resources for health

The relevance of the WHO policy on Human Resources for Health to nursing and midwifery was briefly discussed by Mr Adams, who pointed out that the contribution of Human Resources for Health (HRH) to health systems is extensive. The health sector is a major employer in most countries, and health organizations are highly dependent on their workforce. Wage costs are generally estimated to account for between 65% and 80% of the renewable health system expenditure, yet there is little consistency between countries in the way that human resources policies and strategies are developed and implemented. Little evidence currently exists to link human resources policy and practice with health outcomes.

The current context for human resources policies in health should be considered with regard to health sector reform, technological transition, socio-demographic transition, and market-related changes.

WHO policy on Human Resources for Health includes providing policy guidance on the following aspects:

1. Workforce demographics and planning
2. Labour adjustment
3. Staffing distribution
4. Quality and performance of health workers
5. Remuneration of health workers
6. Skill mix
7. Change in the organization of the labour force
8. Education of health professionals.

Intervention occurs at three main levels, with the focus primarily at the national or international (macro) level. At this level, the main issues are primarily related to the following:

- Size and composition of the workforce
- Its distribution among levels of services and over the territory
- The regulation of education and professional practice, including accreditation
- The general parameters of working conditions, systems of incentives, payment mechanisms, and labour relations
- Provider performance and quality.

At the meso level (regional/local health authorities and health organizations), HRH issues are related to the application of the policies and decisions taken at a higher level, according to the degree of decentralization of decision-making and of management. The third level of intervention is the micro level. In contrast to the intervention at the previous two levels, at the micro level HRH is less concerned with groups and categories of personnel, but more with the individuals at this level. Issues are more likely to be related to performance management and related day-to-day issues.

The emerging policy will be widely disseminated, with requests for feedback from countries and to HRH analysts. To ensure continued, and expanding success, it is necessary to distribute information as widely as possible, including an approach to 'Publish as we go' with 'best practices', as they are completed. In this regard, consideration is being given to the development of an HRH Journal through which new knowledge can be disseminated.

GAG/NM discussion

The major points raised during discussions included the following:

- In answer to a question on what is being done to address the issue of retention of nurses and midwives, Mr Adams indicated that attention is being given to the cost savings related to retention. In addition, the HRD policy in relation to health care reform and its impact is also being looked at.
- Mr Adams stated that in order to implement the WHO HRH policy effectively, input/comment is required from the WHO Regional and HQ levels, while other relevant partners need to be identified. Technical consultation occurs with groups in WHO HQ and Regional Offices and in countries, as well as with relevant contacts in the field, in order to explore knowledge and experiences related to policy development and implementation.
- With regard to accreditation, Mr Adams pointed out that provider performance is not only concerned with individual health care providers, but also with institutional performance. In the process, specific attention needs to be given to adverse events, and to what can be done about it. This is particularly important for nursing and midwifery, and for the development of the SDPA, in terms of training, support, advice regarding quality issues, and so forth. Relevant decisions need to be linked to better processes and measurement of outcomes, in order to form a meaningful framework for quality improvement.
- It was agreed that the issues discussed would be addressed in the further refinement of the SDPA for strengthening nursing and midwifery.

6. Human resources for health – shortages and migration of skilled health personnel

Mr Orvill Adams pointed out that shortages of health personnel are a concern in both developed and developing countries. These shortages have consequences on the quality of care, and the shortage problem might be accentuated by the migration phenomenon. There are numerous examples of shortages of skilled health personnel in the health systems of countries throughout the world, involving all categories of health personnel. Reference was

made to the “Doctor shortage in Ghana” (as discussed by Dovlo & Nyonator, 1999); the “Internal brain drain of doctors from the public to the private hospitals in Thailand” (as reported on by Wibulpolprasert, 1999); and the “Shortage of nurses in Nepal” (WHO Regional Office for South-east Asia, 2000).

A number of different types of shortages of skilled health personnel exist, including long-term shortages and temporary shortages, and there are various reasons for such shortages. One of the consequences of shortages of skilled health personnel is the development of a skill imbalance, which according to Roy et al. (1996) occurs when “the quantity of a given skill supplied by the work force and the quantity demanded by employers diverge at the existing market conditions”.

When considering global trends in migration, it should be noted that the rate of growth of the world’s migrant population more than doubled between 1960 and 1990 (ILO, 2000). Key policy issues regarding migration include the need to control capacity loss through migration policies designed to retain or attract returnees, and considering the individual’s choice to migrate. This includes treating migrant workers fairly with regard to wages and equal conditions of work.

The issues relevant to migration of skilled health personnel pose particular challenges for nursing and midwifery, and need to be considered as the Strategic Directions and Plan of Action to Strengthen Nursing and Midwifery is developed.

GAG/NM discussion

The following summary reflects the major issues discussed:

- Reasons to have nurses and midwives at the policy-making table are not just to ensure the appropriate level and skill of nurses and midwives in supporting policy implementation, but also to have the perspective of the nursing and midwifery services component of health care services at decision-making tables to ensure better functioning of health systems.
- There are two main priorities, namely practice improvement and sufficient numbers of human resources.
- Migration must not be viewed as an uni-disciplinary issue, but needs to be considered in a much broader context. In this regard it is important to look at the link between migration and health sector reform.
- When evaluating the numbers of nurses and midwives, attention should also be given to issues such as vacant posts and absenteeism, as many countries do not replace absent staff.
- The example was given of nurse shortages in Vietnam due to financial constraints of governments. In addition, it should be noted that there are extensive variations between countries with regard to the ratio of health personnel to the population, and so forth. However, existing differences between health systems suggest that there is no single correct ratio that should be followed. In certain countries there are no or inadequate databases available, and information is often not available regarding the situation at the various levels of care, such as at district level.
- It was reported that AFRO, AMRO and WPRO are conducting studies on the migration of health professionals, and that AFRO is also looking at the effect of migration on health services and the issue of motivation of health workers.

7. Scaling-up of health systems

Dr Abdelhay Mechbal, Director, Health Financing and Stewardship, presented a brief presentation on the scaling-up of health interventions. He indicated that there is growing support to “scale up” the funding of interventions that successfully address the diseases of the poor. In May 2001, Dr Gro Harlem Brundtland stated that

there is a need to refocus “WHO’s work on health systems to better support the scaling-up of health outcomes that bring significant benefits for the wellbeing of the world’s poorest people”. In response, health systems will have to adjust the approaches to financing, stewardship, resource generation, and provision if they are to successfully deliver increased services and outcomes, especially for the poor. It is therefore necessary to identify all available opportunities for change, and to increase the capacity to implement health system changes that lead to better health outcomes.

WHO should be clear as to what actions should be supported, and what WHO’s capacity with regard to health systems is. Focus will need to be on strengthening WHO’s country and regional offices, and in this regard, a new cadre of specialists to assist countries in health system development is required. This will require increased attention to skill development of existing staff at all WHO levels.

Policy frameworks, tools and analyses relevant to scaling up health systems

At national level this includes:

- Rapid assessment tool for proposals to the Global Fund
- Tools for effective coverage and provider performance
- World Health Survey (baseline assessment and monitoring of effects on the poor; asset index)
- CHOICE (interventions database)
- NHA guide
- Tools for analysing financing, stewardship, provision, and so forth.

Country-specific support needs to be provided in policy and systems analysis and development, as well as in better management of resources. This will be done through implementation of a Management Effectiveness Programme, selected policy development support, and selected systems development support.

The Management Effectiveness Programme is a strategy for improving the management performance of the health system involving the development of core competencies of the whole management team at the workplace, and establishment of learning networks. In addition, it also involves the development of mechanisms for continuous improvement through monitoring and evaluation.

Stewardship needs to be strengthened through:

- Generation of intelligence
- Formulation of strategic policy direction
- Ensuring tools for implementation
- Coalition building and social mobilization
- Ensuring a fit between policy objectives, organizational structure, and culture
- Accountability.

GAG/NM discussion

During discussions, the following major points were raised:

- It was indicated that the involvement of nurses and midwives is crucial to the effective development of health systems, with specific emphasis on how nursing and midwifery expertise could be used in the future evaluation of needs and relevant planning. All aspects of the health system need to be considered in the process of “scaling-up”, and nursing and midwifery would be relevant in all such interventions. In the process it will be necessary to look at competencies and at how support could be provided where required.
- There was concern that although the African region and communities may place a high value on health, governments may choose to give priority to other sectors. This matter needs to be placed on the agenda when the process of scaling-up health interventions is being debated.

