OPTIONS ANALYSIS REPORT ON STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY (2016–2020)
CONTENTS

ACKNOWLEDGEMENTS ................................................................................................................... 2

ABBREVIATIONS ............................................................................................................................. 3

EXECUTIVE SUMMARY .................................................................................................................. 4

INTRODUCTION ................................................................................................................................. 5

METHODS AND APPROACH ............................................................................................................. 6

RESULTS AND DISCUSSION ........................................................................................................... 7

CONCLUSION ........................................................................................................................................ 9

OPTIONS ............................................................................................................................................... 10

ANNEX 1: SELECTED COMMENTS FROM SURVEY PARTICIPANTS ............................................... 11
  Chief government nursing and midwifery officers ................................................................. 11
  WHO collaborating centres in nursing and midwifery/health workforce and policy
  and planning personnel ............................................................................................................. 13
  Regional WHO nurse and/or human resource for health advisers and WHO staff ............ 14
  Key international nursing and midwifery organizations ....................................................... 15
  Key global health leaders ......................................................................................................... 15

ANNEX 2: RECOMMENDATIONS FROM THE 2014 GLOBAL FORUM OF GOVERNMENT CHIEF NURSING AND MIDWIFERY OFFICERS .......................................................... 17

ANNEX 3: RESPONDENTS ............................................................................................................... 19
ACKNOWLEDGEMENTS

The survey, which is the basis of this report, was commissioned to determine the future of the global strategic directions on strengthening nursing and midwifery. The survey involved extensive information gathering from key stakeholders within the nursing and midwifery professions and externally.

The World Health Organization acknowledges the participation of key informants including, government chief nursing and midwifery officers (GCNMOs), WHO collaborating centres in nursing and midwifery, human resources for health workforce, WHO regional nursing and midwifery advisers and human resources for health advisers, WHO staff, leaders from international nursing and midwifery organizations and global health leaders.

The survey and drafting of this report were carried out by Stephanie Ferguson, International Nursing and Healthcare Consultant.

Project conceptualization, coordination and finalization of the report were conducted by Annette Mwansa Nkowane, Technical Officer, World Health Organization, Health Workforce Department. This work was performed under the leadership of Jim Campbell, Director, Health Workforce, World Health Organization and Executive Director, Global Health Workforce Alliance.
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CGFNS</td>
<td>Commission on Graduates of Foreign Nursing Schools</td>
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<td>CMO</td>
<td>Chief Midwifery Officer</td>
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<tr>
<td>CNO</td>
<td>Chief Nursing Officer</td>
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<tr>
<td>GCNMO</td>
<td>Government chief nursing and midwifery officer</td>
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<td>GSHRH</td>
<td>Global Strategy on Human Resources for Health</td>
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<td>HWF</td>
<td>Health Workforce Department (WHO)</td>
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<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
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<td>ICN</td>
<td>International Council of Nurses</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SDNM</td>
<td>Strategic Directions for Strengthening Nursing and Midwifery</td>
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<tr>
<td>SIDIEF</td>
<td>Secrétariat International des Infirmières et Infirmiers de l’Espace Francophone</td>
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<tr>
<td>STTI</td>
<td>Sigma Theta Tau International</td>
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<tr>
<td>WHO CC</td>
<td>World Health Organization collaborating centre for nursing and midwifery</td>
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EXECUTIVE SUMMARY

Through World Health Assembly (WHA) resolutions, Member States have long acknowledged the essential contribution of nurses and midwives to improving health services and the health outcomes of individuals, families and communities. Several WHA resolutions over the years have helped to shape the nursing and midwifery agenda in WHO and its Member States. In 2001, the WHA resolution on strengthening nursing and midwifery services called for WHO to develop a global nursing and midwifery services development plan. This resulted in the development of the Strategic Directions for Strengthening Nursing and Midwifery (SDNM) 2002–2008 and 2011–2015 and subsequent progress reports.

The purpose of this report is to present the findings of key informant interviews on options appraisal on strengthening nursing and midwifery in the period 2016–2020. This review embraced relevant strategies and key documents such as the Global Strategy on Human Resources for Health: Health Workforce 2030 (GSHRH) and the post-2015 Sustainable Development Goals (SDGs) agenda, to determine the relevance and effectiveness of having another SDNM 2016–2020 (or similar document). The results of the options analysis suggest evidence-informed strategies and recommendations to WHO to determine the best way forward.

