Stakeholders meeting on nursing and midwifery contributions to achieving the Millennium Development Goals for health

2–3 May 2005, Geneva

This meeting convened stakeholders and partners to discuss global health workforce issues and the global agenda for action and to seek commitment of assets to support health workforce development, particularly that of nurses and midwives. Participants also had the opportunity to provide recommendations and support for the development of the World health report 2006 and celebration of World Health Day 2006, which reflect the theme of human resources for health.

The primary purpose of this meeting was to seek broad-based individual and organizational input that will assist in the development and operation of the global action plan for nursing and midwifery; and to seek advice on needed collaborative actions by national and international stakeholders in achieving the Millennium Development Goals (MDGs) for health.

It was anticipated that the meeting would result in the development of workplans demonstrating a nursing and midwifery (NM) strategy for strengthening the workforce response to attain the MDGs.

The objectives of the meeting were to:

- provide an overview of the global health workforce crisis and the agenda for action;
- establish a mechanism to engage and mobilize nursing and midwifery (NM) networks and resources for health workforce development and for the World health report 2006 and World Health Day 2006;
- formulate draft content for the workplans in terms of product, activities and resources to guide NM contributions to health workforce development;
- generate strategies for integrating NM services in priority programmes;
- map out conclusions and recommendations for enhancing the NM workforce and services to achieve the MDGs for health.

Tim Evans, Assistant Director-General of the Evidence for Information and Policy Cluster (EIP), WHO, opened the Stakeholders Meeting on Nursing and Midwifery Contributions to Achieving the Millennium Development Goals by welcoming the meeting's participants. He went on to provide an overview of the complexity of the health workforce issues related to nursing and midwifery.

He noted that one important objective of the meeting was to shape key messages for the health workforce. He further noted the need for concrete recommendations and commitments to action from the meeting participants. The need to find ways to move forward was underscored by the meeting chair, Marla Salmon.
In his subsequent presentation, Tim Evans provided a more comprehensive picture of the health workforce situation, stressing that we are at present more interested in the outcome than in the means of getting there (“there” being how to achieve sufficient human resources for health). He alluded to the current situation as a “perfect storm”: many players with many approaches that are overwhelming the very countries they are meant to be assisting. He discussed issues integral to the health workforce crisis and noted that interventions could be disease-focused or, more optimally, system-wide.

An overview of the current crisis by region was provided – with Africa clearly being the most sorely affected, with both a high burden of disease and the lowest ratio of health workers per capita. Projections show a worsening in the coming decades. Core principles for addressing the health workforce crisis included directing actions at the country level and going beyond the health sector. Dr Evans outlined five action areas:

- the development of country action teams
- the need to overcome macroeconomic constraints
- that education must be resourced
- that technical cooperation must ensue
- and the need for more and better human resource intelligence.

Each of these areas was addressed in further detail.

Comments to Tim Evans's presentation from the stakeholders included the need to have a health system that was able to support its workforce, an impossibility considering the condition of the health sector in many countries.

Rachel Gumbi noted that not only is there a shortage of nursing and midwifery personnel, but that those who are available are often poorly distributed. Also of concern is the available skill mix in any setting. It is important that nurses be involved in health care planning as well as in building the evidence base for health and illness care. She also noted the need to have nurses with skills, knowledge and professionalism for problem solving and critical thinking. She concluded that nurses and midwives are the backbone of the health care system — and as such their inclusion in all aspects of health care is crucial.

In the ensuing presentation, Paolo Piva (SDE/HDP) provided an overview of the Millennium Development Goals, noting that most of the least-developed countries are considerably off-target at present, with no region on track for the desired decreases in maternal and childhood mortality. He noted that the achievements at present are that we know what we need and we know what resources are required. What is needed now is political will and momentum.

José Figueroa-Muñoz (HTM/TBS) provided an overview of how the Stop TB Programme was addressing the health workforce crisis: mobilizing, training and retraining, bringing together local and global resources and creating enabling policies. He referred to a multitude of priority programmes building on the same workforce needs and suggested looking at whether we achieved the necessary integration of these programmes to optimally use nurses and midwives. As for actions, he suggested:

- collaborating with governments, financial partners and technical assistance agencies to support the necessary health workforce planning and training as identified through the analysis of health workforce needs;
exploring with all stakeholders strategies for further mobilizing the health workforce for TB control from the full range of primary care providers, especially community groups and grassroots NGOs.

In conclusion, Dr Figueroa-Munoz supported the notion to build a global health workforce technical cooperation network for country support in order to harmonize efforts of all parties concerned with health workforce planning and capacity building at the global and local level.

Joyce Thompson provided a strongly worded response, noting that we already knew much of what had been stated (especially as regards the MDGs) and that the real issue was moving to action. She underscored that all eight of the MDGs affect the health of nations and that all are therefore health goals. Further, she underlined the non-negotiability of addressing the health of women and children – as well as the urgent need for nurses and midwives to play a role in responding to each of the Millennium Development Goals. Finally, Dr Thompson emphasized that nursing and midwifery provide the gold standard for health care and should be recognized accordingly.

Sandra Black (HTM/HIV) discussed activities related to nursing and midwifery in the HIV/AIDS Department as well as some professional practice issues that will be addressed in the near future.