8. The relevance of HIV/AIDS to nursing and midwifery

Dr Jean-Louis Lamboray, Chief of the Technical Network Development, UNAIDS, addressed the meeting on behalf of the UNAIDS Executive Director, Dr Peter Piot. He reminded the meeting that WHO, Nursing Associations, and the UNAIDS Secretariat are already collaborating in response to the challenge of HIV/AIDS. In this regard, the work conducted by the AIDS Network of Nurses and Midwives in a number of countries in the Southern African Development Community (SADC) need to be noted. An HIV/AIDS curriculum, for use in these countries, has been developed in partnership with WHO, the UNAIDS Secretariat and Bristol Myers Squibb. This has ensured the availability of excellent material for wide dissemination regarding pre-service and in-service education of nurses and midwives, and in large enough quantities to build a critical mass of confident carers in the SADC region.

When strategic directions for nursing and midwifery services are being reviewed, it is crucial to consider the following questions: *Are the proposed strategic directions relevant for nurses and midwives working in countries severely affected by the HIV/AIDS epidemic? Are they in keeping with the major lessons learnt in responding to the epidemic?*

The global health sector strategy for strengthening health sector response to HIV/AIDS and STIs — A framework for action

Dr Joseph Perriens, WHO HIV/AIDS, FCH, presented a paper on the health sector's response to HIV/AIDS. He informed the meeting that a core team has been appointed to spearhead consultations with various stakeholders, including at country and regional level.

The strategic goal of this initiative was to slow down the epidemic, and to reduce the impact of HIV/AIDS on human suffering and on development of human social and economic capital. The objectives identified at that time included the following:

- To curb the HIV/AIDS epidemic by lowering the risk of HIV transmission
- To improve the duration and quality of life of those already infected
- To alleviate the impact of HIV/AIDS on individual, households, and local communities.

In order to lower the risk of transmission, it is necessary to ensure:

- Dissemination of health information
- Promotion of safer sex, including condom use
- Prevention and treatment of sexually transmitted infections (STIs)
- Prevention of mother-to-child transmission
- Improving blood safety and universal precautions
- Prevention of transmission among injecting drug users.

Improving the duration and quality of life of people infected with the HIV virus requires the promotion of voluntary counselling and testing, the availability of psychosocial support, and the availability of anti-retroviral drug therapy. In addition, HIV/AIDS-related diseases need to be treated, and palliative care must be provided, ensuring the continuity of care both in the health facility and at home. This has a direct bearing on the role and functions of nurses and midwives, and consequently also on the development of the Strategic Directions to Strengthen Nursing and Midwifery.

If the impact of HIV/AIDS is to be alleviated, an open society on HIV/AIDS issues, legal protection for individual human rights, and wide access to relevant information must be available. A non-discriminating approach must be established, and relevant care must be provided to carers. It is vital that there should be adequate advocacy regarding health development policies, as well as promotion of better intersectoral collaboration.

The roles of the various levels of the health system must be clearly defined. At the national level this includes stewardship and policy-making, creation of an enabling legal framework, setting of priorities and national objectives, and identification of key strategies. Relevant mobilization and allocation of public resources, as well as mass dissemination of information and appropriate surveillance must also be done. To ensure success, appropriate monitoring and evaluation are required.

Defining roles at the community level entails promoting good health-seeking behaviour, ensuring appropriate utilization of the available health facilities, strengthening communities to be effective partners, and developing mechanisms to enhance participation and organization of communities. The role and capacity of communities within national HIV/AIDS programmes must also be enhanced, and resource issues, such as funds, personnel, infrastructure, logistics, supplies, and so forth must be addressed.

GAG/NM discussion

The major points raised during discussions included the following:

- There was general agreement that this presentation was a clear example of the role and potential impact of nurses and midwives.
- GAG/NM agreed that it is of paramount importance to develop a caring philosophy when dealing with people living with AIDS (PWAs), and that such a caring philosophy should be clearly reflected in the Strategic Directions and Plan of Action for Strengthening Nursing and Midwifery.
- All agreed on the vital role of nurses and midwives in reducing stigma and discrimination with regard to HIV/AIDS, and in placing the client/patient at the centre of decision-making for health.
- GAG/NM agreed that the emphasis in counselling should not be a top-down approach, but should be based on introducing procedures or situations where the client, and not the provider, is in control. The members agreed that relevant skills in this regard need to be considered as nurses and midwives are being prepared to play a meaningful role in the management of the HIV/AIDS epidemic.
- Participants expressed concern about the impact of the HIV/AIDS epidemic on the supply of nurses and midwives. The plan of action needs to deal with the situation to include immediate actions to maintain and enhance the contribution of nurses and midwives to health system responses to HIV/AIDS. At the same time, however, attention must also be given to the wellbeing of nurses and midwives who are caring for people living with AIDS (PWAs), or who themselves have been infected with the virus. The fact that nurses and midwives are dying as a result of the epidemic should be kept in mind.
- Given the seriousness of the HIV/AIDS situation, the SDPA needs to include immediate attention to the involvement of nurses and midwives in health system performance with regard to HIV/AIDS. Effective use should be made of the wealth of experience that exists in the communities with regard to coping with HIV. There should be more intensive efforts to learn from such practical experience, and HIV/AIDS needs to be viewed in a broader sense than purely coping with the disease. To do so, however, nursing and midwifery professionals need to work as caring professionals with the community as full partners.
- Nursing and midwifery curricula need to give specific attention to issues such as advocacy skills, communication, and how to “push for action”. In addition, the role of nurses and midwives in facilitating health-seeking behaviour must be clearly defined and supported by best practices. With regard to the latter, specific mention was made to the work of Sweet-Jemmott and others.

9. Nursing and midwifery services as part of health systems

Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, OSD/EIP, gave an overview of nursing and midwifery services as an integral part of health systems.

The scope of nursing and midwifery services should be seen within an historical context, where medical services traditionally defined health care. When considering the current scope of practice of nursing and midwifery, it is necessary to do so within the broader definition of health, and with due attention to relevant legislative requirements. In doing so, it is necessary to redefine the boundaries of the health system and to give recognition to different health care providers involved in the improvement of health outcomes. This requires a clear understanding of the definition of *nursing and midwifery services*, of what a nursing and midwifery service entails, the extent of the services needed, the scope of nursing and midwifery services, and the skills and competencies required by the provider of such services. It should also be kept in mind that nurses and midwives have an almost unique role of being directly in touch with communities and users.

Nursing and midwifery services should be viewed within the spectrum from basic hygiene and comfort to highly technical advanced life support. It is an interface with medical services and other related health services, and core functions include the provision of continuous care and responses to the needs of clients. These services involve quality assurance functions in monitoring the delivery of interventions and the reactions of clients to those interventions. In health care settings, nurses and midwives play a major role in carrying out required interventions across the entire spectrum referred to above. Furthermore, nursing and midwifery services also create the conditions for ensuring successful implementation of the required health interventions by assessing clients prior to the intervention, and teaching clients before, during and after relevant interventions.

When considering nursing and midwifery services within the context of the Health System, it is necessary to keep in mind that the goal of health service provision is to improve health outcomes and to respond to people's expectations. This should be done with due attention to the reduction of inequalities in both health and responsiveness. The health care needs of populations should be met with the best possible quantity and quality of services produced at the most reasonable cost. It should be noted that nursing and midwifery services contribute to the achievement of health outcomes, and that innovative nursing service models which optimize the capacity of providers such as nurses and midwives have been shown to be cost-quality efficient in improving the health outcomes.

10. Making pregnancy safer — Strengthening midwifery

Ms Della Sheratt, a midwife recently appointed to the WHO Making Pregnancy Safer (MPR) programme, gave an overview of MPR strategy. This strategy hinges on supporting national authorities in the development of partners and other national stakeholders in their efforts to strengthen the capacity of health systems to provide and encourage the use of effective evidence-based interventions that target the major causes of maternal mortality and morbidity.

In applying this strategy, WHO will build on the experience of the Safe Motherhood Initiative, focusing on interventions and community-based actions necessary to ensure that women and their newborns have access to the care they need when they need it. By recognizing country needs, particularly in low- and poor-resource settings, WHO will ensure that MPR works closely with all other relevant initiatives within and outside of WHO. Given the focus on Health Systems, a member of Mr Orvill Adams' team is working with MPR to ensure that the work of MPR and OSD are in line with each other's needs.