Two critical databases of personnel were used in the process of engaging key stakeholders:
- CGNMOs and key stakeholders who attended the May 2014 WHO Global Forum for Government Chief Nurses and Midwives; and
- Designated WHO collaborating centres for nursing and midwifery staff.

These two databases included the majority of WHO regional advisers for nursing and midwifery, human resources for health (HRH) personnel and selected WHO staff. Other key regional advisers for nursing and midwifery/HRH not in these two databases were also added to include, for example, informants and former HRH programme directors and staff, key international nursing and midwifery organizations such as the International Council of Nurses, the International Confederation of Midwives, Sigma Theta Tau International and the Commission on Graduates of Foreign Nursing Schools (CGFNS) International, Inc., and selected nursing and non-nursing global health, HRH and health workforce leaders.

Altogether 84 of the 146 invited key informants (58%) responded to the questionnaire. The specific breakdown of key informant categories was:
- 24 CGNMOs out of 53 in attendance at the 2014 WHO Global Forum for Government Chief Nurses and Midwives;
- 20 from WHO collaborating centres in nursing and midwifery or the HRH workforce out of 45;
- 11 WHO regional nursing and midwifery advisers or HRH advisers or WHO staff out of 18;
- 10 leaders from four international nursing and midwifery organizations; and
- 19 key global health leaders out of 20.

Over 90% of respondents suggested that WHO should have a stand-alone framework on nursing and midwifery to support the implementation of WHO’s GSHRH.

This summary report presents the findings from the survey.
INTRODUCTION

The Strategic Directions for Nursing and Midwifery Services (SDNM) (2002–2008) and (2011–2015), have provided policy makers, practitioners and other stakeholders at every level of the health-care system with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives to provide quality services. The current SDNM cycle finishes at the end of 2015 – a special year when the world is looking beyond the Millennium Development Goals (MDGs) and embracing universal health coverage (UHC), the SDGs as well as WHO’s Global Strategy on Human Resources for Health. It is with this background that a survey was conducted to determine the way forward in order to maintain the relevancy of WHO nursing and midwifery within the global mandates and frameworks.

The purpose of this report is to present the findings of key informant interviews (conducted via email or telephone) to generate an options appraisal on strengthening nursing and midwifery in the period 2016–2020. This review embraced relevant strategies and key documents such as GSHRH and the post-2015 SDGs agenda, to determine the relevance and effectiveness of having another SDNM 2016–2020 (or similar document). The results of the options analysis suggest evidence-informed strategies and recommendations to WHO in order to determine the best way forward.
The WHO Health Workforce Department (HWF) selected an outside consultant, to engage in the feedback process. This allowed respondents the opportunity to give feedback without any WHO staff bias at headquarters, regional or country level. The majority of the participants appreciated the approach and gave permission for their comments and thoughts, both oral and written, to be shared with the HWF Department.

Two critical databases were used to initiate the process of engaging the key stakeholders, GCNMOs and key stakeholders who attended the 2014 WHO Global Forum for Government Chief Nurses and Midwives; and the current designated WHO collaborating centres for nursing and midwifery staff. These two databases included the majority of WHO regional advisers for nursing and midwifery and HRH staff, selected WHO staff and observers. Other key regional advisers for nursing and midwifery/HRH beyond these two databases were also added to include, for example, current and former HRH programme directors and WHO staff, key international nursing and midwifery organizations such as the International Council of Nurses, the International Confederation of Midwives, Sigma Theta Tau International and CGFNS International, Inc., and selected nursing and non-nursing global health, HRH and health workforce leaders.

The goal was to reach out to a minimum of 50 key informants to obtain their opinions and recommendations for the way forward regarding whether or not to develop a 2016–2020 SDNM or similar document. This was not intended to be a comprehensive, randomized selection process of invited participants, but rather a process of selecting key stakeholders who work for or have worked with WHO in the context of HRH and nursing and midwifery services.

Altogether 84 of the 146 invited key informants (58%) responded via email or teleconference (see Annex 1).
RESULTS AND DISCUSSION

The results of the survey are summarized in Table 1.

