

1<sup>ST</sup> MEETING OF  
FOCAL POINTS ON  
THE IMPLEMENTATION  
OF THE GLOBAL  
PROGRAMME  
23–24 MARCH 2009  
GENEVA, SWITZERLAND

SCALING UP NURSING AND  
MIDWIFERY CAPACITY TO  
CONTRIBUTE TO THE MILLENNIUM  
DEVELOPMENT GOALS 2008–2009

NURSING  
&  
MIDWIFERY

HUMAN  
RESOURCES  
FOR HEALTH

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The meeting could not have been successful without the participation and contribution of Bhutan, China, India, Serbia, Somalia, Nicaragua, Argentina and Zambia.

The meeting was organized by a team of the Health Professionals Network for Nursing and Midwifery, Department of Human Resources for Health, World Health Organization, Geneva, Switzerland.



## BACKGROUND

Several challenges continue to impinge on effective nursing and midwifery, such as quality education, effective health service delivery, management and retention of the workforce, motivation of nurses and midwives, establishment of effective teamwork and collaborative partnerships, and recognition and management of the talent (skills set) of nurses and midwives. These challenges must be addressed because nurses and midwives can be catalysts of health interventions, particularly in primary health care (PHC).

The 2001 World Health Assembly (WHA) resolution on strengthening nursing and midwifery was key to the development of the Strategic Directions for Nursing and Midwifery Services (SDNM, 2002-2008). The SDNM was a response to the crisis and challenges in health care by setting global, regional and national health goals.

In 2008, work on updating the SDNM was initiated. In order to maintain continuity of activities, the Global Programme of Work (GPW) was developed. It entails a comprehensive agenda for strengthening nursing and midwifery capacity towards the achievement of the Millennium Development Goals (MDGs). The GPW is based on WHO resolutions, the Islamabad and Kampala declarations, the 2006 and 2008 World Health Reports, the WHO programme of work, the Human Resources for Health work plan and the agenda for global action. It is meant to be a bridge between the 2002–2008 SDNM and the updated one for 2009–2015.

Countries of the six WHO regions were selected to participate in the implementation of the GPW. In each of these countries, a focal person was identified. The selection of the countries was based on the criteria presented in Annex 1. The meeting that is covered by this report brought together these individuals as well as representatives of interested countries who had the capacity to implement the GPW. The meeting took place from 23 to 24 March 2009. This report summarizes the proceedings of the meeting.

## MEETING OBJECTIVES

The overall objective of the meeting was to introduce the GPW on Scaling up Nursing and Midwifery Capacity to Contribute to the MDGs.

The specific objectives were to:

1. familiarize the Focal Points with the GPW and related tools;
2. share country experiences and work plans in at least two key areas;
3. share experiences regarding India and Argentina's nursing and midwifery development activities;
4. review country-specific action plans;
5. reach consensus on operational modalities, including monitoring and evaluation.

The meeting set the following expected outcomes:

1. Clear understanding of the GPW, its strategic approaches and implementation process.
2. Familiarization of participants with India and Argentina's experiences regarding their development of a plan for nursing and midwifery, the operationalization of the plan and the rationale for resource allocation.
3. Agreement on final country action plans, including time frames and mechanisms for monitoring and evaluation (at least for the first three to four months).

Argentina, Bhutan, China, India, Nicaragua, Serbia, Somalia and Zambia attended the meeting. Although India and Argentina did not participate in the GPW, they attended so as to share information on their plans and resource mobilization with the countries participating in the GPW.

## SESSION 1: GLOBAL UPDATES

### 1. NOW MORE THAN EVER: PRIMARY HEALTH CARE

JEAN YAN

According to its constitution, the WHO aims to ensure the highest possible level of health for all peoples of the world. The WHO responds to global mandates, and most recently to the MDGs, particularly those related to health:

1. Goal 4: Reduce child mortality by two-thirds (under-five mortality rate).
2. Goal 5: Improve maternal health (reduce the maternal mortality ratio by three-quarters).
3. Goal 6: Combat HIV/AIDS, malaria and other diseases (half the incidence) by 2015 and begin to reverse the spread of HIV/AIDS, malaria and other major diseases).

In addition, efforts are directed towards the renewal of PHC within the context of the MDGs. Four reforms have been proposed and are outlined in the table below.

TABLE 1: PHC RENEWAL AREAS FOR REFORM	
PHC reforms	
<b>1. Universal coverage</b>	Accessible, quality, effective and affordable community-driven care.
<b>2. Service delivery</b>	<ul style="list-style-type: none"> <li>• People-centred, comprehensive, integrated and continuous care, and being a regular and trusted provider of primary care.</li> <li>• As for organizational response, switch from specialized to generalist ambulatory care, take responsibility for a defined population, and coordinate support from hospitals, specialized services and civil society organizations.</li> </ul>
<b>3. Leadership</b>	<ul style="list-style-type: none"> <li>• Inclusive of collaborative and evidence-based action, and coordination of different stakeholders and sectors within countries.</li> <li>• As for public policy, arrangement across the building blocks of health systems to support universal coverage, effective service delivery and the development of public health policies that address priority health problems through cross-cutting prevention and health promotion; in addition, intersectoral collaboration to ensure that health policies are established in other sectors.</li> </ul>

Nurses and midwives have been recognized as key players in the implementation of health services. This has been highlighted by various Director-Generals of the World Health Organization. A few quotes are presented here:

*Nurses Lead the Way ... that nursing could serve as a powerhouse of leadership in making PHC a reality (Mahler, 1985).*

*Nurses form the backbone of health systems around the globe and provide a platform for efforts to address the MDGs and achieve its targets. If we are to succeed in achieving the MDG targets and improving health systems performance, **urgent action** is needed to overcome the problems that seriously undermine the contributions nursing and midwifery services can make to the vision for better health for all communities (Director-General, 2002).*

*One of the indicators for MDG5, is that every birth be attended by a skilled health professional. This should be a midwife, doctor or nurse who has been trained to proficiency in managing normal pregnancy, birth and the period immediately afterwards ... (Director-General, 2008 report: The Global Campaign for the Health Millennium Development Goals).*

This presentation set the stage for the two-day deliberations.

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## 2. KNOWLEDGE GATEWAY

MARGARET USHER PATEL

The Implementing Best Practices (IBP) Knowledge Gateway is a simple and powerful tool for virtual communities of practice (CoPs). It brings together individuals and groups around the world to exchange, communicate and share knowledge on a variety of health issues. The tool has been designed to improve access to information, provide opportunities to network, encourage the sharing of knowledge, offer discussion forums and support virtual CoPs focused on specific issues or assignments. The IBP Knowledge Gateway is easy to use and can be accessed from any computer. It functions through emails, and automatically archives discussions, documents, announcements and events online.