MPR will focus on ten "spotlight countries", carefully documenting the lessons learned with a view to applying the experience gained in other countries in the future. More specifically, MPR will seek to integrate into national health systems the effective evidence-based interventions that target the major causes of illness and death. Moreover, working closely with other WHO programmes, it will also endeavour to raise public awareness of the

important links with other health problems such as malaria, HIV/AIDS and tuberculosis. The ultimate goal is to provide technical support to countries. Six clear areas of work have been identified, and will be undertaken at both international and country level for Making Pregnancy Safer.

The six areas of work are:

- The strengthening of national capacity to deliver quality services, including the involvement of individuals, families and communities.
- Advocacy to support the activities and decision-making at all levels.
- The building of partnerships to increase the funding, and coordination to lead to great effectiveness and efficiency of service provision.
- The establishment of norms and standards, and development of tools that are based on these norms and standards for strengthening both clinical interventions and the requisite health systems to support the delivery of quality services.
- The promotion and coordination of research and the dissemination of findings, including operational research that would be needed to support the implementation of proven cost-quality efficient interventions.

The focus of the MPR work is based on the need for all women to have access to a skilled attendant, as outlined in the joint statement on Reduction of Maternal Mortality, issued by WHO/UNFPA/UNICEF/World Bank, 1999.³

A skilled attendant (i.e. the person with the competencies to carry out the evidence-based interventions required to save the lives of women and newborns) is not able to provide skilled care unless he or she has the systems to support the provision of care (i.e. an enabling environment). These systems include the safe and regular supply of drugs, and so forth.

It is also acknowledged that the skills required of a skilled attendant are midwifery skills. The MPR team will therefore include, within their work in the countries they are working in, strategies for strengthening midwifery.

A midwife to work with the MPR team on this has been appointed to a post in WHO headquarters since September 2001.

To date, work is continuing on the development of tools to support the strengthening of midwifery. This work includes:

- Revision of the WHO midwifery modules
- A new tool kit on strengthening midwifery
- Evidence-based standards of maternal and newborn care
- Essential care in pregnancy, childbirth and newborn care
- Management of complications of pregnancy and childbirth.

GAG/NM commended WHO for appointing a midwife to the MPR programme, and expressed their support as required, in order to ensure that this development would strengthen nursing and midwifery where relevant.

³ The term 'skilled attendant' refers exclusively to people with midwifery skills (e.g. midwives, doctors and nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer obstetric complications. They are health professionals with a registration or licence to practise. See WHO/UNFPA/UNICEF/World Bank, Joint Statement on Reducing Maternal Mortality, 1999, for a full definition and description.

11. The strategic directions and plan of action (SDPA) for nursing and midwifery

Dr Al-Gasseer and Mrs Magda Awases presented an overview of the document, Strategic Directions and Plan of Action for Nursing and Midwifery (SDPA). The Evidence and Information for Policy Cluster in WHO endorsed the document, and awaits relevant input that is expected to emanate from the present meeting. Proposals for amendments to the document were debated, and it was agreed that the document would be amended by the Secretariat in accordance with input received from GAG/NM, and that the final document would then be circulated for comment to members. The final date for submission of comments is 5 January 2002, after which the SDPA document would be finalized.

Following agreement of the broad directions for strengthening nursing and midwifery services, a more detailed plan of action for implementation will be developed in collaboration with the main partners.

Partners' responses and input on the SDPA for nursing & midwifery services⁴

Ms Judith Oulton, Chief Executive Officer, International Council of Nurses (ICN), Ms Petra ten Hoope-Bender, Secretary-General, International Confederation of Midwives (ICM), and Dr Rita Carty, Secretary-General, Global Network of WHO Collaborating Centres (WCC) for Nursing & Midwifery each presented the views and proposed roles of their organizations with regard to the SDPA. The key words that stood out in the three aforementioned presentations are coordination, collaboration, and partnership, and demonstrated clearly the importance of teamwork in the finalization and future implementation of the SDPA.

GAG/NM discussion

The members of GAG/NM discussed the issues raised by Dr Al-Gasseer and Ms Sheratt at length, and also considered pertinent issues relevant to the SDPA. The following summary reflects the main points of these discussions:

- The meaning of the two concepts nurses and midwives versus nursing and midwifery services needs to be clarified. This clarification, which is crucial for the development of the SDPA, must take into account the current activities of WHO and the priorities relevant to nursing and midwifery.
- In response to a question regarding multi-purpose health care workers, Mr Adams mentioned that many Ministries are now training such multi-purpose health care workers. WHO needs to make clear the services that are to be delivered by these workers, and it is therefore necessary in the first instance to clearly define nursing and midwifery services. This poses a particular challenge to GAG/NM while the SDPA for strengthening nursing and midwifery is being debated. In order for WHO to be able to respond to the requests of governments for the development of this new category of health care worker, it is necessary to know what is available. This will have obvious consequences for the WHO's Human Resources policy on the one hand, and for nursing and midwifery on the other.
- Communities require a very wide spectrum of services. This involves many different competencies and skills, and if a new category of health care worker is to be introduced, it will still be necessary to meet all the required competencies in order to provide the required services. If a country therefore requests the introduction of such a new category of worker, we as nurses and midwives will have to be able to prove that we have the necessary competencies, and that it is therefore not necessary to introduce another category of health care worker. We must therefore be very clear about what our competencies in all levels of care are, and about what we are able to deliver.

⁴ See Annex 5.

- In view of the previous discussion, it may be important to review the nursing and midwifery legislation in certain countries, and there must therefore be clarity as to the global understanding of what nursing and midwifery are.
- There is a particular challenge to contend with regarding the assessment of the psychosocial component of health care, specifically in identifying the value/difference between nurses/midwives and the so-called “technical care providers”.
- Countries need to know that they have skilled persons who are able to deliver the required services which will answer their specific needs. In doing so it is important to keep in mind that, as a profession, we are evolving and flexible, and that we need both to develop competencies, and to share competencies.
- Relevant ‘gaps’ in the SDPA were identified, which included 1) research, 2) professional autonomy, and 3) attention to the human rights of nurses and midwives (e.g. the right to security of the person, the right to earn a decent wage, freedom from discrimination based on gender, and so forth)
- Dr Al-Gasseer clarified that the Key Results Areas (KRAs) are interrelated and overlap to some extent with research and capacity-building, cutting across all five areas to varying degrees. In addition, research is a major element of KRA3 which deals with building the evidence base to improve the quality of nursing and midwifery services, as well as more effective decision-making at all levels of the health care system.
- Agreement was reached on the relative priority that should be given in the implementation phase to the objectives set out in the Strategic Directions.
- In the context of ensuring leadership in nursing and midwifery services in order to strengthen these services and improve the effectiveness of health systems, there is an urgent need for strong nursing and midwifery leadership at the policy level within the EURO region.
- There was agreement on the need to continue to invest resources (both human and financial) in the development, coordination, and dissemination of evidence-based nursing and midwifery practice.
- Short-term, medium-term and long-term goals are to be set with regard to the monitoring and evaluation of progress in the implementation of the SDPA.
- A progress report on the SDPA should be submitted to the WHO Executive Board in May 2002.

12. Dissemination of the strategic directions

A brief discussion was held on key considerations in developing a communications strategy to facilitate the adoption and implementation of the Strategic Directions.

The following summary reflects the main points of the discussions:

- It is important to seize all available opportunities to disseminate the SDPA as widely as possible, and to inform others about the obligation of governments to play a part in the implementation of the SDPA. Regions should play an active role in translating the SDPA into action at the country and regional levels. The SDPA should be made available in relevant local languages.
- Development partners must also be brought on board. They need to be persuaded that these are big issues, and that strategic alliances need to be developed (the World Bank was cited as an example). There is a definite need to support the WHO Secretariat in forging alliances within WHO and with existing and new key partners needed to carry out specific Strategic Directions. This could include: ICM and ICN concerning competencies and standards; the WHO Global Network of Collaborating Centres in Nursing

and Midwifery Development for coordinating best-practices models and for serving as a repository of evidence on the effectiveness of nursing and midwifery. The latter could include support with translation of important findings into several languages; working with the ILO on workforce issues that affect nurses and midwives; collaboration with bilateral agencies in setting priorities for funding nursing and midwifery; and so forth.