Table 1. Survey results

<table>
<thead>
<tr>
<th>KEY INFORMANTS</th>
<th>INDIVIDUALS SURVEYED</th>
<th>RESPONDENTS (%)</th>
<th>SDNM (%)</th>
<th>GSHRH (%)</th>
</tr>
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<tbody>
<tr>
<td>CGNMOs</td>
<td>53</td>
<td>24 (45%)</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>WHO CC/HRH personnel</td>
<td>45</td>
<td>20 (44%)</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Regional/HRH advisers</td>
<td>18</td>
<td>11 (61%)</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>Key international organizations</td>
<td>10</td>
<td>10 (100%)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Key global health leaders</td>
<td>20</td>
<td>19 (95%)</td>
<td>68%</td>
<td>32%</td>
</tr>
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</table>

Recommendations from the 2014 Global Forum for GCNMOs included: revising the SDNM to be more strategic, bolder and more research- and evidence-oriented in the context of key policies needing implementation, such as universal health coverage (UHC), primary health care (PHC) and the post-2015 SDGs; and investing more time, strategic thinking and planning to develop the SDNM for 2016–2020. Although only 24 out of 53 invited GCNMOs responded, the opinions and recommendations garnered aligned with the majority attending the conference (see Annex 2).

All four of the major nursing and midwifery non-governmental organizations (NGOs) participated. The International Council of Nurses (ICN) and its President, CEO and nurse consultants advocated having another SDNM or similar document. The President of ICN, noted that it needed to be developed in the context of UHC, and the CEO stated that it should be a reflection of the GSHRH to allow the development of requirements, objectives and clearly measurable targets to enable progress and successes to be measured. Similar opinions were echoed by the leadership of the International Confederation of Midwives (ICM), whose President and Executive Secretary both noted the need to have a SDNM 2016–2020 that clearly reflect the GSHRH.

Of the key global health leaders, six said that there should only be the GSHRH and not a stand-alone SDNM or similar document in 2016–2020. Those wanting the GSHRH only option felt that it was time for nursing and midwifery to be included in an overall GSHRH. In their opinion, having a stand-alone document would further isolate nursing and midwifery within WHO and the larger global health arena. Those who strongly wanted a new SDNM or similar document noted that without a separate document nursing and midwifery would be further overlooked in WHO and its regional offices, and in many cases also at country level. Many noted that WHO headquarters has only two technical officers with a focus on nursing and/or midwifery. With no Chief Nurse Scientist in WHO and no Regional Adviser for Nursing and Midwifery in the African Region, upcoming nursing and midwifery adviser retirements.
Clearly, Member States and CGNMOs strongly believe there needs to be another SDNM 2016–2020 or similar document, but that it should differ from past SDNMs to ensure implementation, outcomes and success in the context of the current global health agenda. Similarly, the designated WHO collaborating centres for nursing and midwifery and key international nursing organizations such as ICN, ICM, STTI and CGFNS, feel the same. Regarding WHO regional nursing and midwifery advisers, some feel a new SDNM is needed and others think there should be a global document only – the GSHRH. The opinions of the key global nursing and non-nursing leaders in nursing and midwifery were similarly divided.

Overall, the majority of respondents would like WHO to develop a global strategy or framework specifically focusing on nursing and midwifery linked to the GSHRH.
The purpose of this report is to present the findings of key informant interviews to generate an options appraisal on strengthening nursing and midwifery in the period of 2016–2020. This review embraced relevant strategies and key documents such as the GSHRH and the post-2015 SDGs agenda, to determine the relevance and effectiveness of having a further SDNM 2016–2020 (or similar document). The goal was to reach out to a minimum of 50 key informants to determine their opinions and recommendations. This goal was surpassed with 84 of the 146 invited key informants (58%) responding. This survey was not intended to be comprehensive and randomized but rather to select key stakeholders who work for or have worked with WHO in the context of HRH and nursing and midwifery services.