More information on becoming part of the IBP Initiative (or the IBP Knowledge Gateway) can be found at [info@ibpinitiative.org](mailto:info@ibpinitiative.org). The IBP Initiative was launched in 1999. It was aimed at bridging the gap between knowledge produced, and its application and use. One email a day creates an opportunity for people to communicate and establish an environment that can be shared. Discussion forums are linked to experts. This electronic platform – the IBP Initiative – may be used by other partners but under different names.

The Global Alliance on Nursing and Midwifery (GANM) CoP was an offshoot of the IBP Knowledge Gateway. The GANM CoP includes the Partnership in Maternal and Child Health and the Spanish Community on Making Pregnancy Safer. There are 11 500 users of the GANM CoP across 125 countries. The most recent discussion was on migration (the WHO code of practice).

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## 3. EGRANARY

TOMAS ALLEN

In support of the efforts of countries who participate in the GPW, the WHO procured 12 egranaries. The egranary was developed by the University of Iowa as a means to increase access to information in places with limited internet access. The egranaries that were procured by the WHO have 700 GBs. As part of a University of Alabama project, 500 documents are being added to the egranaries to be distributed to nursing and midwifery schools in Zambia. Thirty egranaries were procured by the University of Alabama and have since been dispatched to Zambia for use in nursing and midwifery schools. These documents include documents from Zambia. The 12 egranaries procured by the WHO were distributed to countries participating in the GPW. These egranaries include reference materials from the WHO library that are relevant to nursing and midwifery. Technical support for installation will be provided by the creators of the technology (see [www.widernet.org](http://www.widernet.org)). In the future, the WHO

will catalogue over 100 000 multilingual documents to be added to the egranary. Updates can be done by compact disc or from the WHO website.

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#### **4. GLOBAL KNOWLEDGE NETWORK FOR PUBLIC HEALTH WORKFORCE**

ALENA PETRAKOVA

The Global Knowledge Network for Public Health Workforce (KM4PH) supports public health workforce development worldwide and invites various regional, national and local networks to participate in global activities, and to support health systems and their strengthening at national and local levels. The KM4PH enables better and faster access to and use of existing knowledge, the creation of knowledge networks and CoPs, and the sharing of ideas through twinning and other types of exchange.

Partners in the KM4PH include:

1. World Federation of Public Health Associations (WFPHA)
2. International Association of National Public Health Institutes (IANPHI)
3. Regional and national public health associations/societies/consortia
4. National public health institutes and other public health-related institutions
5. Schools of public health, public health faculties, departments and programmes at various universities
6. Public health experts worldwide

The benefits of membership of the KM4PH are that all registered members stay in touch between online sessions, share documents, schedule use of the online conferencing platform and keep updated on upcoming events. More information is available at [www.who.int/km4ph](http://www.who.int/km4ph).

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#### **SUMMARY OF DISCUSSIONS**

1. Networking and partnerships are essential (governments, academia, NGOs, civil society and private-public partnerships).
2. Through technology it is possible to share information, experience and human resources.
3. Various CoPs can be established, each for the needs of a specific group.
4. Strengthening nursing and midwifery capacity towards the new global health situation through PHC principles and networking is a challenge.
5. Elearning can be linked to the IBP Knowledge Gateway and can be expanded to WHO Collaborating Centres (WHOCCs) on Nursing and Midwifery Development.
6. Language could pose difficulties for sharing experiences. This is compounded by the frequent use of abbreviations. Experts could help simplify the technical language.

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#### **ACTION POINTS**

- Re-launch the GANM, as it only reaches 15 000 clients. It has the potential to reach many more nurses and midwives.
- Facilitate information sharing as part of capacity building.
- Develop a CoP for the six countries participating in the GPW.

## SESSION 2: COUNTRY PRESENTATIONS

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### 1. BHUTAN

#### TANDIN PEMO

In Bhutan, PHC is the backbone of the health care system, which comprises 29 hospitals, 176 basic health units and 485 outreach clinics. The country's priorities are to achieve the MDGs and improve the quality and accessibility of health service provision, including promotive, preventive, curative and rehabilitative services. The country aims to:

1. reduce the infant mortality rate to 20 per thousand live births;
2. reduce the under-five mortality rate to less than 30 per thousand live births;
3. reduce the maternal mortality rate to less than 100 per thousand live births;
4. enhance life expectancy to more than 70 years;
5. establish a medical college in Bhutan.

Nurses and midwives in Bhutan represent 60% of health professionals and play a pivotal role in providing health care services at various levels. Therefore, proper education and training are necessary to ensure the highest standard of care. However, this depends on sufficient investment in nursing education.

Nursing and midwifery priorities in Bhutan are to:

1. provide high-quality nursing and midwifery care;
2. reduce mortality and morbidity;
3. maintain an adequate and competent nursing staff;
4. engage in teamwork with other health care providers to achieve the MDGs related to health;
5. produce an adequate number of BSc graduates in nursing with appropriate skills;
6. strengthen the capacity of university RIHS faculty members.

Overall, there is dedication, cooperation, acceptance of responsibility and a sense of community among nurses and midwives. This bodes well for the improvement of health services, if the following challenges for nurses and midwives can be overcome:

- Inadequate knowledge, skills and resources.
- Lack of leadership in the nursing profession and policy-making areas.
- Poor management of human resources.
- Lack of recognition of nursing and midwifery as an independent profession.

#### Focus of the Global Programme of Work

The GPW focuses on developing a BSc nursing programme in order to produce competent nurses and midwives who will improve the quality of the health workforce in all categories so as to enhance the quality of health care services and the quality of teaching.

**Project title:** *Development of a BSc nursing degree curriculum for nursing and midwifery*

The specific objectives are to:

- develop a curriculum for BSc Nursing and Midwifery and a post-BSc nursing degree; and
- build the capacity of faculty members of RIHS.

Activities will include the development of tools to assess the capacity of the faculty members and infrastructure, the framework of the BSc nursing and midwifery curriculum and the post-basic curriculum.

The guiding principles are to work:

- through the government’s policy and plan, and the regulations and standards of the Royal Civil Service Commission and Royal University of Bhutan;
- with the participation of stakeholders;
- based on the reform of PHC and the achievement of the MDGs;
- through the promotion of universal standards but recognizing Bhutan’s context and resources; and
- towards self-reliance and sustainability.