- A sound marketing perspective needs to be applied in the production of user-friendly and attractive documents that can be used effectively as an advocacy package
- It is necessary to tap into the experience of existing WHO programmes, such as the HIV/AIDS programme, to consider how they link to non-professional/traditional partners.
- Nursing and midwifery in general should be marketed in a format that is understood by the lay person.

13. Monitoring of nursing and midwifery services within the performance of health systems

A background paper on the monitoring of nursing and midwifery services within the performance of health systems, specifically in the areas of coverage and responsiveness, was presented. The document was discussed at length, and will be further developed based on the discussions.

The following summary reflects the main points of the discussions:

- A standardized approach in developing evaluation systems and uniform performance indicators linking interventions with health outcomes is needed (process, impact and outcome indicators should be identified).
- Monitoring needs to address three levels: global, regional, and country.
- A minimum set of core indicators is needed.
- Important to piggy back and build on existing monitoring systems, particularly those within WHO
- Monitoring should not place an increased burden on countries.

14. Organization, functions, and communication strategies of the GAG/NM

Guidelines provided to members of the Global Advisory Group on Nursing and Midwifery for understanding the nature of their role, the organization and functions of the group, and suggested communication strategies that will facilitate the group's efforts to achieve the Terms of Reference of the GAG/NM were discussed. Following inputs from members, the document was revised accordingly. The members of GAG/NM during the meeting approved the final document (see Annex 6).

15. Recommendations submitted to the Director-General at the conclusion of the seventh meeting of the GAG/NM

The Seventh Meeting of the Global Advisory Group for Nursing and Midwifery reviewed the progress that had been made on the recommendations and strategies of the Sixth Meeting of GAG/NM. The adoption of World Health Assembly Resolution WHA54.12, as well as the subsequent development of the Strategic Directions and Plan of Action for Strengthening Nursing and Midwifery, was noted with appreciation. The meeting endorsed the recommendations of the Sixth Meeting which continued to be relevant to Strengthening Nursing and

Midwifery and, with due recognition of all the issues highlighted during the Seventh Meeting, submitted the following recommendations to the Director-General:

1. WHO to urge and support Member States in attaining and maintaining adequate levels of nursing and midwifery service providers, and in the provision of a healthy and safe working environment.
2. WHO to promote the full participation of nurses and midwives in health policy development and decision-making processes, and in the management of health systems at all levels by:
 - Promoting and supporting sustainable programmes that will build and strengthen the leadership capacity of nurses and midwives;
 - Fostering a policy-making environment that generates the full participation of nurses and midwives.
3. WHO to enhance the generation, collection and wide dissemination of evidence that supports the effective use of nursing and midwifery services within the health system, including the establishment of a workforce database using a uniform framework.
4. WHO to support the implementation of the SDPA by:
 - Urging Member States to adopt, implement and monitor the Strategic Directions and Plan of Action for strengthening nursing and midwifery;
 - Building and strengthening strategic alliances with existing and new key partners to accomplish specific elements of the Strategic Directions and Plan of Action for nursing and midwifery.
5. The GAG/NM encourages the Director-General to present a report to the 110th session of the WHO Executive Board in May 2002 on the progress in the implementation of the Strategic Directions and Plan of Action to Strengthen Nursing and Midwifery.

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Annex 1 – Agenda of the seventh GAG/NM meeting

Objectives

- To review the proposed Strategic Directions and Plan of Action (SDPA) for Nursing and Midwifery and to agree on the steps to be taken forward;
- To advise the Secretariat on a communication strategy for disseminating the SDPA, and to propose recommendations for facilitating its implementation;
- To provide policy advice on the monitoring and evaluation of nursing and midwifery services; and
- To provide an overview of progress made since the sixth meeting of GAG/NM.

Tuesday, 27 November 2001

08:15	Welcoming remarks	Mr Orvill Adams, Director, Department of Health Service Provision, on behalf of Dr Chris Murray, Executive Director, Evidence and Information for Policy Cluster
08:30	Introduction and adoption of meeting objectives	Prof. Rachel V. Gumbi (Chairperson), Global Advisory Group on Nursing & Midwifery
08:45	Opening address	Dr Gro Harlem Brundtland, Director-General of WHO
09:15	Review and adoption of the agenda	Prof. Rachel V. Gumbi (Chairperson)
09:30	Update on Health Systems Performance Assessment	Mr Orvill Adams, Director, Department of Health Service Provision
	Update on Global Fund for AIDS/TB/Malaria	Dr Andrew Cassels, Director, Department of Health & Development, SDE
10:00	Discussion	
10:30	Coffee break	
11:00	WHO policy on Human Resources for Health	Mr Orvill Adams, Director, Department of Health Service Provision
	Shortages and Migration of Skilled Health Personnel	Mr Orvill Adams, Director, Department of Health Service Provision
12:00	Nursing services and health systems	Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, OSD/EIP
	Making Pregnancy Safer (MPR) – Strengthening Midwifery	Ms Della Sherratt, MPR/WHO
13:15	Lunch break	
14:15	Presentation of the Strategic Directions and Plan of Action (SDPA) for Nursing & Midwifery	Dr Naeema Al-Gasseer, Senior Scientist for Nursing and Midwifery, OSD/EIP, and Mrs Magda Awases, Regional Adviser for Nursing and Midwifery, AFRO
14:30	The Organization, Functions and Communication of GAG/NM	Dr Joyce Thompson (Vice-Chairperson)
14:45	Discussion & clarification	Prof. Rachel V. Gumbi

15:00	Partners' responses and input on the SDPA for Nursing & Midwifery services	Ms Judith Oulton, Chief Executive Officer, International Council of Nurses Ms Petra ten Hoop-Bender, Secretary General, International Confederation of Midwives Dr Rita Carty, Secretary-General, Global Network of WHO Collaborating Centres for Nursing & Midwifery.
16:00 to 17:45	Coffee break and group work on the SDPA.	Group work (Focus to be on the 5 KRAs and related questions).
18:00	Reception given by the Director-General in honour of the Seventh Meeting of the Global Advisory Group on Nursing & Midwifery	

Wednesday, 28 November 2001

08:45	Summary of proceedings of DAY ONE	Prof. Laetitia King (Rapporteur)
09:00	Plenary presentation of group work	Representatives of the three groups
09:45	Discussion	
10:15	Coffee break	
10:30	Presentation on the scaling-up of health interventions	Dr Abdelhay Mechbal, Director, Health Financing and Stewardship
11:00	Presentations on HIV/AIDS and the relevance thereof to Nursing & Midwifery	Dr Joseph Perriens, WHO HIV/AIDS, and Dr Jean-Louis Lamboray, Chief of the Technical Network Development, UNAIDS
11:30	Presentation of background paper on the monitoring of nursing & midwifery services within the performance of health systems, specifically in the areas of coverage, responsiveness, and including regional perspectives	Ms Vena Persaud, Technical Officer, Nursing, WHO Dr Katie Leonhardy, Technical Officer, Nursing, WHO Dr Kathleen Fritsch, Regional Advisor for Nursing & Midwifery, WPRO
12:00	Discussion	
12:45	Lunch break	
14:00	Plenary session focused on forming broad policy advice for monitoring nursing & midwifery services; recommendations on elements to be considered when establishing a system	Prof. Rachel Gumbi
15:30	Coffee break	
15:45	Plenary session on priority areas to report back to WHA56 in 2003	Prof. Rachel Gumbi
17:30	Wrap-up for the day	

Thursday, 29 November 2001

08:45	Presentation of the amended SDPA for Nursing & Midwifery Presentation of recommendations for communication, dissemination and implementation	Dr Duangvadee Sungkhobol, Regional Adviser for Nursing and Midwifery, SEARO Dr Fariba Al-Darazi, Regional Adviser for Nursing and Allied Personnel, EMRO
09:00	Review of progress made with respect to recommendations from the sixth Meeting of the GAG/NM	Dr Sandra Land, Regional Adviser in Local Health Services, AMRO
09:45	Coffee break	
10:15	Continuation of plenary discussion regarding issues raised during the morning session	Prof. Rachel Gumbi
11:30	Presentation of recommendations from this meeting, and discussion of proposed steps to be taken	Dr Joyce Thompson and Prof. Laetitia King
	Presentation of a draft plan of work for the GAG/NM	Secretariat
13:00	Lunch break	
14:00	Finalization and agreement on the policy recommendations of this meeting	Prof. Rachel Gumbi
15:30	Coffee break	
15:45	Plenary briefing session with Dr Nabarro, Executive Director, DGO	Prof. Rachel Gumbi
	Closure of the meeting	
16:00	Briefing session with the Director-General on the outcomes of the Seventh Meeting of GAG/NM	Chairperson and selected GAG/NM members