The results of the options analysis present evidence-informed strategies and recommendations to the WHO Health Workforce Department. All respondents want to see a strong case for nursing and midwifery in the GSHRH since nurses and midwives are the major care providers. The 96% of CNOs and CMOs in favour of a new 2016–2020 SDNM or similar document stated that it should be different from past SDNMs. They recommended developing an operational framework, and an action plan for implementation of recommendations, tailored to nursing and midwifery HRH goals, objectives and outcomes to achieve measurable progress in global health initiatives such as UHC, the post-2015 SDGs, PHC, noncommunicable (NCDs), infectious (e.g. Ebola) and emerging diseases. The new document should reflect the GSHRH in its vision and aims and should be useful at global, regional and country levels. Without this type of framework it will be difficult for CNOs and CMOs to achieve the desired outcomes of the GSHRH within ministries of health and education worldwide.
1. Develop the GSHRH so that nursing and midwifery are clearly articulated within the strategy. At the same time create an operational framework (implementation plan) for nursing and midwifery 2016–2020 as a compendium document. This “global framework for implementation for nursing and midwifery” should be concise, strategic, mirror the GSHRH but be specific for nursing and midwifery with clear objectives for success in the context of the new global health agenda of UHC, PHC, NCDs and post-2015 SDGs. The new “framework” should be no more than three pages and designed for several audiences: Member States, key stakeholders, nurses, midwives, other health professionals, HRH directors and allied ministries such as education. This framework for implementing SDNM 2016–2020 should be prepared by October 2015 and be compatible with the GSHRH. The final progress report on the 2013–2015 SDNM should also be achieved within this timeframe to ensure appropriate evidence is analysed in developing recommendations for the way forward. All documents should be presented during the WHA 2016, in tandem with the presentation of the new HRH resolution and the final progress report on SDNM 2013–2015.

2. In the development of a new global SDNM, the context should reflect key issues in the regional strategic directions for strengthening nursing and midwifery being created in the WHO European and Eastern Mediterranean regions.

3. Convene a group of critical thinkers and visionaries to develop an outline for possible themes and key results areas with clear objectives, action steps and indicators for progress and success in the development of the new SDNM.

4. Use available IT infrastructure, e.g. WHO nursing and midwifery web site and other key stakeholders’ web sites for global consultation of draft versions of SDNM 2016–2020 between July and August 2015. Coordinate responses and approve the final version by September 2015.
Chief government nursing and midwifery officers

“WHO should continue with the current WHO HRH strategy. We have tried as much as possible to align the national nursing strategic directions for Solomon Islands with the WHO strategic directions. We agreed during the 2013 National Nursing Leadership Conference that our strategic areas in the 2010 to 2014 strategic directions be continued on for the next five years up to 2019. In our new directions for 2015 to 2019 we have the following broad strategic areas:

1. Health policies and system strengthening: We aim to influence and contribute meaningfully to the national health strategic plan of the Ministry of Health, 2016 to 2020 now in development.

2. Nursing leadership, governance and human resources for health: This is a challenging area which we need to address, including working on our HR plans as we await the implementation of the role delineation policy as a principle of UHC and the planned relocation of the national referral hospital.

3. Nursing education, training, career development and research: Our challenge is on the development of education strategies, working with our national nurses associations on the nurses scheme of service to improve nursing conditions of service. We also wish to emphasize continuing professional development and evidence-based practice.

4. Nursing regulation, practice and service delivery: We are going to review our legislation and have a final draft of the nursing regulation for cabinet approval. We hope to roll out our newly developed nursing competency standards this period as well.

I think you will agree with me that much of this is also covered in the existing WHO nursing and midwifery strategies and that is why I suggested that the current document be continued with for the next four years. As a steering committee member of the South Pacific Chief Nursing and Midwifery Officers Alliance, I would also like to advise that our strategies be also looked into while working on this document...”

“Yes it is a critical need. After my experience in leading the USA command for the Ebola outbreak in Liberia and knowing the history of our programmes under PEPFAR across the continent of Africa, we really need to address an effort/agenda to assess the nursing and midwifery HRH capacity, infrastructure and pipeline. Of great concern is the ability for nursing to have a voice in the ministry of health and ministry of education.”