WORK PLAN				
Specific objectives	Activities	Time frame	Indicators	Partners
<b>Facilitate the participation of stakeholders.</b>	Form a working group of key stakeholders. Agree on role and responsibilities. Organize regular meetings.	Feb–Jul 2009	Active participation of stakeholders in the process.	RIHS RUB MoH BHMC
<b>Assess the needs and resources available.</b>	Assess the nursing and midwifery faculty and facility.	Feb 2009	Identification of nursing and midwifery needs and resources.	MoH Staff at health facilities Community RIHS
<b>Draft a BSc nursing curriculum based on PHC.</b>	Review the curriculum for the current diploma. Review the literature. Draft the curriculum. Get feedback from stakeholders. Obtain RUB approval.	Feb–May 2009   Jun 2009	BSc nursing and midwifery curriculum.	Consultant WHO MoH RUB RIHS UN partners  RUB
<b>Prepare faculty for curriculum implementation.</b>	Workshop lesson plan, and teaching and learning process. Propose staff development plan (short term, long term).	Jul–Aug 2009	Development of lesson plans.  Staff development plan.	Consultant
<b>Identify training needs of community-based health workers (CBHWs).</b>	Form a working group. Develop tools for a needs assessment. Collect data. Analyze needs.	Feb–Mar 2009	Identification of training needs.	MoH CBHWs
<b>Develop a training package based on PHC for CBHWs.</b>	Draft a training package. Share the package with experts. Present the package to stakeholders. Revise and finalize the package.	Apr–Jun 2009	Training package based on PHC.	RAs in related health programmes

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## 2. CHINA

### HUAPING LIU

China is a developing country. Its 9.6 million km<sup>2</sup> houses 1.3 billion people (1 330 044 605 in mid-2008), comprising 22% of the world population. Health care in the country faces major challenges in terms of access, cost and quality. According to the fourth national health care service survey of 2008, the needs for health care are increasing in urban and rural areas and the disease patterns continue to change. Chronic diseases have become the major problem, especially cardiovascular diseases and endocrine diseases such as diabetes. This situation has resulted in an increase in prolonged sick leave and long-term immobility. The cost of treatment is the main reason why people do not seek health care or hospitalization, since people cannot afford the increasing cost of health care insurance. However, there are gains in terms of public health service coverage for immunizations, maternal and child health, an improvement in drinking water and a reduction in sanitation harms in rural areas. Personal health behaviours are also showing improvement, for example smoking is declining, more and more people are involved in physical exercise and, in general, people know more about health issues. Lastly, patients' satisfaction with health care services and health care providers is improving.

The overall goal of the health care system in China is to develop a system that will provide safe, effective, accessible and affordable health care to the public, focusing on:

1. public health;
2. essential health care;
3. health care insurance;
4. drug supply.

Priority issues for nursing and midwifery are to:

- improve the quality of nursing care so as to provide safe patient care;
- set up practice standards;
- encourage nurses to work outside of the hospital, for example in communities and rehabilitation centres;
- increase the number of nurses, and enhance and maintain their competence.

The Chinese Nursing Strategic Development Plan (2005–2010) was designed to address social, economic and health care issues in order to meet the health needs of the public. The objectives and tasks emanating from the plan are the following:

1. Develop the nursing profession based on the regulation of nursing and the protection of nurses' legal rights.
2. Increase the number of nurses, and improve the nursing staff and nursing structure.
3. Emphasize patient-centred care.
4. Develop specialized nurses as needed.
5. Enhance nursing administration leadership and strengthen nursing managers' capacity.
6. Set up a nurse regulatory act and a nurse workforce dataset.
7. Develop community nursing and expand nursing services.
8. Develop nursing education through continued reform.
9. Develop traditional Chinese medicine nursing.
10. Strengthen international communication and collaboration.

## Focus of the Global Programme of Work

**Project title:** *Development of integrated community health nursing services in China*

The overall objective is to provide integrated community health nursing services in an accessible, cost-effective and quality manner.

WORK PLAN				
Specific objectives	Activities	Time frame	Indicators	Partners
<b>Identify roles, functions, core competencies and standards of community health nursing (CHN).</b>	<p>Establish working relationships with China WHO HRH CC: WHO HRH CC/MOH/PUMCH, Shandong etc/Hong Kong Polytechnic; Hong Kong Hospital Authority; UIC; China Nursing Association; WHO.</p> <p>Participate fully in the analysis of community health nursing core competencies.</p> <p>Delineate and disseminate core CHN competencies.</p>	<p>Establish working relationships by 1 July 2009.</p> <p>Formulate research methodologies by September 2009.</p> <p>Implement research by October 2009.</p>	At least one nursing and interdisciplinary integrated operational research study on community health nursing.	WHO HRH CC; WHO HRH CC/MOH/PUMCH, Shandong etc/Hong Kong Polytechnic; Hong Kong Hospital Authority; UIC; China Nursing Association; WHO
<b>Formulate key curriculum components for CHN education.</b>	<p>Initiate and complete mapping exercise on education, regulation and the workforce.</p> <p>Clean, analyse and report on the data.</p> <p>Convene expert working group to delineate core CHN components.</p> <p>Pilot-test CHN training of trainers (TOT) at interested universities (Shanghai, Beijing, Changsha, Shenyang, Jinan, Xian).</p>	<p>Convene expert working group in July/August in Hong Kong (August better) – offer by Maryknoll.</p> <p>Prepare a curriculum package to pilot TOT training.</p> <p>Pilot-test in at least 1–2 locations before January 2010.</p> <p>Evaluate results of CHN TOT piloting.</p>	<p>CHN curriculum that targets pre-service and in-service nursing education.</p> <p>Pilot TOT at one or two institutions.</p>	China MOH, Hong Kong Polytechnic; Hong Kong Hospital Authority; UIC; China Nursing Association; WHO partner universities in mainland China
<b>Develop practice models for potential piloting.</b>	<p>Identify and compile data on existing or emerging models, using an established template and indicators.</p> <p>Analyze the effects and outputs of existing models.</p> <p>Propose integrated models of service provision that link hospital and community health services for adaptation in different regions.</p> <p>Institute plans for the piloting of a potential practice model.</p>	<p>Formulate guiding template, indicators and data collection methods by August 2009.</p> <p>Collect data by October 2009 (can discuss at APEDNN meeting).</p> <p>Identify potential hospitals/communities for piloting and/or further developing a practice model by 31 December 2009.</p>	One model of interprofessional hospital-community practice developed.	China MOH partner universities and hospitals in mainland China

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### 3. NICARAGUA

MARIA ANGELICA GOMES

Nicaragua's 120 339 km<sup>2</sup> houses 5 142 098 people, and consists of two autonomous regions and 152 municipalities.