Annex 2 – List of participants

GAG/NM Members

- Prof. Rachel Vuyiswa Gumbi (Chairperson), Chief Director, Human Resources, Ministry of Health, South Africa
- Dr Joyce Thompson (Vice-Chairperson), School of Nursing, University of Pennsylvania, USA
- Dr Enaam Youssef Abou-Youssef, Nurse Midwife expert, Alexandria, Egypt
- Dr Peggy S. Chibuye, Intrah, Anglophone Regional Office, ESA, Nairobi, Kenya
- Dr Ascobat Gani, Dean, Faculty of Public Health, University of Indonesia, Depok, Indonesia
- Mr Andrew Thomas Green, International Division, Nuffield Institute for Health, Leeds, United Kingdom
- Prof. Mianno Daniel Kadja, Professor of Sociology, University of Abidjan, Abidjan, Côte d'Ivoire
- Dr Sawson Al-Majali, Assistant Professor of Nursing, Director of Community Services Office, University of Jordan, Amman, Jordan
- Mr Pham Duc Muc, Head of the Nursing Office, Department of Therapy, Ministry of Health, Hanoi, Viet Nam
- Dr Wichit Srisuphan, Associate Professor, Chiang Mai University, Faculty of Nursing, Chiang Mai, Thailand
- Mrs Kirsten Stallknecht, Nurse expert, Allerød, Denmark
- Ms Grazyna Wójcik, Deputy Director, Department of Science and Human Resources in Health Care, Ministry of Health, Warsaw, Poland
- Professor Ilta Lange (Rapporteur), Director, School of Nursing, Pontificia Universidad Católica de Chile, Santiago, Chile

Observers

- Ms Judith Oulton, Chief Executive Officer, International Council of Nurses, Geneva, Switzerland
- Ms Petra ten Hoope-Bender, Secretary-General, International Confederation of Midwives, The Hague, The Netherlands
- Dr Rita Carty, Secretary-General, Global Network of WHO Collaborating Centres for Nursing & Midwifery Development, College of Nursing and Health Science, George Mason University, Virginia, USA
- Dr Denise Geolot, Director, Division of Nursing, Bureau of Health Professions, Health Resources Services Administration, Department of Health and Human Services, Maryland, USA

WHO Participants

- Mr Orvill Adams, Director, Department of Health Service Provision (OSD), Evidence and Information for Policy Cluster (EIP)
- Dr Naeema Al-Gasseer, Senior Scientist for Nursing & Midwifery, OSD/EIP
- Dr Abdelhay Mechbal, Director, Department of Health Financing and Stewardship, HFS/EIP

Dr Andrew Cassels, Director, Department of Health & Development, Sustainable Development & Healthy Environments Cluster (SDE)

Dr J Perriens, WHO HIV/AIDS

M. Dal Poz, Scientist, OSD/EIP

Dr Katie Leonhardy, Technical Officer, Nursing

Ms Vena Persaud, Technical Officer, Nursing

Ms Della Sherratt, Technical Officer, Midwifery

Prof. Laetitia King (Rapporteur/Temporary Adviser), WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing & Midwifery Development, Head, Department of Advanced Nursing Sciences, University of South Africa, Pretoria, South Africa

Regional Nursing Advisors

Mrs Magda Awases, Regional Nursing/Midwifery Adviser, WHO Regional Office for Africa (AFRO), Harare, Zimbabwe

Dr Sandra Land, Regional Adviser in Local Health Services HSO (Nursing Services), WHO Regional Office for the Americas (AMRO), Washington D.C., USA

Dr Fariba Al-Darazi, Regional Nursing Adviser, Nursing and Allied Personnel, WHO Regional Office for the Eastern Mediterranean (EMRO), Cairo, Egypt

Dr Duangvadee Sungkhobol, Regional Adviser for Nursing & Midwifery, WHO Regional Office for South-East Asia (SEARO), New Delhi, India

Ms Kathleen Fritsch, Regional Adviser for Nursing & Midwifery, WHO Regional Office for the Western Pacific (WPRO), Manila, Philippines

UN Partners

Dr Abdel Waheed El Abassi, Senior Health Officer, UNICEF Office for Europe, Geneva, Switzerland

Dr Jean-Louis Lamboray, Chief of the Technical Network Development, Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland

Ms Claudia Ortiz, International Labour Organisation, Geneva, Switzerland

Annex 3 – Statement by Dr Gro Harlem Brundtland at the seventh meeting of GAG/NM

Dr Gumbi,
Dr Thompson,
Colleagues,

It is my pleasure to be able to join you today at the Seventh Meeting of this very important Advisory Group.

I know you have been examining the role of nursing and midwifery skills within the different health systems of our world. You have examined ways in which nurses and midwives can contribute to health outcomes and health system performance. You have identified issues that must be addressed if this contribution is to increase. You have proposed Strategic Directions and a Plan of Action for the WHO Secretariat and Member States.

You have responded to the Member States' concerns about their nursing and midwifery services. These have been expressed forcefully on several occasions, most recently during the last World Health Assembly in May. As they developed their resolution, delegates were explicit about the substantial contribution that both nurses and midwives can make to health outcomes. They saw them to be at the core of any health system. The Health Assembly wanted to see further efforts to maximize this contribution. They were extremely concerned about global nurse and midwife shortages. They called for action.

In the resolution on “Strengthening Nursing and Midwifery”, the 54th World Health Assembly wanted an enquiry into the global shortage of nurses and midwives, including the impact of migration. They also wanted to see a greater involvement of persons with nursing and midwifery skills in health planning, in health worker training, and in service provision. They wanted a global action plan for increased investment in nursing and midwifery. They asked the WHO Secretariat to spearhead decisive action – develop the plan, encourage its implementation, and monitor progress.

You have advised on the development of this plan. Now you are going to review it.

You will examine whether it makes the right diagnoses and proposes correct solutions. Indeed, your task this week is vital for the future of health systems. They fail if they are not fuelled by the best nursing and midwifery skills. They fail if sufficient nurses and midwives do not staff them.

It is generally agreed that nurses and midwives are essential for good health care. We want to be sure that those who make critical health policy decisions acknowledge this reality. They need to appreciate that nursing and midwifery skill development, the organization of the nursing and midwifery professions, and a focus on health service quality, all make a real difference.

We are working to develop the necessary analyses, best practice guidance and technical support. The plan you are to discuss this week sets out what is required; now we need the will and resources to make it happen, and that calls for effective advocacy and focused action.

The reality is stark: we must address it to secure the future of the world's health systems

Qualified nurses and midwives in many developed and developing countries are leaving these professions and new recruits are insufficient to replace them. Current efforts to encourage the training, recruitment and retention of a skilled nursing and midwifery workforce, and to ensure their motivation, are not working well enough.

Low pay rates and hazardous working conditions are real barriers to retention. As are the lack of career development, professional status and autonomy. A severe shortage of nursing staff has led to the closure of essential health care facilities, including emergency rooms. Shortages make those who are working more likely to be affected by ill health.

We know what needs to be done. How can we, together, make more of a difference?

We need a strong platform for advocacy

On 20 December, I will receive the Report of the Commission on Macroeconomics and Health. Commissioners have confirmed the strong link between ill health and poverty, particularly among the 2.5 billion people who live on less than US\$ 2 per day. The Report will make a powerful case for a dramatic scale-up in health investment. It will spell out the equation – starkly. To get fair globalization, equitable development and human security, we must invest more in health. That means more resources and better services.

At this year's World Health Assembly, at the UN General Assembly's Special Session on HIV/AIDS, and at the G8 Summit in Genoa, Member States committed themselves to provide an increase in the level of resources available for global health. By doing so, the international community pro-actively recognized that good health – and accessible health care – are vital for peace and security.

Some new funds have been pledged to the innovative Global Fund to Fight AIDS, Tuberculosis and Malaria. The Fund will help us to work together with a focus on the rapid delivery of proven and effective health interventions to those who need them most, and on the achievement of real results.

We need more leadership

We know that nursing and midwifery play a key role in practical efforts to respond to the millions of deaths each year from infectious and noncommunicable diseases and injuries. This means that nurses and midwives are key to the sustained success of the new public-private partnerships for health.