“Nursing strategy vs HRH strategy. The following, in my opinion, are the benefits of each approach:

Separate strategy:
- Global nursing and midwifery visibility through embracing common vision and goals;
- Ability to focus planning activities on specific nursing and midwifery issues;
- Providing nursing and midwifery leaders with a tool for national planning;
- Easier identification of budget and human resource requirements;
- Ability to engage wider representatives of nurses and midwives in the planning processes;
• Ensure that nursing and midwifery issues are addressed comprehensively; and
• Provide opportunities to strengthen nursing and midwifery capacity to collect, analyse and synthesize workforce data.

Within HRH:
• Promote multidisciplinary approach to planning;
• Ensure appropriate identification and allocation of resources to provide integrated care;
• Ensure removal of duplication and variations in addressing HRH;
• Could promote the engagement of nursing and midwifery leaders as an essential partner in planning for HRH;
• Ensure that nursing and midwifery perspectives are part of HRH strategies; and
• Promote multidisciplinary integrated education of health professionals.

The absence of these elements in each option will be the possible disadvantages.

My recommendations:
Both approaches have benefits. The best option in my opinion is the option that promotes integration and coordination but at the same time ensures the visibility and engagement of nursing and midwifery to contribute fully in providing needed and appropriate care to achieve health goals. In my country, and I am sure many other countries in our region, nursing and midwifery are advancing, but issues of image, visibility and acknowledgement of nurses’ roles in providing safe and quality care are still on the agenda of nurse leaders. At the same time, we are aware of the importance of integrated planning, especially for HRH. So, developing a document within the new HRH strategy that focuses on nursing and midwifery might be the preferred option taking into consideration that this focus should ensure wide engagement and involvement of nurses and midwives in HRH strategy and policy development and implementation globally and nationally.

“It is necessary to have strategic directions specific for nursing. (I don’t bring systematically ‘nursing’ and ‘midwifery’ together, for me it is two different health professions, with different problems, different challenges … and, by example, in Belgium we have too many midwives and just enough nurses.) But this must be integrated in a larger view with other professions … better for me to have a WHO position about ‘HR in health strategy’, including a chapter (for me the biggest chapter because nursing is around 50% of health professionals) about ‘strategic direction for nursing.”

“Naturally, I have seen the document before you sent it to me and I approached it as something to note, rather to act upon. While it comprehensively summarizes many ‘expected results’, which is important, it doesn’t suggest specifically how to achieve them, which is usually why you are reading such documents. The document is very general (e.g. ‘3.2.4. Financial resources mobilized to increase investment in educational institutions’). I understand that all WHO members have to find something applicable to their situation, however such approach maybe does not immediately improve the ability to act. On the other hand, the suggested European SD towards Health 2020 goals say quite specifically ‘educate at degree-level’, ‘teach health promotion, health prevention, empowerment …’, ‘Develop action plans to improve working conditions e.g. staffing, workloads, wages, security, safety, violence, ageism’ (objectives 1, 2 and 6 respectively). It is just easier to implement. So yes, I would vote for a document briefly listing the priority areas to be addressed (maybe even region-specific?) and then specific implementation strategies for some selected priority areas. As we are preparing for the shortage of health-care professionals and workers in the Czech Republic I was looking for available resources regarding the appropriate and safe staffing on the international nursing organizations’ web sites. I was not very successful, partly because it is so country specific, and I know that the EU project Workforce for Health is still searching for best practices on workforce planning (in nursing). The content of the new HRH strategy looks interesting, I believe the new tasks and all
the possible new roles for nurses and midwives should be described in detail. There has been a lot of research about this recently (I am familiar with the EU situation and work), so it would be nice to have it summarized somewhere. I think it would definitely be a good document to support nurses/midwives when negotiating with governments, insurance companies ... especially coming from WHO.”

“HRH includes nurses and midwives who make up the bulk of the HRH. I will go with the last option; make sure that nurses and midwives is strong in the new HRH strategy.”

WHO collaborating centres in nursing and midwifery/health workforce and policy and planning personnel

“Although I understand that nursing and midwifery falls within the broader domain of human resources for health, I believe that it is important to have a strategic plan specific to nursing and midwifery since these professionals comprise 70–80% of the global health workforce, and there are specific challenges and issues that should be identified to guide development of this cadre of health professionals. I join many who are concerned that WHO is not replacing many of the regional nursing/midwifery advisers who have retired, and are concerned that the unique issues facing nursing and midwifery are not being adequately addressed by WHO. Thus I think it is critical to update the SDNM document.