The objectives for nursing and midwifery services in Nicaragua are to:

1. build the essential qualities of nursing and midwifery leaders and develop new talent;
2. increase the capacity of nurses;
3. develop PHC strategies and integrate the technical instruments of the Family and Community Health Model;
4. establish a positive work atmosphere that inspires better performance among the nursing staff.

#### Focus of the Global Programme of Work

**Project title:** *Programme strengthening of nursing in primary care to contribute to the MDGs 2008–2009.*

The overall objectives of the GPW are to:

1. deliver services, focused on the development of competencies in PHC and the management of essential public health functions;
2. develop leadership for primary care, aimed at increasing the capacity of leadership, the development of new talent and gender empowerment;
3. create safe and quality work environments for nursing personnel.

WORK PLAN			
Specific objectives	Activities	Indicators	Partners
<p><b>Increase the capabilities of nurses in order to develop effective strategies for PHC services.</b></p> <p><b>Integrate the conceptual bases and establish a model of care in “Family and Community Health”.</b></p>	<p>Train nurses in primary health care, the first level of training.</p> <p>Develop strategies for primary health care.</p> <p>Conduct a national conference on Community nursing: Meeting of socialization and community work within the framework of the MOSAFC.</p> <p>Develop demonstrations for nursing work in PHC.</p> <p>Systematize and mainstream the nursing work in PHC (research).</p> <p>Develop skills in the application of strategies for maternal and child health within the framework of PHC.</p> <p>Develop advisory services on family health.</p>	<p>Number of municipalities of the SILAIS that implement the strategy for PHC within the framework of the MOSAFC.</p> <p>Number of socialization events in PHC experiences.</p> <p>Number of communities with PHC being implemented by baseline nursing.</p> <p>Producing and disseminating the nursing experience in PHC.</p> <p>Number of nurses trained in norms for and guidelines on caring for mothers and their newborns.</p> <p>Development of an advisory service and suggestions for a family health model.</p>	<p>MOH PAHO/ WHO JICA ASDI UNAN MANAGUA UNAN LEON Universidad Politecnica Nursing Association</p>
<p><b>Strengthen leadership, management and supervision so as to develop the nursing workforce, consolidate the essential competencies of the leaders and develop new talent.</b></p>	<p>Train leaders and managers in PHC.</p> <p>Develop a nursing network for women’s health.</p> <p>Establish a nursing network for child health.</p> <p>Set up a network and system of registry for nursing practice actions.</p> <p>Promote mentorship so as to develop new leaders.</p> <p>Organize groups of mentors.</p> <p>Train mentors to grow new leaders.</p> <p>Systematize and diffuse the mentorship process.</p>	<p>Number of networks formed and functioning at local level; specific actions carried out and systematized by the network members.</p> <p>Number of trained mentors (two pupils per mentor).</p>	<p>Nicaragua MOH PAHO/WHO CIES Nursing Association of Nicaragua UNAN MANAGUA UNAN LEON Universidad Politecnica ICN LUXEMBURG cooperation</p>
<p><b>Promote a positive work environment to encourage better performance and safe services.</b></p>	<p>Provide training on labour conditions and biosafety for the prevention of HIV/AIDS.</p> <p>Monitor the usage of protection devices in nursing care.</p> <p>Assess labour conditions and strategies so as to improve them at local level.</p> <p>Conduct studies on the occupational health of nursing personnel and safety conditions in PHC.</p>	<p>Number of trained nurses.</p> <p>Report on monitoring.</p> <p>Diagnosis, and proposal on interventions.</p>	<p>MOH PAHO/WHO  Nursing Association</p>

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#### **4. SERBIA**

##### *CHALLENGE AND INSPIRATION IN THE NURSING SECTOR IN THE REPUBLIC OF SERBIA: NURSES AND MIDWIVES – CREATIVE PARTNERS IN HEALTH*

MILIJANA MATIJEVIC AND DANIJELA SAVIC

There are enormous challenges in Serbia. Norms and standards for nursing are neither implemented nor checked and validated in practice. Nursing as a profession is not regulated by law and in most health care institutes nursing services are not specifically defined. The price list of health services does not include specific interventions within the scope of nursing care. In addition, nursing services are not documented or evaluated. The competences and scope of work for nurses with secondary or higher education are not clearly defined and distinguished.

With regard to educational programmes for nurses and midwives, they are outdated and do not meet the European Union's standards. Nurses and midwives have no role in defining or clarifying the activities on which a student nurse should be trained. In addition, the training is conducted by educators with a medical degree. Only 9% of nurses and midwives have higher education. Furthermore, there is a lack of new teaching materials for education and practice.

Even though research on nursing is acknowledged as important, there is no infrastructure for this purpose for nurses and midwives. This is compounded by poor records on nursing care, which compromises evaluation and evidence documentation. There is also a lack of skills in developing and maintaining data on core nursing and midwifery knowledge due to insufficient professional literature. Strategic international documents and declarations are not available in the Serbian language and the existing literature is not accessible to nurses and midwives. Another obstacle is poor internet access.

The task of introducing change is enormous and perseverance will be essential in running the GPW.

#### **Focus of the Global Programme of Work**

*Project title: Challenge in nursing: Nurse and midwife education in Serbia – directions for change and requirements for future health care*

The overall objective is to prepare and implement a revised model of nurse and midwife education that complies with the European Union's standards, meets the health care needs of the Republic of Serbia, and utilizes available and attainable resources.