We should show how nurses and midwives are at the forefront of the collective global response. They are committed to the delivery of first class health care for all, regardless of ethnicity or gender, in a manner that is both effective and efficient. Their leaders contribute through their involvement in human resource planning, in pursuing optimal working conditions, and in promoting equitable health outcomes.

We need a strong evidence base

We are also getting to know the statistics about nursing workforce shortages, and their determinants. We must work for a real increase in nurse and midwife numbers where the shortages are most acute, and in the extent and use of their skills – everywhere.

This will help Member States to improve the overall coverage and effectiveness of health systems.

We need to show clearly what can be achieved

We know that nurses and midwives are best placed to link between people and health systems, and to make the systems responsive to the needs of those who are poor and marginalized. We know that nurses and midwives play a key role in reducing risk factors for disease and disability – in areas such as unsafe sex, tobacco use, or unwillingness to exercise.

We need to work together in an alliance, and make a real difference

I hope that – in taking forward the action plan – nurse and midwife groups will focus on the value of their contribution to personal and public health, and quantify it where possible. This matters at a time when policy-makers are considering how best to spend very scarce resources for health, and seeking straightforward protocols for public health action. Nurses are well placed to deliver the majority of interventions required to tackle the diseases of poverty.

Colleagues!

Within WHO we will continue to promote the importance of human resources for health as intensively as we can, within available resources. We will offer help with strategies that underpin focused action at the national and intergovernmental levels.

We have a strong and committed alliance, held together by a common purpose. The International Council of Nurses, the International Council of Midwives, and the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development play an active role, alongside WHO staff, in the development of the Strategic Directions and Plan of Action for Nursing and Midwifery.

We value your expertise and contribution to achieving our common vision of better health for all people, especially the poor and vulnerable, through strengthening the contribution of nursing and midwifery services in health policies and systems.

By continuing together, within this alliance, we will contribute to the improvement of health systems, of nursing and midwifery services, and of people's wellbeing the world over. This is real health sector reform.

I wish you well in your deliberations.

Annex 4 – WHO Executive Board: Resolution EB107.R8

Resolution EB107.R8 aims to:

1. Establish a technical consultation process, bringing together personnel and perspectives from Member States in different WHO regions, supported jointly by staff from WHO at country, regional and global level;
2. Ensure that each Member State is consulted on the best data to be used for assessing health system performance, and is provided advance information on the indicator values that WHO obtains using these data;
3. Establish a small advisory group, including some members from the Executive Board and the Advisory Committee on Health Research, that can help monitor WHO's support for the assessment of health system performance;
4. Compile a report on the performance of Member States' health systems every two years;
5. Compile the next draft report by May 2002 for publication, after consultation, in October 2002;
6. Ensure that Member States receive the reports before they are made available to the general public.

In accordance with the resolution, the Director-General is requested to:

1. Initiate a scientific peer review of health systems performance methodology as part of the technical consultation process, including updating on methodology and new data sources relevant to the performance of health systems;
2. Ensure that WHO consults with Member States and shares the results of the scientific peer review and its recommendations;
3. Develop a multi-year plan for further research and development of the framework and its relevant indicators to assess the effectiveness and efficiency of health systems as part of the technical consultation;
4. Develop a plan to improve data quality to be used to assess health systems performance;
5. Report to Member States on the impact of health systems performance reports on Member States' policy and practice;
6. Provide the reports to the health authorities of Member States 15 days before the intended date of publication.

Annex 5 – Presentations by three partner organizations

1. The Global Network of WHO Collaborating Centres (WCCs) for Nursing and Midwifery – Dr Rita Carty, Secretary-General, Global Network of WHO Collaborating Centres for Nursing & Midwifery Development (see below, Annex 5.1)
2. International Confederation of Midwives (ICM) – Ms Petra ten Hoop-Bender, Secretary-General, International Confederation of Midwives (see below, Annex 5.2)
3. International Council of Nurses (ICN) – Ms Judith Oulton, Chief Executive Officer, International Council of Nurses (see below, Annex 5.3)

Annex 5.1 – Response of the Global Network of WCCs

Report to global advisory group for nursing and midwifery

Facilitating factors for implementation of the SDPA

Global Network scope of influence

- The Global Network of WHO Collaborating Centres for Nursing and Midwifery Development brings together the 30 institutions worldwide currently designated by WHO as Collaborating Centres in the field of nursing and midwifery.
- There are WCCs in all six WHO regions, representing a total of 20 countries in the developed and developing world.
- Our Mission statement includes the phrases “in partnership with WHO”, within the framework of WHA” and the “WHO programmes of work”, i.e. our whole reason for being is to advance the goals of WHO with respect to strengthening nursing and midwifery.
- We do this through a coordinating and brokering role among and between Collaborating Centres in order to optimize the work of each WCC and to promote collaborations and partnerships between them.
- Because of the Collaborating Centres’ mandate to act as “technical arms” of WHO, and the Network’s overarching coordinating role, we are ideally situated to advance WHO’s policy agenda to strengthen nursing and midwifery.

Communication strengths

One of the stated goals of this meeting is to advise the Secretariat on a communication strategy for disseminating the SDPA.

- As the Network of all WCCs in the field, we assist WHO HQ with its information dissemination and promote effective collaboration between Centres and timely responses to requests for feedback.
- Stephanie Ferguson, Deputy Director of the GMU CC has spent the last week here in Geneva working with Dr Al-Gasseer to develop a tactical approach to assist Collaborating Centres put projects into place to implement the SDPA.
- Together they have been working on a framework for engaging the Collaborating Centres in the Plan of Action. Each Collaborating Centre is expected to have a project identified by the time the Global Network meets in February 2002, at which time they will be able to develop their projects further and discuss possible twinning and collaborative efforts.

- In addition, we plan to promote awareness and understanding of resolution WHA54.12 among nurses and midwives worldwide through international publishing vehicles. We have already secured a guest editorial for Dr Al-Gasseer in the Journal of Professional Nursing, and will be following up with articles in our own newsletter.
- We will use our website and listserve as vehicles for questions, answers and feedback, and exchange of information among WCCs as their projects progress.
- Depending on the outcomes of this meeting of the GAG and their recommendation to the Executive Board, we will ensure that the Collaborating Centres buy into the Plan. The Chicago meeting will give them an opportunity to form alliances and mobilize their projects. We will also be offering a session on funding opportunities.

Implementation of the SDPA

- WHA54.12 calls for more Collaborating Centres in developing countries. Through our Associate Membership programme, which is under development, we plan to assist more nursing and midwifery institutions, including those in developing countries, to achieve status as Collaborating Centres.
- We also have a comprehensive review of our Strategic Plan under way. It is currently out for consultation electronically and revisions will be concluded at our next meeting in February 2002. It is already focused on advocacy and evidence-based activities and we will ensure that it is congruent with the overall goals of WHO for strengthening Nursing and Midwifery.
- Our strategic goals are consistent with the SDPA's Key Results Areas (KRAs).

Goal I: Promote global human resource development through advocacy and evidence-based policy activities.

Goal II: Promote the health of the population through community participation and partners

Goal III: Refine the communication process for efficiency and effectiveness.

Some examples of the Network's work in the SDPA's Key Results Areas are:

KRA 1 – Health planning, advocacy and political commitment

National development and health plans provide for adequate nursing and midwifery services and expertise.

We are encouraging WCCs to be involved in their regional development of health plans for adequate nursing and midwifery services and expertise, and to meet the health plan goals of their Regions.

- *Example. Yonsei University Collaborating Centre has been designated by the Korean Nurses Association since 1998 as a nursing centre to monitor and develop legislation related to nursing and health care policies in the Republic of Korea. Faculty members at Yonsei are reviewing the new bills on nursing and health care services and their impact on the nursing profession.*

We are encouraging WCCs to work individually and collaboratively with other WCCs within their regional goals, and ultimately WHO health plan goals.

- *Example. At George Mason University we are involved in the PAHO Observatory of Human Resources.*

KRA 2 – Management of health personnel for nursing and midwifery services

National employment policies for nursing and midwifery workforce are gender sensitive and are based on healthy and safe work environments and conditions, equitable rewards and recognition of competencies, and are linked to a transparent career structure.