In her presentation, Dr Black introduced WHO's overall response to HIV/AIDS, elaborated on normative activities to support the role of nurses and midwives in response to HIV/AIDS, and highlighted some relevant professional practice issues. Her main concerns included the following:

- Are HIV-positive health care workers obligated or required to disclose their status prior to engaging in potentially invasive procedures?
- In high HIV/AIDS prevalence areas, should there be an obligation or requirement for HIV testing of employees prior to work in high occupational-risk exposure areas, especially those related to tuberculosis and other airborne pathogens?
- In high HIV/AIDS prevalence areas, should there be an obligation or requirement for HIV testing of employees prior to their engagement in potentially invasive procedures?
- What are the special considerations for the provision of voluntary counseling and testing (VCT) in the health sector workplace?
  - The ILO code of practice on HIV/AIDS in the workplace discourages unlinked VCT activities at the workplace. What are the implications if the workplace is the health sector?
  - What are the implications for self-testing by health care workers?

In her recommendations and conclusions, Dr Black reiterated the crucial role of nurses and midwives in HIV/AIDS care and treatment and called for advancing the role of nurses and midwives in responding to the HIV/AIDS pandemic.

Monir Islam (Director, Making Pregnancy Safer) gave an overview of the importance of skilled birth attendants – who would be rightly placed in supportive and equitably resourced settings.

In his presentation, Dr Islam recalled the great number of women and children lost each year due to unnecessary mortality. He emphasized that many of the main causes of maternal and newborn mortality are preventable. More importantly, he pointed out that human resources are critical conditions to safe pregnancy and birth and that investments in Malaysia, Sri Lanka
and Thailand in midwives from the 1960s onwards proved a significant benefit and brought maternal mortality down in these countries. He stressed that developing countries deserve high-quality solutions equal to those in developed countries and that developing countries are not rich enough to invest in cheap ideas and strategies. Dr Islam concluded his presentation with a call for real partnership to achieve common health goals.

Mwansa Nkowane (FCH/GWH) outlined the importance that gender plays – not only for nurses and midwives, but in the achievement of the MDGs. She emphasized that gender sensitivity in nursing and midwifery begins by the recognition that men and women react and are affected differently. Therefore, there is a need to address gender issues systematically in the development of policies, programmes and research; equip those practising nursing and midwifery with appropriate gender-specific knowledge, skills and attitudes; and effectively advocate integration of gender all levels.

As for the shortage of skilled nurses worldwide, Mrs Nkowane pointed out that there is a shortage of males in the nursing and midwifery professions, and is closely linked to the social reference "male nurses". She also called attention to the fact that gender is an issue affecting policy decisions made by female nurses and midwives at higher levels due to lack of recognition resulting from low status in society. In conclusion, she stressed that WHO has been engaged in building capacity and developing skills to promote gender-sensitive and responsive policies and programmes and that WHO supports increasing knowledge and evidence on how sex differences and gender inequalities affect health, services and responses.

Judith Oulton (CEO, ICN) gave an overview of the work undertaken by ICN on the health workforce and concluded that there was no short-term, “magic bullet” approach. She echoed the sentiment of other participants when she noted that she did not want to see mistakes of the past being made again.

Before participants divided into groups, Jean Yan (HRH/NMO) provided a brief overview of global tends and directions – noting, as had Rachel Gumbi, that nurses and midwives are the backbone of the health system – and that the shortage of nurses is a symptom of a wider problem in the health system.

Comments following these presentations included the need for more global as well as country action – and the urgent need for more leadership from WHO. Concern was expressed regarding the urgency of finding ways to move forward, with the feeling that progress was often inconsistent due to a lack of commitment.

The afternoon session was spent in group assignments, with commitments and proposed actions subsequently provided in the areas of education, a technical cooperation network, the health workforce observatory and recruitment and retention – for which a summary (see annexes) was provided before the end of the session.

Commitments by the stakeholders were made in the following areas:

- leadership training and policy development
- career development
- health workforce support
- survey development
- technical networking
- distance education
- knowledge management
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- development and support of nursing schools
- actions towards providing a safe working environment
- evaluating health planning advocacy and political commitment
- research on migration and management of health personnel
- research on practice and health systems improvement
- development of training materials.

The meeting continued with group work to address the structure, key messages and potential contributions to the upcoming *World health report* in 2006 on the health workforce. The recommendations of the five working groups are summarized below.

**Summary of group work on World health report 2006 and World Health Day 2006**

**Key messages**

**Group 1**
- value of the health workforce
- cost of the health workforce
- crisis that nursing/midwifery is facing
- projected health workforce demand.

**Group 2**
- MDGs will not be achieved unless health workforce issues are addressed
- in health, people make the difference.

**Group 3**
- gender analysis model
- interdisciplinary health focus discussion in relation to health outcomes
- emphasize that the health workforce should not be seen only as a cost but be linked to productivity
- highlight human potential/capital
- show correlation human potential and health outcomes.

**Group 4**
- in order to improve health outcomes we need to resolve health workforce issues
- messages should be action steps: What steps is the report promoting? They should be at two levels:
  - immediate level (critical situation at present, time frame six months)
  - long term (the focus of most of the report)
- with the report there should be a communication piece to make use of the report, to make it a daily tool:
  - solution-based strategies
  - useful web sites
  - examples of tools, case studies
  - models of planning
  - benchmarks
- video clips.