WORK PLAN				
Specific objectives	Activities	Time frame	Indicators	Partners
<b>Align Serbian nursing and midwifery education standards with EU, WHO global and EURO standards.</b>	Engage in policy dialogue on HRH. Conduct a workshop for stakeholders in nursing and midwifery. Create a special working group for nursing care in MoH to follow up on and select members for the national network.	Apr 2009 Jun 2009 Oct 2009	Discussion of nursing and midwifery issues at policy deliberations.	Special working group representing nursing institutes, specialties MoH, WHO, Nursing Chamber, NNA, MoE
	Prepare Serbian guidelines for undergraduate nurses and midwives.	Jun–Oct 2009	Development of guidelines, including guidelines on training in PHC.	
	Facilitate the accreditation of existing experienced Serbian nurses and midwives and allow for recognition of prior learning to support undergraduate students.		Guidelines on the implementation of the national strategic plan. Presentation of draft act.	
	Provide access to formal professional development.	Jun 2009	Inclusion of ten nurses in special working group in MoH.	
	Prepare nurse and midwife educators/nurses for teaching nursing and midwifery.		Establishment of a local network representing leaders in nursing institutes and organizations, and midwifery.	
	Introduce assistant nurses in clinical areas.			
	Analyse the existing legislative frameworks and laws.	Sep 2009		
<b>Establish a national database on nursing and midwifery statistics.</b>	Determine the number and employment structure of practising nurses and nurse-midwives on the Health Insurance Fund of Serbia.	Jun 2009	Discussion with MoH, late Apr 2009.	Special working group for nursing care  MoH, WHO, Nursing Chamber, NNA, Insurance Fund of Serbia, Institute of Public Health of Serbia, National Employment Agency
	Harmonize nursing with the European Union standards.	Apr 2009	Setting up of mechanisms for collection, validation and dissemination of existing data.	
	Set up mechanisms with Nursing Chamber validation, and disseminate existing data and collect feedback related to nursing and midwifery services.	Sep 2009	Development of criteria for a database, and agreement with partners. Discussion with MoH and MoE, Apr 2009, about the profession's nomenclature for nursing and midwifery.	
<b>Govern and maintain stewardship for health system services.</b>	Engage in dialogue about the advantages of a Government Chief Nursing Officers (GCNOs).	2010	Presentation of advantages in deliberations with MoH and in expert report.	Special working group for nursing care MoH, WHO
	Appoint a GCNO.		Inclusion of nursing and midwifery in MoH HRH Plan. Creation of a permanent nurse or midwife post in governance and stewardship in MoH.	

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## 5. SOMALIA

ASIA OSMAN AHMED

As a result of many years of conflict and lack of a central government, the Somali health care system remains underdeveloped and inequitable, and services can only be provided to a limited number of Somalis. More particularly, this situation can be ascribed to inadequate resources and capacity, insecurity, lack of motivation and vision, uncertainty about the future political and administrative dispensation, and financial and operational fragmentation. The collapse of the pre-war public health system has encouraged the emergence of a variety of vertical relief programmes, run by NGOs and UN agencies. Hundreds of private practitioners are operating in clinics, hospitals, pharmacies and shops, totally unregulated and in a policy and strategy vacuum. The quality of basic health services has substantially deteriorated, while most patients are barred from health care because of their inability to pay for it. Given that human resources for health are critical for a healthy population, Somalia's task is to improve the quality and effectiveness of health services in the country. Emphasis is on producing well-trained nurses and midwives. There are now seven health science institutes in the country. Five of them are using the WHO nursing curriculum.

As for the history of nursing and midwifery education in Somalia, before gaining independence, health workers of British Somaliland and Italian Somalia were trained by the colonizing powers according to the health needs of each area and on the basis of the level of education of the people who were to be trained. After gaining independence, respectively on 26 June and 1 July 1960, the two states merged to form the Somali Republic. As a result of this union, a unified health worker training programme was developed. The first nursing school was established in Hargeisa, followed by another one in Mogadishu. During the civil war that started in 1991, the system collapsed. However, since 2003, nursing schools in Somalia were re-started, the first at the Hargeisa Health Science Institute, followed by another six institutes.

### Focus of the Global Programme of Work

The GPW focuses on the enhancement of the health science institutes, which are experiencing a critical shortage of nursing teachers, resources, facilities and equipment; have no national standards for curriculum development; and lack a faculty, teaching and learning materials, reference materials and continuing education programmes for practising nurses. Health professionals are not regulated and the country remains isolated from regional and international experiences. With guidance and assistance from the WHO, the GPW will be implemented by the Ministry of Health in the three zones of Somalia.

The main objective of the GPW is to build the capacity of the health science institutes.

The specific objectives are to:

1. establish a standard curriculum for the nursing and midwifery schools;
2. train nursing and midwifery teachers;
3. develop nursing skills laboratories;
4. introduce continuing education programmes for practising nurses;
5. reach consensus among partners to support nursing and midwifery.

The expected outcomes are:

1. a standardized curriculum used by all the health science institutions to enhance the quality of education of students;
2. nursing skills laboratories for students' practical sessions;
3. cooperation among all partners to avoid duplication of work;
4. updating of the knowledge and skills of tutors.

**Project title:** *Scaling up the nurse-midwifery programme in Somalia*

The overall objectives of the project are to establish a nurse-midwifery programme at the Institute of Health Science in Hargeisa, the National Institute of Health Sciences in Mogadishu and the Institute of Health Sciences in Bossaso.

WORK PLAN				
Specific objectives	Activities	Time frame	Indicators	Partners
<b>Finalize post-basic midwifery curriculum.</b>	Agreement with the WHOCC for Nursing on work performance to complete the curriculum document.	Jan-Mar 2008	Completed curriculum document.	WHOCCs MOH in 3 zones
	Printing, publication and dissemination of the new curriculum.	Apr 2009	100 copies printed, disseminated to MOH in 3 zones, nursing schools and partners.	WHO HQ
<b>Conduct in-service course for practising midwives of the 3 zones.</b>	Recruitment of a consultant to conduct in-service refresher course.	Nov-Dec 2007	Improved capacity of 50 midwives from 3 zones.	WHO
<b>Prepare midwifery teachers.</b>	Short-term fellowships (6 weeks) at WHOCC.	Jul 2007 to Aug 2010	Theoretical and practical preparation of 10 midwifery teachers for the new programme and its implementation.  2 nursing teachers prepared at BSc level at WHOCC Jordan.	WHO WHOCC Bahrain  WHOCC Jordan University of Science and Technology
<b>Produce clinical guidelines for nurse-midwifery students.</b>	Provision of technical assistance.	Apr– May 2009	Completion of clinical guideline for students.	WHOCC
<b>Develop the post-basic midwifery programme in the 3 zones.</b>	Recruitment of a consultant to provide technical support.	Sep 2009	Establishment of midwifery programme in 3 schools in 3 zones.	WHO Arab League GHWA
	Monitoring visits from WHO EMRO and HQ.	Nov 2009 and Mar 2010		
<b>Establish a functioning post-basic midwifery programme.</b>	Provision of logistical support (equipment, materials, educational aids, transportation, etc).	May-Jun 2009	Functioning midwifery programme in 3 schools in 3 zones.  Nurse-midwife certification of 45 students.	UNFPA UNICEF
<b>Establish an in-built evaluation system to monitor the quality of the programme and its graduates.</b>	Recruitment of a consultant to provide technical support.  Establishment of an accreditation process.	Oct/Nov 2009		
<b>Institute effective teaching and learning in the nursing and midwifery programmes.</b>	Continuous capacity building for teachers and practising midwives and establishment of incentives for teachers and stipends for students.	Sep 2009 to Aug 2010	Improved morale of teaching staff and enhanced learning by students.	GHWA WHO MOH