- *Example. The College of Nursing at the University of Illinois at Chicago, coordinates the Minority International Research Training Program (MIRT) which provides experiences in nursing science for minority nursing students and nursing faculty mentors. Funding is provided by the National Institutes of Health (NIH) Fogarty International Centre. Faculty from participating WHO Collaborating Centres serves as an advisory board to recruit, review, and award meritorious applications/proposals. The purpose is to develop leaders in the field of nursing science, increase collaboration to resolve global health issues, and to advance primary health care nursing research to address the health disparities among underserved population groups. Placements have been made in Botswana, Brazil, Chile, Colombia, Malawi, South Africa, Thailand and Swaziland, with many of the host institutions being members of the Global Network.*

KRA 3 – Practice and health system improvement

Nursing and midwifery expertise is fully integrated into decision-making processes and health systems utilize best available practices for the care of individuals, families and communities.

Through our newsletter, web site and other communications we share best practices as it relates to health systems. We will shortly be publishing a paper on best practices in Latin America, home health and adolescent health.

Several of our Collaborating Centres have a research emphasis, contributing to the evidence base for best practice.

- *Example. The University of Pennsylvania has community-based and family-focused Safe Motherhood projects in Malawi and Uganda. Outcomes include increased antenatal visits, use of family planning services, and reduced maternal mortality.*
- *Example. The International Centre for HIV/AIDS Research and Clinical Training in Nursing, University of California - San Francisco, has an established portfolio of HIV/AIDS nursing research and publications. The cornerstone of the research is “The Quality of Nursing Care of People with AIDS” study, funded by the National Institute of Nursing Research. The Columbia University School of Nursing’s Centre for AIDS Research is also active in this field, identifying and analysing the clinical aspects of care facing people with AIDS in various treatment settings.*

KRA 4 – Capacity-building

Adequate numbers of competent providers with effective skill mix are produced to efficiently deal with the current and future challenges of practice.

Many Collaborating Centres are educational institutions actively involved in training, and/or educating nurses and midwives in both academic and service institutions. Several engage in exchange activities, allowing nurses/midwives and faculty to widen their educational and cultural experiences and to participate in leadership development activities. We are also building competencies in publications and will offer a writers’ workshop at our conference in Chicago next February and use the Network’s journal/newsletter to give developmental opportunities to aspiring nurse writers.

- *Example. The Department of Advanced Nursing Sciences at the University of South Africa has led the way in this area, with The Africa Journal of Nursing and Midwifery, published in its capacity as a WHO Collaborating Centre. The Journal, the first of its kind in Africa, is aimed specifically at the approximately two million nurses and midwives in Africa and is published in the three official languages of the AFRO Region: English, French, and Portuguese. The Journal includes quality articles and research findings, as well as a regular feature on current international health-related developments and WHO policy decisions.*
- *Example. In Saudi Arabia a new nursing journal is being launched, spearheaded by Dr Sabah Abu Zinadah, Assistant Chief, Nursing Affairs, King Faisal Specialist Hospital and Research Centre (KFSH&RC) in Riyadh. KFSH&RC is an affiliate of the George Mason University Collaborating Centre.*

KRA 5 – Stewardship and governance

Stewardship and governance of nursing and midwifery services actively engages the government, civil society and the professions to ensure quality of care.

We are encouraging WCCs to work strategically with their Ministries of Health to encourage the use of nursing and midwifery knowledge and expertise at all levels of the health care system.

Challenges to implementation of the SDPA

The communication system of the Global Network has been much improved in the last year and many Collaborating Centres are engaged as active partners in the Network. But the challenge, as always, will be competing with the conflicting demands on tight resources. Many WCCs already have a full programme and a small budget, and the addition of new projects and reporting requirements imposes an additional burden. As Secretariat of the Network, offering multiple opportunities and options for information exchange, we hope to minimize the effects of this challenge.

Annex 5.2 – Response of the International Confederation of Midwives (ICM)

ICM's current activities and focal points

1. Meeting of the Minds – Meeting of Leaders of Midwifery worldwide.
2. Six major priorities:
 - Strategic objective 1
 - Increase Partnership/Collaboration/Networking
 - Strategic objective 2
 - Inclusion of midwives in policy-making groups
 - Meeting of the Minds
 - Strategic objective 3
 - Promotion of the philosophy of midwifery care
 - Strategic objective 4
 - Initiate activities, including advocacy, to Improve the Status of the Midwifery Profession, nationally and internationally
 - Meeting of the Minds

Strategic objective 5

- Strengthen and disseminate work on Evidence-based Midwifery Care nationally and internationally

Strategic objective 6

- Need to improve the Human Resource situation and requirements for midwifery provision – global perspective
- Field-testing of the Provisional Essential Competencies for Basic Midwifery Practice
- Tested in 17 countries by ICM member associations.

3. Responses from practising midwives, educators of midwives, students and the national regulatory body.
4. Field-testing of the Provisional Essential Competencies for Basic Midwifery Practice.
5. Results to be adopted by the International Council in April 2002.
6. Country results can be used as a basis for further development of midwifery in that country.
7. Next step: development of International Standards for Midwifery based on the agreed competencies.
8. Meeting of the International Council, 9-11 April 2002.
9. Adoption of position statements.
10. Adoption of Essential Competencies.
11. Development of:
 - The philosophy of midwifery care
 - Midwifery models of care.
12. Setting of ICM direction for the next three years.

Challenges

- To actually make the Plan of Action work.
- To collect the political will to implement plans and make nursing and midwifery ‘alive’ in the minds of policy-makers.
- To develop strategic partnerships that will support the further development and implementation of the SDPA.

Annex 5.3 – Response of the International Council of Nurses (ICN)

International Council of Nurses’ presentation

- Premature to input formally into the document as several questions remain and action plan and timeframes unknown.
- ICN operates on a 3-year cycle and plans for 2002 – 2003 have been approved.
- Several activities identified in the draft plan coincide with ICN planned activities.

- KRA 1: National development to provide adequate N/M services and expertise
 - WHO/ICN migration study
 - ICN framework for ethical recruitment
 - Negotiation in Leadership/Leadership for Change (LFC) program
 - Senior Employment Guidelines
 - Financial Skills monograph.
- KRA 2: National workforce plans reinforce compensation and benefits, quality work environment
 - Negotiation in Leadership/Leadership for Change program
 - Senior Employment Guidelines
 - Career development training and practice materials
 - Career development/credentialling links explored
 - Collaborative practice monograph
 - Database on working conditions
 - Health policy guidelines.
- KRA 3: N/M integration – best practices utilized
 - ICNP
 - Home care monographs and guidelines
 - Cost-effectiveness fact sheets
 - HIV Guidelines revised.
- KRA 4: Adequate numbers and skill mix available
 - Generalist competencies
 - Family Nurse competencies
 - Collaborative practice monograph
 - Training Of the Trainer and credentialling LFC providers
 - Leadership
 - Entrepreneurship monograph.
- KRA 5: Sound stewardship and governance
 - Telenurse program standards and competencies
 - Issues in self-regulation
 - WTO/trade-related fact sheets.

Annex 6 – Organization, functions, and communication strategies of the WHO Global Advisory Group on Nursing and Midwifery

The purpose of this document is to provide members of the Global Advisory Group on Nursing and Midwifery (GAG/NM) with guidelines for understanding the nature of their role, and the organization and functions of the group. In addition, the document also contains suggested communication strategies that will facilitate the group's efforts to achieve the Terms of Reference of the GAG/NM.

Background

The Global Advisory Group on Nursing and Midwifery was established in response to concerns about adequate nursing and midwifery services throughout the world. In 1992, the World Health Assembly (WHA) adopted resolution WHA45.5 on "Strengthening nursing and midwifery in support of strategies for Health for All", urging the Director-General to establish an advisory group, which he did.

In 1996, on the basis of a follow-up resolution, WHA49.1, on "Strengthening nursing and midwifery", the Advisory Group assumed responsibility for advising the Director-General on policies supporting nursing and midwifery development in WHO Member States.

Organization

Purpose

The purpose of the GAG/NM is to serve as a strategic, action-oriented body providing policy advice to the Director-General and the WHO Cabinet to strategically enhance the contributions of nursing and midwifery within the context of all WHO priorities and programmes.

Terms of reference

1. To advise the Director-General on nursing and midwifery as an important resource for improving the health of all people, increasing the equity in health outcomes, and ensuring the right of all people to health.
2. To guide the development of the Global Agenda for Nursing and Midwifery within the health agenda.
3. To provide policy advice on how the responsiveness of health systems to peoples' health needs can be optimized through the effective use of nursing and midwifery services, which are based on research as scientific evidence.
4. To support the development and use of nursing and midwifery outcome indicators in relation to health gains and health status.
5. To participate in resource mobilization and efforts for the effective implementation of the Global Agenda for Nursing and Midwifery.
6. To collaborate in establishing mechanisms for monitoring the progress of nursing and midwifery contributions to the health agenda and to the implementation of the Global Agenda for Nursing and Midwifery.