- after the initial release to mark the report's launch, media releases should continue
- information to be translated into language the public can understand
- the report should be universally applicable and not just focus on specific regions.

**Group 5**

- equity of opportunity
- north/south balance
- contributions to other than health outcomes – financing/policy/governance
- coordination between ministries (health/finance/practice/labour), etc.
- World Trade Organization (WTO) involvement
- global approach.

**Structure of the report**

**Group 1**

Aspects to add:

- All aspects related to specialization
- Recommendation to incorporate and highlight issues related to nursing and midwifery through the document; whenever possible specify nursing issues in areas of migration, gender, and other. A special chapter might be ignored by those who are not especially interested in nursing.

**Group 2**

- understanding of the natural history of the organization of nursing and midwifery and dynamics applicable to every health discipline:
  - dynamics of workforce, e.g. migration, gender issues, security benefits
  - nursing as a primer (gold standard) of what is happening to other health workers
  - showcase nurses and midwives because the evidence is strong in nursing, i.e. (a) nurses and midwives make a difference; (b) there is ample evidence; and (c) extrapolate lessons learnt from nursing
- discussion on work conditions issues – workplace evidence, salaries, HIV/AIDS
- vision of what a focus on health workforce development should achieve
- no analytical model of the process of health workforce development is valid worldwide
- the public-health workforce should be understood to mean nurses.

**Group 3**

- need for a final chapter on policy implications, e.g. call to action and what countries need to do
- chapter 4 should highlight issues of recruitment and retention
- community practice
- should also highlight the importance of "public health" in relation to achieving good individual health.
- include mid-decade report.

**Group 4**

- need to relate this report to MDGs, clarify this in first chapter
- clarify the issue of human rights (freedom of movement).
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Group 5
- retention and recruitment needs additional emphasis
- chapter dedicated to nursing and midwifery challenges may be worthwhile as case study.

What contribution could nurses add to this report?

Group 1
- make a case of what works and doesn’t work.
- research that is being done
- voices of health workers: personal experiences and stories
- demonstrate that nurses and midwives contribute to improved health outcomes at national, regional and international level.

Group 2
- framework for rationalizing relationships of different disciplines in health care work – power of the health care team in a continuum of care
- links to health care, mobilization of resources, levels of community care.

Group 3
Focus on personnel on WHD: WHO should work with ICN (when developing the toolkit for the WHD. For example, a nurse in Southern Africa talking about the work in an HIV campaign to promote nursing and midwifery.

Group 4
- WHO collaborating centres can disseminate the content of the report in their regions
- Professional organizations (health and health workforce) can have links to web site and in their other communication. Chat rooms.
- Report can be disseminated locally through newsletters, meetings.
- International organizations (such as ICN, ICM, STTI, and other specialized organizations) can help disseminate the messages of the report
- Consultants need to be informed of the report in order to use in their consultations.

Group 5
- The focus of the June 2006 meeting of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development will be on the health workforce.
- universities should comment on education
  - investigate potential of midwifery as part of nursing training
  - local constituencies should cite report and increase awareness of report with policy-makers/nursing experts/other health organizations
  - ICN/ICM facilitate collection of good data that provides evidence of health workforce issues globally.

Ongoing studies/studies you are aware of?

Group 1
- Distance-learning activities and its coverage of the University of South Africa
- Harmonization of basic nursing education for nurses and midwives at national and regional level (ECSacon). The purpose is to improve collaboration and partnership.
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Group 2
- Canada – offer health workforce vision, conceptual framework, analytic model, offer “partnerships”– policy and research
- Philippines – a country case study on health worker migration (ILO funded); series of demand and supply studies on different programmes: specialization of physicians, dentist supply and demand, pharmacy supply and demand
- Case studies from Costa Rica, Cuba, Sri Lanka
- Advocacy pieces of unions and associations to give voice to messages of different disciplines.

Group 3
- WHO should work with ICN (when developing the tool kit for the WHD. For example, a nurse in Southern Africa talking about the work in HIV campaign to promote nursing and midwifery.

Group 4
- Linda Aiken
- Peter Berhaus
- Jack Needleman
- Health Resources and Services Administration (USA)
- Eurocare project funded by European Union
- primary health care models and evaluated projects that can influence today's health workforce, via multidisciplinary multisectoral approaches
- Master's theses and PhD dissertations
- need to use qualitative data to support quantitative data.

Group 5
- Does ICN have any data/studies?
- Workplan investment –West of Scotland Workforce Development Group
- Probably country-level data that match needs with educational opportunities – prospective or predictive studies may exist
- “Workforce demand” in Poland
- Hopkins JHPIEGO and the private study groups may have data (JHPIEGO has nursing brain drain)
- India nursing group study: Dean Jacob, Vellore University, India.

Key analytical question?

Group 1
- Imbalances between supplies and demands: between professional groups and within professional groups.

Group 2
- questions that arise from the perceptions of consumers and users of health care
- group members offer analytical questions and framework of existing studies.

Group 3
- Reports are abundant and contain data that should be analysed, e.g. migration study of nurses and midwives to United Kingdom. Nursing councils have data for verification.
Group 4

- what are the trends in the health workforce?
- the effect of trade agreements
- solutions need to accommodate international trends
- which health care models might be associated with better health outcomes?
- better use of information systems and technology to guide resource planning.