## 6. INDIA

### SCALING UP NURSING AND MIDWIFERY CAPACITY TO CONTRIBUTE TO THE MDGS: STRATEGIES TO MEET THE CHALLENGE

DILEEP KUMAR

India has a vast health infrastructure and has initiated several national health programmes over the last five decades in the government, voluntary and private sectors under the guidance and direction of various committees. This has resulted in a lower mortality rate and better quantity and quality of health services in India. Life expectancy at birth has increased for males and females (64.1 years for males and 65.8 years for females in 2005). However, there are interstate, interdistrict and rural-urban differences in life expectancy at birth due differences in literacy, income, socioeconomic conditions and beliefs between the regions. The National Health Policy (NHP) in India was only framed in 1983, and to bridge the gap the country embarked on a National Rural Health Mission (NRHM), a government scheme aimed at providing health care services to rural households all over the country.

The major objectives of the NRHM are to:

1. decrease the infant and maternal mortality rate;
2. provide access to public health services for every citizen;
3. prevent and control communicable and non-communicable diseases;
4. control the population and ensure gender and demographic balance;
5. encourage a healthy lifestyle and alternative systems of medicine.

Achieving these objectives will require major input from nursing and midwifery services and an increase in the number of community health workers and an improvement in their standard of care.

As for nursing and midwifery, India has many challenges, such as a shortage of teaching faculties, the absence of a continuing education system and register of licence renewals, weak nursing organization at state level, the absence of state-of-the-art nursing practice and a limited number of educational institutions. However, additional general nursing/midwifery and BSc nursing institutions are likely to be established on the basis of the growing yearly intake of students. In addition, a framework has been established for addressing the challenges facing nursing and midwifery.

#### Strategic Framework for Nursing and Midwifery

This ambitious strategy has been made possible by a \$580.00 million contribution of the government and key partners, including the Clinton Foundation. Several activities are envisaged:

1. Establishing auxiliary nurse-midwifery (ANM) and general nursing and midwifery (GNM) schools in those districts (230) that do not have either of these training programmes.
2. Establishing post-graduate nursing (MSc Nursing) institutions.
3. Improving the standard of nursing education and the quality of health care.
4. Developing a live register of nursing personnel in India.
5. Setting up standards for specialty nursing.
6. Establishing a regional institute of excellence so as to improve the standard of nursing education throughout India and improve access to high-quality nursing education.

7. Exposing all nurses and midwives to continuing education and have their licences renewed every five years.
8. Establishing international collaboration credentials for nurses to ensure an internationally accepted standard of practice.
9. Developing a cadre of nurse-midwife practitioners and establishing training institutions for them.
10. Encouraging nurses and midwives to participate in the planning and management of the nursing and midwifery workforce for all national health programmes at state hospitals.

A total of 320 general nursing and midwifery schools, 122 colleges of nursing, 24 centres of excellence and 4 regional institutes of nursing will be established. In addition, up to 330 seats will be provided per year in 65 medical colleges with 1 000 hospital beds each.

## 7. ARGENTINA

### REVITALIZATION OF PHC – THE EXPERIENCE OF ARGENTINA

ANA MARÍA HEREDIA

Although Argentina was not part of the initial group of participating countries in the GPW, the country, through the support of its Ministry of Health, will embark on related work as shown in the matrix below.

**Project title:** *National Plan for Nursing Development – National Nursing Emergency Act*

The overall objective is to promote, optimize and train nurses who are able to contribute to solving health problems and health service transformation. These nurses should then be able to deliver quality care, which in turn will improve the health situation and contribute to human development.

WORK PLAN			
Specific objectives	Activities	Indicators	Partners
Establishment of a common, comprehensive framework for strengthening nursing in the country.		Published frameworks Developed guidelines Implementation of frameworks.	National MoH, MoEd, MoLab Local MoH, MoEd, MoLab Public universities Nurses' associations Schools of nursing Colleges of nursing WHO/HQ PAHO/WHO WB
Development of partnerships as a core ingredient of effective mobilization and implementation of the plan.	Formulate agreements between political and technical levels and define the needs.	List of local, national and international partners engaged in activities related to the nursing programme.  Local network supporting the nursing programme.  Number of official agreements signed.  Number of nurses participating in the network.	WHO
Increase in the number of nurses through new enrolments in schools.  Increase in the number of nurses through professionalization of nurse auxiliaries.	Analyse the national, regional and local shortage of nurses.  Establish a fellowship programme for nursing students, set up a plan of incentives for nursing education institutions and health services, and implement a professors' training plan.	Number of programmes to increase nurses.  Number and % of new graduates.  Nurse:physician ratio.  % of students retained.  Number and % of trained professors.  % of faculty professors in relation to the total.  Number of nursing education institutions in the programme.  Number of health institutions in the programme.  Number of fellowships provided.  % of graduates.  % of nurse auxiliaries professionalized.  Nurse:nurse auxiliary proportion.  Nurse:physician ratio.	

WORK PLAN			
Specific objectives	Activities	Indicators	Partners
<b>Development of nursing education as a critical education programme with mandatory accreditation.</b>	Establish the practice areas, the scope of practice, nurse professional competencies, nursing education standards, quality education programmes and an accreditation process for nursing education institutions in the programme.	Number of nursing education programmes accredited. % of nursing education programmes accredited in relation to the total. Integration/ adaptation of global standards for basic nursing education.	
<b>Re-orientation of nursing education towards PHC/ public health.</b>	Train educators on PHC/public health nursing education orientation. Conduct workshops for curriculum change. Implement the new curriculum. Integrate students in all health services and programmes. Establish special virtual programmes through VCPH. Provide a set of basic library from PALTEX. Develop VHL Nursing.	Establishment of a network for knowledge exchange. Number of nurse leaders trained in PHC. Number of schools of nursing with a PHC/PH curriculum. % of nursing programmes with a PHC/PH curriculum related to the total. Number of schools of nursing with a basic PALTEX library. Number of schools of nursing with VHL Nursing.	
<b>Increase in the social recognition and value of the nursing profession as a contribution to quality health care.</b>	Run a social communication campaign on the value of nurses. Widely disseminate the video “Nurse and Midwives: Now More Than Ever”.	Number of applicants per nursing education programme. Number of applicants per programme for the professionalization of nursing auxiliaries.	
<b>Integration of the new cadres of nurses with the health system.</b>	Convince the government, private and third sector that they should hire nursing graduates.	Number of nurses integrated with the system. % of nurses integrated with the public, private and third sector. % of nurses integrated with community and hospital services. Policy established in support of ILO convention 149. Number and type of activities related to the ILO convention. Number of nurses vaccinated against hepatitis B. Number of nurse managers trained in health and workplace safety.	