– Developed by Steering Committee 1999

The structure

The Director-General appoints the members of the Global Advisory Group on Nursing and Midwifery, including the Chairperson and Vice-Chairperson. Each member of GAG/NM is normally appointed for a period of 3 years, with the possibility of reappointment for an additional term of service. Whenever possible, no more than one-third of the membership should change in a given year to provide for continuity within the group. This can be accomplished following a plan of rotation of new appointments.

The Chairperson or her/his designee reports to the Director-General orally and in writing regarding the deliberations and policy advice that is agreed upon during meetings of the GAG/NM. WHO's primary contact is the Senior Scientist for Nursing and Midwifery, who institutes measures to ensure that nursing and midwifery contributions are incorporated into WHO policies and programmes.

The GAG/NM meets face-to-face at least once a year, usually during November. Telephone, electronic and videoconference meetings may occur throughout the year, and is initiated by the WHO Secretariat.

Membership

The GAG/NM members bring geographic and social representation, professional expertise, and personal attributes that result in policy advice that ensures the primacy of global health in all matters. Members come as global citizens, not as country representatives. All members must be prepared and willing to work during and between meetings to keep the global agenda for nursing and midwifery in the forefront of all WHO policies and programmes.

Member categories

- Fifty percent (50%) or more of the group will be nurses and midwives — taking into account appropriate regional representation and recognized regional expertise, which is a particular concern for areas of disproportionate need and burden, and which is relevant to the WHO key priority areas; the selected members will be adept at participation in interdisciplinary groups.
- A member of the WHO Executive Board
- A physician
- An economist
- A health services researcher
- Ad hoc members, added as needed by the Director-General, depending on the priority agenda focus.

Key partners

Representatives from the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), and the Global Network of Collaborating Centres in Nursing and Midwifery Development are considered key partners in strengthening nursing and midwifery, and participate in the deliberations of the GAG/NM. Representatives of key UN agencies are invited as deliberative partners, as dictated by the agenda and availability.

WHO Secretariat

The Senior Scientist for Nursing and Midwifery and the Regional Nursing & Midwifery Advisers are integral partners in preparing and deliberating on the issues facing nursing and midwifery which are being addressed by the GAG/NM.

Ongoing Member Analysis

All membership categories should be regularly reviewed and adjusted, as needed, to reflect the changing health needs, WHO priorities and programmes, and the evolving policy agenda for nursing and midwifery.

Functions of the GAG/NM members and the WHO Secretariat

Chairperson

The chairperson must be a skilled, expert nurse or midwife, with demonstrated effectiveness at policy levels, and a global commitment and orientation to nursing and midwifery. S/he must be able to serve as a strong public representative and advocate, be skilled in leadership and policy communication, and be willing to work diligently to move forward the work of the GAG/NM.

Chairperson and Vice-Chairperson

The Chairperson and Vice-Chairperson will set the agenda for each GAG/NM meeting in collaboration with the WHO Secretariat. This requires substantive consultation and communication before, during, and after meetings. The Director-General is briefed directly by the GAG/NM Chairperson and the WHO Senior Scientist for Nursing and Midwifery.

Senior Scientist for Nursing and Midwifery

The continuing work of the GAG/NM depends on the active engagement of the Chairperson, Vice-Chairperson, and the Senior Scientist for Nursing and Midwifery with the rest of the GAG/NM members. The main purpose of this engagement is to enable ongoing action and development of the agenda and report in a timely manner, and to provide interim advice to the Director-General in keeping with the GAG/NM policy role. This requires that the Chairperson and Vice-Chairperson are committed to the ongoing work and are willing to contribute the time required for this purpose.

Individual members of the GAG/NM

- During official meetings and conference calls, each member of the GAG/NM will come prepared for discussion and deliberation, and be an active participant in the development of policy advice for the Director-General.
- Members will disseminate information based on the agreed policy advice and recommendations given to the Director-General.
- Members will carry the same message of agreed policy advice to their local, national, and international communities.
- Members will respond in a timely manner to communications from the WHO Secretariat.
- Members will keep updated on health and development trends that will inform policy decisions in support of nursing and midwifery.
- Members will keep open communication with the governments, health authorities, and other networks for health in their country and region.
- Members will work with the WHO Secretariat to support the dissemination of the GAG/NM policy messages to the nursing and midwifery communities, along with other WHO programmes and priorities relating to nursing and midwifery.
- Members will participate actively in health policy activities that address the strengthening of nursing and midwifery in their country or region.
- Members will maintain open communication and effective partnerships with Regional Nursing and Midwifery Advisers and WHO offices.

Communication strategies

WHO Secretariat

The WHO Secretariat plans the meetings of the GAG/NM in consultation with the Chairperson via Internet, teleconferencing, video conferencing, or traditional fax and mail. The creation of an e-mail list facilitates informal consultation and group discussions. The following is a schedule of the types of activities that promote communication among the GAG/NM and WHO headquarters:

- A moderated website has been established for the GAG/NM.
- All relevant information about the GAG/NM appears on the WHO Nursing and Midwifery website.
- Approximately every two months, a tele-video conference meeting will be held with GAG/NM members, arranged and led by the Secretariat.

GAG/NM members

At the end of each meeting, the GAG/NM will develop/update a plan of action for activities during the year between meetings. This plan of action will be reviewed, as needed, during each conference call. Specific responsibilities will be reported in a timely manner.

Collaborative communication strategies

The specific advice given to the Director-General on emerging health systems issues will be disseminated to the relevant WHO programme managers, Executive Directors, and Regional Directors by the WHO Secretariat/Chairperson.

The GAG/NM members, WHO Secretariat, and Key Partners may establish ongoing network and Think Tank groups, as needed, to discuss major current health issues affecting nursing and midwifery.

GAG/NM may offer policy advice to the Director-General that involves commissioning technical papers on such issues as health sector reform and nursing contributions, effectiveness of nursing contributions and outcomes, models of health care delivery in nursing and midwifery, financing of services, etc.

Approved by members attending the Seventh Meeting of the Global Advisory Group on Nursing & Midwifery, Geneva, 27 – 29 November 2001.

Annex 7 – List of background documents

1. World Health Organization. Basic Documents, Forty-second Edition, 1999.
2. A Corporate Strategy for the WHO Secretariat: Report by the Director General. EB105/3, 1999.
3. Making a Difference in Your Life. WHO, Geneva, 1999.
4. WHO General Programme of Work: 2002 – 2005.
5. The World Health Report 2001 Media Information Package: Mental Health: New Understanding, New Hope. WHO, Geneva, 2001.
6. Health System Performance Presentation.
7. Scaling-up of Health Outcomes Presentation.
8. Nursing & Midwifery Services Presentation.
9. Strategic Directions and Plan of Action for Strengthening Nursing and Midwifery Services (third draft). WHO, Geneva, 2001.
10. Resolution WHA54.12: Strengthening Nursing and Midwifery. WHA, May 2001.
11. Background Paper on Proposed Indicators for Nursing and Midwifery Services. WHO, Geneva, 2001.
12. Guidelines for GAG/NM Communication, 2001.
13. List of documents from Commission on Macroeconomics and Health available on website.
14. Global Health Workforce Strategy website.
15. List of relevant documents available from Evidence and Information for Policy Cluster.
16. Recommendations from the Seventh Meeting of the Global Advisory Group for Nursing and Midwifery, 27-29 November 2001.
17. Reports by Regional Nursing Advisers:
 - AFRO
 - AMRO
 - EMRO
 - EURO
 - SEARO
 - WPRO
18. Reports by NGOs:
 - International Council of Nursing
 - International Confederation of Midwives
 - Global Network of WHO Collaborating Centres for Nursing and Midwifery Development
19. Caring for Carers, Managing Stress in those who Care for People with HIV and AIDS. UNAIDS, Geneva, 2000.
20. Haemoglobin Colour Scale... A Practical Answer to a Vital Need. WHO, Geneva, 2001.
21. Weaving the Social Fabric: Three Strands of an Integrated Health-Community Response to HIV/AIDS. WHO, 2001.
22. Updates of activities responding to the Sixth GAG/NM recommendations.