Group 5

- Are there data that support the notion of a “North/South” divide, or is this semi-anecdotal?
- Studies of the nature of nursing: Are requirements decreasing? Maybe about standardized curriculum? Not just about density, but it’s about quality.
- The model of the 1970s and 1980s did not work: We need higher-level practitioners. Where are the data that support this? Where is the evidence?
- Identify the studies that demonstrate this – potential credibility gap? Is failure to reduce mortality really related to failure of village providers (less fully prepared) or overall failure of medical model?
- Strategies must align with the science evidence (leave politics and bias at the door). Different solutions for different situations (regional and local influences).
- What is the gap between official nursing practice levels versus reality? So if the law reads “no delivery and no injections” but the only attendant is a nurse or midwife, drugs and injections are administered anyway. These are “hidden” and worrisome, as reality requires nurses and midwives to act outside their legal scope of practice and outside their expertise/knowledge. We cannot know and intervene in matters we cannot identify.
- What are the differences between countries with regard to levels of authority and responsibility within practice?

Further group work focused on five key areas where the nursing and midwifery agenda requires additional, concentrated attention and action. These areas were as follows:

- education
- technical cooperation network
- health workforce observatory
- recruitment and retention
- evidence-based practice/research.

A summary of the reports of the various groups is given below.

**Investing in education: scaling up production of nurses and midwives**

The shortage of nurses and midwives has reached a critical point globally; cost-effective educational strategies must be devised to address the issue. In the stakeholder meeting at WHO on 1 May 2005, the working group on "Education" based its discussion on the following vision:

*To produce adequate numbers of competent nurses and midwives who are relevant to country needs within a relatively short period.*

The group discussed how this vision could be realized, considering the many variables affecting the nurse and midwife shortage, which vary from country to country. Of importance was the impact of ministries of health, education, planning and finance, as well as regulatory and professional bodies, that:
• are bureaucratic in their approach and slow in action
• lack coordination
• do not always share priorities that can help solve the needs of countries to have a well-prepared, stable nurse and midwife workforce.

Issues raised

Nomenclature of nurse/midwife categories and standards
• Different countries have similar categories with different names. In the group it was felt that harmonization of names of categories would be essential for communication and setting of standards which will facilitate access and articulation between educational programmes between countries.
• Where possible, these standards could apply regionally at first and gradually disseminated to other countries as needed.
• **Limitation:** language and culture.

Collaboration and coordination
The issue of scaling up the production of nurses and midwives can only be realized if countries collaborate to share resources:
• capacity building for nurse educators
• teaching methodologies, e.g. face-to-face and online delivery
• curriculum sharing
• support for accreditation of schools and programmes
• support for national and international licensure exams
• high-quality continuing education programmes
• retraining for people who have been out of the workforce.

Need for high-level planning
Lack of health workforce planning at the governmental level (policy-making) limits the capacity of the educational sector to respond adequately to the health needs of the country in terms of numbers, categories and specialties.

Evidence-based practice
The group discussed whether the aim is to focus on individual nurses' evidence-based practice versus evidence-based practice of the health workforce. The group concluded that the focus would be human resource issues raised by the group.
• need to know what stakeholders have already done in relation to evidence base
• reviewing the evidence base compendiums (Cochrane, Johanna Briggs) and compare them with the MDGs
• develop guidelines based on evidence base with specific tasks that can be individualized in each country (according to their skill mix, environment, distribution and level, and resources)
• developing research agenda to meet gaps identified in the evidence base. Sigma Theta Tau could develop and share the agenda as part of its evidence base research conference
• both qualitative and qualitative data are needed to document how nurses and midwives make a difference; need to identify specific indicators
there is a need to have an integrated, multidisciplinary approach to the health workforce
based on MDGs, clarify tasks required, who should be doing them and expected outcomes
need to focus not only on the cure and care aspects of the health workforce, but also to
look at its roles in health promotion and disease prevention
need to look at countries where there are success and failure stories related to the health
workforce in order to learn from them
improve methods of dissemination of evidence-based health workforce approaches
issues could be announced by WHO to attract stakeholders taking on certain action (e.g.
development of guidelines, development of research agenda for health workforce, review
of gaps with MDGs)
STTI could help with dissemination of information.

Recruitment and retention
The group concluded that conditions required to increase recruitment and retention in nursing
and midwifery affect each other. The group's summary included activities, resources needed,
partners to involve and timeframe.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Resources needed</th>
<th>Partners needed/commitment</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>• image of nursing and midwifery</td>
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<td>• career structure</td>
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<td>• gender equality</td>
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<tr>
<td>• tool to work with</td>
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<tr>
<td>2. Advocacy</td>
<td>Funds, tools, evidence</td>
<td>MoH, WHO, politician development, Commonwealth agencies, World Bank, IMF, professional associations</td>
<td>Ongoing</td>
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<tr>
<td>3. Develop nursing and midwifery leadership</td>
<td>Local, ICM, ICN, MoH, professional associations</td>
<td>Local aspects, ICM, ICN, MoH, professional associations, regional organizations</td>
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<tr>
<td>4. Global Fund to include basic human resource principles</td>
<td>Funds</td>
<td>MoH, professional associations, regional organization, development agencies (USAID, JICA, WHO)</td>
<td>One year</td>
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<td>5. Regular information sharing between regions and countries (North–South collaboration)</td>
<td>Funds (standing)</td>
<td>Health Canada, CSC, regional organizations, MoH, ICM, ICN</td>
<td>Ongoing</td>
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<tr>
<td>6. Increase retirement age/refused nurses and midwives</td>
<td>Funds: local and international</td>
<td>ILO, nurse/midwife associations, MoH, development agencies, nursing council, ICM, ICN</td>
<td>By 2008</td>
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<td>7. Strengthen nurse associations</td>
<td>Funds: local and international</td>
<td>ICM, ICN, intrahealth and international, development agencies, MoH, nursing councils</td>
<td>By 2010</td>
</tr>
<tr>
<td>8. Develop international standards of accreditation</td>
<td>Funds: local and international</td>
<td>ICM, ICN, WHO, nursing councils, professional associations, academic institutions</td>
<td>By 2008</td>
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Human resources observatory: summary of discussions