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## 8. ZAMBIA

### SCALING UP NURSING AND MIDWIFERY CAPACITY TO CONTRIBUTE TO THE MDGS MIRIAM LIBETWA

Zambia is operating at half its capacity due to the human resources for health crisis. Every practising nurse/midwife must register with the General Nursing Council of Zambia, which is the regulatory body. The Union of Nurses represents nurses and midwives in social and welfare issues. The nursing and midwifery priorities in Zambia are the following:

1. Provision of quality nursing and midwifery services to individuals, families and communities.
2. Development of a nursing strategic plan to direct nursing and midwifery activities.
3. Scaling up of the production of nurses and midwives.
4. Promotion of the highest levels of professionalism among nurses and midwives.
5. Monitoring and evaluation of nursing and midwifery activities.

Several gaps are impinging on the effective delivery of nursing and midwifery services, such as lack of a nursing and midwifery information system to provide direction in decision-making for nurses and midwives, inadequacy of nursing and midwifery training institutions and shortage of teaching staff in nursing and midwifery training institutions. The human resources crisis has made it difficult for nurses and midwives to provide quality services. The few available nurses and midwives are overworked, resulting in burnout and the emigration of nurses and midwives, which worsens the human resources situation. This is compounded by inadequate funding of nursing units at all levels of care and a lack of tangible motivational systems for nurses and midwives. However, the organogram of the Ministry of Health includes nursing and midwifery aspects related to the management and coordination of nursing services in collaboration with the General Nursing Council of Zambia and the Zambia Union of Nurses Organization (ZUNO). At the moment the available human resources and education and training plans direct nursing and midwifery activities.

#### Focus of the Global Programme of Work

The ultimate goal of the GPW is to improve the quality of nursing and midwifery services.

#### Project title: *Development of a national nursing and midwifery strategic plan*

The overall objective is to develop a nursing and midwifery strategic plan to contribute to the achievement of the MDGs 2009–2013.

The guiding principles are the following:

1. The plan should be comprehensive, integrated and inclusive of core elements of the GPW.
2. The development process should be multidisciplinary.
3. The PHC concepts and approach should be used in the development, implementation, monitoring and evaluation of the plan.

WORK PLAN				
Specific objectives	Activities	Time frame	Indicators	Partners
<b>Develop a strategic plan on nursing and midwifery.</b>	Stakeholder meetings on the strategic plan.	May 2009	Draft strategic plan 3 stakeholder planning meetings.	WHO, UNFPA, ZUNO, GNC, MOH; USAID, training institutions, private sector.
	Review and finalization of the plan.	Jun 2009	Final draft plan.  Published plan.	
	Dissemination.	Aug 2009	4 stakeholder dissemination meetings.  80% of partners showing political and concrete financial commitment.	
<b>Develop an operational plan.</b>	Development of an operational plan framework (ME plan).	Oct 2009	Draft operational plan.	WHO, UNFPA, ZUNO, GNC, MOH; USAID, training institutions, private sector.
	Interim progress report.	Dec 2009	Final operational plan.  Monitoring and evaluation tools.	
<b>Implement the strategic plan.</b>	Regional roll-out.	Dec 2009	9 provinces implementing the plan.	Regional and provincial managers
	Monitoring and evaluation.	Mar 2010	2 priority activities being implemented in the regions with ongoing ME.	
	Progress report.	May 2010		

## SESSION 3: INDICATORS, AREAS OF FOCUS AND NEXT STEPS

### INDICATORS FOR THE GPW

MWANSA NKOWANE

After the presentations of the participating countries, a summary of possible indicators was shared with the participants. The indicators are itemized below. A full description of the indicators relative to the GPW is annexed.

- Number of activities based on nursing and midwifery strategic plans implemented.
- % increase in number of nurses/midwives and teachers.
- PHC curriculum that targets pre-service and in-service programmes.
- % of nurses and midwives participating in leadership and management capacity building.
- Number and type of activities related to ILO C149.
- Number of joint activities with national and international partners.

### Areas of focus

Over a period of two days, each country worked on its respective action plan based on peer input. Although the action plans were shared, they had to be finalized upon return to the home country. Below are the summaries of the focuses in the six countries implementing the GPW.

- Bhutan:** Development of a BSc nursing and midwifery programme.
- China:** Development of integrated community health nursing services.
- Nicaragua:** Development of competence in PHC nursing and midwifery management, development of new leadership talent taking issues of gender into account and establishment of safe and quality work environments for the nursing and midwifery workforce.
- Serbia:** Revision of models of nurse and midwifery education in line with the European Union's standards.
- Somalia:** Establishment of a nurse-midwifery programme to increase the number of nurse-midwives and tutors and improve quality assurance mechanisms.
- Zambia:** Development of a national nursing and midwifery strategic plan for 2009–2013 and the development and implementation of an operational plan.

## Next steps 2009–2010

The meeting concluded by agreeing on the next steps:

- March 2009: First Focal Point meeting on the GPW.
- April 2009: Finalization and submission of a work plan by the participating countries.
- May 2009: Launch of a CoP.
- June 2009: Continuing education on PHC.
- September 2009: Progress report from participating countries.
- October 2009: Continuing education programme.
- February 2010: Progress reports based on established indicators.
- March 2010: Meeting of GPW countries and additional countries.

## **ANNEX 1: CRITERIA FOR THE SELECTION OF PARTICIPATING COUNTRIES**

The six initial countries participating in the GPW were selected on the basis of the following criteria:

1. Experiencing a critical shortage in its nursing and midwifery workforce.
2. Having the capacity to develop human resources for health.
3. Existence of a plan for human resources for health that adapted by other countries in the region.
4. Project plan that is measurable and achievable within the time specified.