Why an HRH observatory?
The health workforce is a determinant of health:

- the health workforce is a priority issue worldwide
- better evidence to support health workforce actions and policy and planning
- action requires data and analysis.

Resources required

- capacity (technical, political, leadership)
- infrastructure: sustainable
- core data: bottom-up, standards, comparability issues, country-specific, quantitative versus qualitative
- policy-driven or data-driven
- nursing versus generic
- notion of nursing as a case study.

Key elements and approaches

- variety of health workforce approaches within and among countries
- highly political
- importance of mapping
- need to recognize country-specific, region-specific, state-specific, province-specific issues
- need to hear lessons learnt.
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How to develop and sustain
- requires infrastructure: ongoing resources required for sustainability
- requires capacity: leadership, technical expertise
- needs to be sensitive to country-based issues
- need to commit to listening to lessons learnt
- need to consider both process and outcomes
- need to use best evidence and best practice
- partnership: policy, researchers, professional associations, employers, unions, etc., regulators

Policy action
- who is in (membership versus focused)
- how to get nursing involved
- requires leadership
- requires evidence

Action
Requires experts:
- LCCIN and partners offer to host 2006 Global Health Partners Forum for observation and other strategies: bring in specialists, technical experts
- need better leadership at policy level
- need better technology/technical piece

Strategies
- Regional partnerships for generation of best practices
- Facilitation of existing mechanisms
- Mobilizing local associations (using networks)

PAHO example:
- lessons learnt: bilateral cooperation (with regions and other)
- share agreements
- capacity building: health policy research
- repository of knowledge/data
- policy with policy-makers

Canada example:
- Nursing and midwifery officers
- F/P/T stakeholders process
- conceptual framework
- analytical model
- needs links to outcomes
- working partnership

Technical Cooperation Network
The discussion focused on the proposed establishment of a Community of Practice (COP) model of partnerships and information sharing, which Barbara Parfitt will take forth as a proposal to the WHO Nursing–Midwifery CC Network Executive Committee.
The rationale for the formation of a COP is to contribute to the strengthening of overall health workforce capacities needed to support attainment of MDGs, through facilitation of access to knowledge, information, resources.

**Underlying principles discussed**
- a common vision with clear processes, clear outcomes, scope of work
- committed management and leadership
- institutions, partners committing within their own means, capacity, expertise, budgets
- focused, using principles of operation
- hard tools (communication technologies) and soft tools (human resources)
- common ownership and acknowledgement of contributions (no one takes over or controls the overall processes)
- open, expandable boundaries with acknowledgement and agreement of contributions
- targeted at areas where there are gaps.

An aim is to promote global discussion of lessons learnt, what worked, what has not, how the experience and evidence marry, how to go forward.

**Stated contributions and follow-up actions**

<table>
<thead>
<tr>
<th>Name</th>
<th>Contributions/Actions</th>
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<tbody>
<tr>
<td>Kathy Fritsch</td>
<td>Commits to sharing-providing information re other institutions, persons with relevant expertise, who would be committed to contributing to the COP, joining as contributing partners</td>
</tr>
<tr>
<td>Ascobat Gani</td>
<td>Commits to sharing advocacy, political leadership development approaches, tools, strategies to convince policy makers to build-strengthen the investment in the health workforce</td>
</tr>
<tr>
<td>Bharathy Jacob</td>
<td>Sharing good practices, curricular training materials, knowledge and information related to HIV/AIDS, interest in participating in HIV/AIDS group</td>
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<tr>
<td>Barbara Parfitt</td>
<td>Will put forth the proposal for a COP to the CC Network Executive Committee, as a means to increase access to knowledge and information, to support health workforce strengthening towards achievement of MDGs</td>
</tr>
<tr>
<td>Barbara Stilwell</td>
<td>Maintenance of open communications channel re work on health workforce observatory, other technical cooperation networks, with the nursing network</td>
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<tr>
<td>Margaret Usher-Patel</td>
<td>Mentoring-sharing of developmental lessons learnt, system expertise, etc.</td>
</tr>
<tr>
<td>G. Wojcik</td>
<td>Informal assessment of possible interest of nursing schools for either CC potential development of possible contributions to COP</td>
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The meeting concluded with the call for setting up a Stakeholders Task Force that will be headed by Dr Jean Yan. The Task Force will follow up on recommendations and commitments made by the Stakeholder Group and report to the next Global Advisory Group meeting. Members of this Task Force will be Peggy Chibuye, Sawsan Majali and Barbara Parfitt. Two additional members from the larger stakeholder group will be identified later on.
Matrix resulting from the group work

The Matrix provides a summary of the outputs of the five working groups during the Stakeholders Meeting on Nursing and Midwifery’s Contribution to Achieving the Millennium Development Goals for Health, held in May 2005. It shows the areas of work, collaborative partnerships and stakeholders' commitments for strengthening nursing and midwifery services. To ensure that these partnerships will lead to optimum outcomes, the following values will be observed:

- **inclusiveness**: any interested individuals or organizations with expertise and relevant work in the different work areas/activities are welcome to participate;
- **transparency**: the manner of conducting the work of the group will be clearly defined and shared with all partners;
- **engagement of partners**: opportunities for partners to actively participate in the project will be limitless. An environment for collaboration and action will be nurtured throughout the planning, implementation and evaluation phase;
- **communication**: a system will be established that will ensure that all partners will be heard and included in the communication loop.

Acronyms used in the table

<table>
<thead>
<tr>
<th>Acronyms and abbreviations</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
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<tr>
<td>AMRO</td>
<td>WHO Regional Office for the Americas</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
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<tr>
<td>COMSEC</td>
<td>Commonwealth Secretariat</td>
</tr>
<tr>
<td>CNA</td>
<td>Canadian Nurses Association</td>
</tr>
<tr>
<td>CWRU</td>
<td>Case Western Reserve University</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development and Co-operation, United Kingdom</td>
</tr>
<tr>
<td>EMRO</td>
<td>WHO Regional Office for the Eastern Mediterranean</td>
</tr>
<tr>
<td>EURO</td>
<td>WHO Regional Office for Europe</td>
</tr>
<tr>
<td>GAGNM</td>
<td>WHO Global Advisory Group for Nursing and Midwifery</td>
</tr>
<tr>
<td>GCNO</td>
<td>Government Chief Nursing Officer</td>
</tr>
<tr>
<td>GNWHOCC</td>
<td>Global Network of WHO Collaborating Centres</td>
</tr>
<tr>
<td>HC</td>
<td>Health Canada</td>
</tr>
<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
</tr>
<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
</tr>
</tbody>
</table>
### Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>INTRAH</td>
<td>International Training in Health programme</td>
</tr>
<tr>
<td>JHPIEGO</td>
<td>International health organization affiliated with Johns Hopkins University, Baltimore, Maryland, United States of America</td>
</tr>
<tr>
<td>JHUWHOCC</td>
<td>Johns Hopkins University WHOCC</td>
</tr>
<tr>
<td>J &amp; J</td>
<td>Johnson &amp; Johnson</td>
</tr>
<tr>
<td>KMS</td>
<td>WHO Department of Knowledge Management and Sharing</td>
</tr>
<tr>
<td>LCCIN</td>
<td>Lillian Carter Center for International Nursing</td>
</tr>
<tr>
<td>NMO</td>
<td>WHO Office of Nursing and Midwifery</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>RHR</td>
<td>WHO Department of Reproductive Health and Research</td>
</tr>
<tr>
<td>RNA</td>
<td>WHO Regional Nurse Advisers</td>
</tr>
<tr>
<td>STTI</td>
<td>Sigma Theta Tau International</td>
</tr>
<tr>
<td>UT</td>
<td>University of Toronto, Toronto, Ontario, Canada</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
## Matrix of stakeholders' activities

### Agenda: Technical Cooperation Network

<table>
<thead>
<tr>
<th>Goal</th>
<th>Partners</th>
<th>Objective/Activity</th>
<th>Lead contact</th>
<th>Committed resources</th>
<th>Status</th>
</tr>
</thead>
</table>
| Establish a Community of Practice model (Pilot CoP)                   | WHO                       | Introduce CoP model into 3 subject areas maximizing support from JHU, WHOCC, Oracle and Global Network secretariat. Each CoP should aim to prepare 2 statements of best practice for dissemination, implementation by December 2006. | Barbara Parfitt | GNWHOCC: secretariat will provide management and administrative support and recruit CCs for the pilot phase  
JHUWHOCC: will provide required technology  
Oracle: will provide appropriate technology and financial resources for pilot programme  | Potential subject areas have been identified.  
Family health nursing  
HIV/AIDS  
Making pregnancy safer  
Dialogue commenced with resource providers  
Timeline for pilot phase: September 2005 |

### Agenda: Recruitment and retention

<table>
<thead>
<tr>
<th>Goal</th>
<th>Partners</th>
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</tr>
</thead>
</table>
| Determine the impact of intervention packages on retention of nursing and midwifery workforce in developed and developing countries | UK Department of Health NMO and relevant RNAs COMSEC ICN | Identify resources/ funding to conduct a study on the impact of recruitment/retention package on the improved status of the nursing workforce. The result of the study should be presented to GAGNM by December 2005 and included in the World health report 2006 (WHR 06). | Jean Yan/Christine Beasley/ Peggy Vidot | UK Department of Health: provide experts  
COMSEC | Dialogue commenced with resource provider.  
Proposed Timeline: October 2005 |
Provide Member States with needed information and guidance to review and come up with national position on the Convention (C 149)

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Objectives</th>
<th>Proposed Actions</th>
<th>Resources/ Funding</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILO NMO and RNAs</td>
<td>Identify resources/ funding to collate C149 convention data and prepare synopsis report on in-country position. A report should be presented to GAGNM by October 2005 and incorporated in the WHR 06. Further, a survey should be conducted on the individual country information and a needs assessment performed to enable the development of information materials for Member States, the findings should be reported to GAGNM and included in the WHA Resolution report by November 2005.</td>
<td>Susan Maybud/ Jean Yan</td>
<td>ILO: funding NMO: technical cooperation</td>
<td>Consultant identified. Proposed timeline for report: October 2005</td>
</tr>
</tbody>
</table>

Build capacity for leadership and partnership in health.