## ANNEX 2: LIST OF PARTICIPANTS

### Country representatives

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### Regional Advisers for Nursing and Midwifery

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**Dr Fariba Al Darazi**, Regional Adviser for Nursing and Allied Health Personnel, EMRO.

**Dr Prakin Suchaxaya**, Regional Adviser for Nursing and Midwifery, SEARO.

**Ms Bente Sivertsen**, Regional Adviser for Nursing and Midwifery, EURO.

**Mrs Kathleen Fritsch**, Regional Adviser in Nursing, WPRO.

### GAGNM (Chairpersons, Vice-Chairpersons)

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**Tomas Allen**, Librarian, Library and Information Networks for Knowledge.

**Amy Yuli Zang**, Nurse Scholar (China).

**Debra Anderson**, Nurse Scholar (Australia).

**Karen Bergstrom**, Scientist, TB Strategy and Operations.

**Eileen Petit-Mshana**, Technical Officer, Systems Strengthening and HIV, HIV Department.

## ANNEX 3: AGENDA

23 MARCH 2009 — DAY 1		
Time	Agenda Item	Responsible person
08:30-09:00	Registration	
09:00-10:00	Introduction to meeting objectives and agenda/context/background to the GPW	HPN/Coordinator: Jean Yan
	Overview on the GANM	GAGNM Chairperson/Rachael Gumbi
	Regional perspectives on the GPW	RNAs Fariba Al Darazi, Prakin Suchaxaya, Silvina Malvares, Bente Sivertsen, Kathy Fritsch
	PHC/MDGs/WHR 2008	HSS
10:00-10:30	Demonstrations on egranary	WHO/Library/Tomas Allen
10:30-11:00 BREAK		
11:00-11:30	Country perspectives	Ana Maria Heredia, Tandin Pemo, Dileep Kumar, Agelica Gomes, Milijana Matijevic, Asia Osman, Mirriam Libetwa, Huaping Lui
11:30-13:00	Work plans	Tandin Pemo, Agelica Gomes, Milijana Matijevic
13:00-14:00 LUNCH BREAK		
14:00-15:30	Work plans	Asia Osman, Mirriam Libetwa, Huaping Lui
15:30-16:00 BREAK		
16:00-17:00	Revisions of work plan	Countries

24 MARCH 2009 — DAY 2		
08:30-09:00	Recap of Day 1	RNA
09:00-10:30	Presentation of work plans	Ana Maria Heredia, Dileep Kumar
10:30-11:00 BREAK		
11:00-11:30	Elluminate	Technical Officer HEP/HRH/Alena Petrakova
11:30-13:00	Reaching consensus on indicators	RNAs/Country Focal Points/HPN
13:00-14:00 LUNCH BREAK		
14:00-15:30	Monitoring and evaluation process	HPN/RNAs
15:30-16:00 BREAK		
16:00-17:00	Meeting conclusions	HPN/RNAs

## ANNEX 4: CHECKLIST FOR GPW INDICATORS

CORE ELEMENT	POSSIBLE INDICATORS
<b>National strategic plan:</b> Establishment of a common framework for strengthening nursing and midwifery in the country. The plan should be comprehensive and where possible accompanied by implementation guidelines.	<ol style="list-style-type: none"> <li>1. Published national strategic plan on strengthening nursing and midwifery.</li> <li>2. Guidelines on the implementation of the national strategic plan.</li> <li>3. Implementation plan including monitoring tool.</li> <li>4. Total number of activities implemented.</li> </ol>
<b>Education and training:</b> Addressing issues and solutions relating to the shortage of nurse educators, the quality of education and training, the introduction of global standards, the upgrading of infrastructure and an increase in resources.	<ol style="list-style-type: none"> <li>1. Number of programmes to increase number of educators and nurses and midwives.</li> <li>2. PHC curriculum that targets pre-service education and in-service training on renewed PHC.</li> <li>3. Integration or adaptation of global standards for basic nursing and midwifery education of registered nurses and midwives.</li> <li>4. Establishment of a network for knowledge exchange.</li> </ol>
<b>Health service provision:</b> Takes into account the importance of the active engagement of nurses in policy decision-making and the implementation of PHC. It will also highlight the necessity for nurses and midwives to carry out research and collate experiences as evidence of effective PHC practice.	<ol style="list-style-type: none"> <li>1. Number of nurse/midwife leaders in PHC training activities.</li> <li>2. Number of health centres adopting the PHC approach to service delivery.</li> <li>3. At least one operational research project by nurses on increasing access and health service coverage.</li> <li>4. At least one model of interprofessional education and practice.</li> </ol>
<b>Workplace environment:</b> Includes the development and implementation of a regional nursing and midwifery policy framework based on the Islamabad Declaration, ILO convention 149 and recommendation 157 to ensure healthy workplaces and organizational structures that strengthen the performance and promote the retention of nurses and midwives, and maximize the health and well-being of nurses and midwives, thus improving workforce productivity and access to quality health care.	<ol style="list-style-type: none"> <li>1. Policy established in support of ILO convention 149.</li> <li>2. Number and type of activities related to ILO convention 149.</li> <li>3. % of nurses and midwives and other workforce vaccinated against hepatitis B.</li> <li>4. Number of health facilities certified with positive workplace environments.</li> <li>5. % of nurse/midwife managers trained in health and safety in the workplace.</li> <li>6. Number of training projects on workplace violence.</li> </ol>
<b>Talent management/capacity building for leadership:</b> Develop mechanisms and implement career structures, continuing education and recognition of skills, equipping nurse leaders with essential competencies for effective management and leadership roles.	<ol style="list-style-type: none"> <li>1. Availability of programmes for leadership/management capacity building.</li> <li>2. % of nurse/midwife leaders participating in capacity-building leadership.</li> <li>3. Number of leaders participating in PHC capacity-building training.</li> <li>4. Management performance assessments.</li> </ol>
<b>Partnerships:</b> Facilitate the mobilization of resources and the delivery of interventions to raise the capacity of nursing and midwifery to contribute to PHC. Twinning, networking and bilateral and global collaboration will be established and nurtured.	<ol style="list-style-type: none"> <li>1. A list of local, national and international partners engaged in activities related to nursing and midwifery.</li> <li>2. Local network in support of nursing and midwifery.</li> <li>3. A catalogue of joint planning activities in collaboration with partners (interprofessional activities, nurses' associations, civil society NGOs).</li> </ol>

WHO/HRH/HPN/09.3

# NURSING & MIDWIFERY

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