<table>
<thead>
<tr>
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<th>Resources/ Funding</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCCIN NMO J &amp; J ICN</td>
<td>Convene a global partnership meeting of GCNOS and CMOs with the aim of strengthening capacity for managing priority health programmes in country. Meeting should be held in October 2006. Convene a global forum for Government Chief Nurses prior to WHA 06.</td>
<td>LCCIN: Marla Salmon Jean Yan, NMO/ ICN</td>
<td>LCCIN: host the meeting NMO participation J &amp; J: funding ICN NMO will host the meeting.</td>
<td>Planning for the meeting started. Resources identified. Timeline: October 2006. Identifying dates, partners and funding for the meeting. Timeline: May 2006.</td>
</tr>
</tbody>
</table>
Nursing and midwifery stakeholders meeting, 2–3 May 2005

| Develop a retention strategy for nursing and midwifery and other health professionals. | COMSEC NMO DFID INTRAH ICN | Write a joint NMO/COMSEC proposal for funding on health workforce retention and recruitment, particularly for NM. The proposal will be submitted to DFID for funding. | Peggy Vidot/Jean Yan NMO participation. |

**Agenda: Investing in education**

<table>
<thead>
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<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen capacity of learning institutions to deliver high-quality programmes through use of technology.</td>
<td>GNWHOCC KMS: e-health NMO EURO INTRAH</td>
<td>Design an e-health strategy for nursing and midwifery training.</td>
<td>NMO</td>
<td>GNWHOCC: provide training materials and curricula. KMS: provide technical expertise (platform). NMO: assist Member Countries with localization of training materials.</td>
<td></td>
</tr>
<tr>
<td>Develop global standards for basic nursing education/ accreditation.</td>
<td>Sigma Theta Tau EURO NMO JHPIEGO</td>
<td>Convene meeting of nursing practitioners, educators and regulators by October 2005 with aim of harmonizing nursing and midwifery curricula and to develop robust mechanisms for measuring in-country compliance. At close of meeting, key recommendations should be prepared for distribution to the Member States, professional associations, councils and GAGNM.</td>
<td>Karen Morin</td>
<td>STTI: host the meeting and provide expertise. EMRO, EURO, AFRO, PAHO: regional and country support. NMO: technical support Possible partners: • Arab Association of Deans of Schools of Nursing; • East, Central and South African Schools of Nursing; • Council of Deans in Europe</td>
<td></td>
</tr>
</tbody>
</table>
## Nursing and midwifery stakeholders meeting, 2–3 May 2005

<table>
<thead>
<tr>
<th>Faculty development</th>
<th>Design a faculty development programme</th>
<th>GNWHOCC NMO</th>
</tr>
</thead>
</table>

### Agenda: Evidence-based practice

<table>
<thead>
<tr>
<th>Goal</th>
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</tr>
</thead>
<tbody>
<tr>
<td>WHR and WHD 06 (Contribute to WHR and WHD)</td>
<td>CNA NMO HC ICN, ICM</td>
<td>Prepare evidence on nursing and midwifery workforce, best practice models for integration in the WHR 06</td>
<td>CNA/NMO/ICN</td>
<td></td>
<td>Selection of consultant started. Timeline: October 2005.</td>
</tr>
<tr>
<td>WHA report Prepare the WHA report</td>
<td>CNA/HC/UT NMO ICN ICM</td>
<td>Draft the WHA progress report on nursing and midwifery.</td>
<td>CNA/NMO/ICN/UT</td>
<td></td>
<td>Selection of consultant started. Timeline: October 2005</td>
</tr>
<tr>
<td>Policy Briefs</td>
<td>CWRU NMO</td>
<td>Conduct data mining exercise on available nursing and midwifery data; put together a policy brief on the nursing and midwifery workforce.</td>
<td>Liz Madigan</td>
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</tbody>
</table>

### Agenda: Health workforce observatory

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Establish an NM minimum data set.</td>
<td>HC UT NMO JHPIEGO</td>
<td>Work with relevant stakeholders and define the minimum NM data set.</td>
<td>L. O'Brien, Gail Tomblin Murphy</td>
<td>Office of Nursing Policy</td>
<td></td>
</tr>
<tr>
<td>Strengthen current NM database.</td>
<td>HC UT NMO</td>
<td>Evaluate the scope of the current NM database.</td>
<td>Linda O'Brien, Gail Tomblin Murphy</td>
<td>Office of Nursing Policy</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2

Stakeholders meeting on nursing and midwifery contributions to achieving the Millennium Development Goals

2–3 May 2005, Geneva

List of participants

Temporary advisers
Dr Patricia Abbott, Assistant Professor, Johns Hopkins University, School of Nursing, Baltimore, Maryland, UNITED STATES OF AMERICA
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Dr Moussa Alta'ani, Director, WHO Collaborating Centre for Nursing Development, Faculty of Nursing, Jordan University (JUST), JORDAN
Dr Peggy Chibuye, Country Representative, Elizabeth Glaser Paediatric Aids Foundation, Mbabane, SWAZILAND
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Dr Cheryl Dennison, Assistant Professor, Johns Hopkins University, School of Nursing, Baltimore, Maryland, USA
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Ms Kathy Herschderfer, Secretary General, International Confederation of Midwives, The Hague, NETHERLANDS
Professor Bharathy Jacob, Dean, College of Nursing, Christian Medical College, Tamil Nadu, INDIA
Dr Euisook Kim, President, Korean Nurses Association, Seoul, KOREA
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Nursing and midwifery stakeholders meeting, 2–3 May 2005

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Dr Susan Maybud, Health Services Specialist, Sectorial Activities Department, International Labour Organization, Geneva, SWITZERLAND

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Professor Sophie Mogotlane, Academic Chairperson, Department of Health Studies, University of South Africa, Pretoria, SOUTH AFRICA

Dr Karen Morin, Director, Sigma Theta Tau International, Indianapolis, Indiana, UNITED STATES OF AMERICA

Ms Olive Munjanja, Coordinator, Human Resources Development and Capacity Building, ECSACOM, College of Nursing, Arusha, UNITED REPUBLIC OF TANZANIA

Capt Kerry Nesseler, Associate Administrator, Bureau of Health Professions, Health Resources Service Administration, Rockville, Maryland, UNITED STATES OF AMERICA

Dr Linda O'Brien-Pallas, Faculty of Nursing, University of Toronto, Toronto, Ontario, CANADA

Mrs Judith A. Oulton, Chief Executive Officer, International Council of Nurses, Geneva, SWITZERLAND

Professor Barbara Parfitt, Secretary-General, Global Network of WHO Collaborating Centres, Glasgow Caledonian University, Glasgow, SCOTLAND

Mr Robert Rice, Director, Workforce Development Capacity Project, IntraHealth International, Chapel Hill, North Carolina, UNITED STATES OF AMERICA

Dr Marla Salmon, Director, Lillian Carter Center for International Nursing, The Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia, UNITED STATES OF AMERICA

Ms Lois Schaefer, Senior Adviser, USAID/GHPRH/SDI, Washington, DC, UNITED STATES OF AMERICA

Mrs Kirsten Stallknecht, Former President, International Council of Nurses, Allerod, DENMARK

Dr Joyce Thompson, Vice Chair Global Advisory Group Nursing and Midwifery, Professor of Community Health Nursing, Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, UNITED STATES OF AMERICA

Dr Gail Tomblin Murphy, Associate Professor, Dalhousie University, Halifax, Nova Scotia, CANADA

Mr Paul van Ostenberg, Managing Director, International Office, Joint Commission International, Ferney Voltaire, FRANCE

Ms Peggy Vidot, Adviser Health Section, Commonwealth Secretariat, London, ENGLAND

Mrs Grazyna Wojcik, Consulting Services Know How, Warsaw, POLAND
Nursing and midwifery stakeholders meeting, 2–3 May 2005

**Rapporteur**
Ms Virginia O'Dell, Technical Officer EIP/SPO

**World Health Organization**

**Regional offices**
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Dr Sandra Land, Regional Adviser on Local Health Services (Nursing Services), WHO Regional Office for the Americas
Mrs Silvina Malvarez de Carlino, Regional Adviser on Nursing and Allied Health Personnel Development, WHO Regional Office for the Americas
Mrs Margaret Loma Phiri, Regional Adviser for Human Resources, Nursing, Division of Health Systems and Services Development (DSD), WHO Regional Office for Africa
Dr Prakin Suchaxaya, STP-Nursing and Midwifery Adviser, WHO Regional Officer for South-East Asia
Dr Lis Wagner, Manager, Nursing and Midwifery Programme, WHO Regional Office for Europe

**Headquarters**
Ms Sandra Black, Technical Officer, HTM/HIV/TPS
Dr Mario Dal Poz, Coordinator EIP/HRH/TEP
Dr Khassoum Diallo, Statistician EIP/HRH/TEP
Dr Carmen Dolea, Medical Officer EIP/HRH/PIE
Dr Timothy Evans, Assistant Director-General EIP
Dr Gulin Gedik, Medical Officer EIP/HRH
Dr Monirul Islam, Director FCH/MPS
Mrs Margareta Larsson, Technical Officer Midwife FCH/MPS
Dr Abdelhay Mechbal, Director HRH a.i., EIP/HRH
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Dr Paolo Piva, Adviser SDE/HDP
Ms Barbara Stilwell, Coordinator HRH/PIE
Ms Margaret Usher-Patel, Technical Officer FCH/RHR/IBP
Dr Jean Yan, Chief Scientist Nursing and Midwifery EIP/HRH
Dr Miklos Zrinyi, Technical Officer EIP/HRH
Dr Pascal Zurn, Health Economist HRH/PIE
Nursing and midwifery stakeholders meeting, 2–3 May 2005

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