I mentioned that we have been using this document in a variety of ways in our work as a PAHO/WHO Nursing and Midwifery Collaborating Centre. Most recently, this is one of three core documents that we are using to guide our current work with PAHO to develop and pilot test a self-evaluation tool that schools of nursing could use to evaluate the extent to which they are preparing students to address the need for universal health coverage, comprehensive primary care, and to incorporate principles recommended by an independent commission and by WHO for transforming education for health professionals. Three key documents are guiding our initial work on this project: a) the SDNM; b) a 2013 WHO publication on guidelines for transforming and scaling up health professionals' education (http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf ); and c) and the PAHO strategy for access for UHC (http://www.paho.org/hq/index.php?option=com_docman&task=doc_details&gid=27632&Itemid=270&lang=pt). We are also partnering on this project with the Latin American Association of Nursing Schools (ALADEFE), and with the Nursing/Midwifery Collaborating Centres at the National University of Mexico and the Colombian Association of Nursing Schools (ACOFAEN). The SDNM has provided very useful guidance in this work, since it focuses on strategies to enhance nurses’ contributions to universal health coverage and primary health care.

The collaboration of multiple partners in the development of the SDNM (including the ICN, ICM, Sigma Theta Tau, the global network of nursing and midwifery collaborating centres), provided an excellent opportunity for these organizations to work together to prepare a document that provides guidelines that have been extremely helpful for all of us as we develop educational and practice initiatives to enhance the contributions of nurses and midwives to promoting global health.”

“It is critical for nursing and midwifery to have a SDNM or similar document, particularly with the medical domination that shuts nursing and midwifery out ...”

“I am a strong advocate of strengthening the performance of the nursing and midwifery workforce. This means improving the quality of education and creating working environments that enable nurses and midwives to fully use all their competencies. In my view, it is the role of professional associations at international (ICN, SIDIIEF) and national level to promote that. As regards the definition of strategic directions, which falls within the role of WHO, it makes
little sense to have some for a specific cadre when all evidence shows that the most efficient organization of work is one based on teams of health professionals. This is a position I already had when I was a member of the Global Advisory Group on Nursing and Midwifery and some other members shared that view. WHO is the best-placed organization to promote workforce development based on strengthening the capacities of the various cadres to work in teams and to give directions on how this can be done. In order to improve the probability of successful implementation, the strategic directions should be defined in consultation with other major stakeholders (The World Bank, USAID, Global Fund, etc.) who have the financial capacity to support them.”

Regional WHO nurse and/or human resource for health advisers and WHO staff

“But definitely, under WHO reform, the role and responsibility of three levels of organization has been identified. Mainly, HQ will develop strategy/manuals/guides/tools. Regional Office, Country Office may use it directly or adapt to meet the regional /country context. I therefore support to have a new SDNM which is aligned to the:

• Unfinished agenda in nursing and midwifery/specific to nursing and midwifery;
• Global HRH strategy;
• Sustainable goal development which will definitely mention ‘health’ as one of the agenda; and
• UHC.

However, need to further discuss whether we should:

• Maintain the same name or have a new title such as ‘global plan of action/global strategy on nursing and midwifery’;
• Focus on key results areas; and
• Elaborate how the global plan can be utilized at country level.

No matter how much I advocate for the SDNM, most nurses and midwives are not aware of it. Chief nursing and midwifery officers must pay more attention in the developmental process – and take it forward.”

“I think we should have a global framework for action for nursing and midwifery with clear actions (short term, medium term and long term) with a monitoring and evaluation framework. We should include best/good practices (interventions based on country experiences or lessons learnt) to address the bottlenecks or the impediments to moving forward in nursing. I also suggest having policy briefs for the different components such as practice, service development, governance including regulation, and also education for the policy makers. With UHC as an overarching umbrella.”

“In the European Region we conducted a region-wide consultation on the European strategic directions for strengthening nursing and midwifery towards health 2020 goals. The draft was introduced to Member States at the RC64 technical briefing last September. In April we convened our regional (WHO Europe) meeting with governmental chief nursing officers, national nursing and midwifery associations and WHO collaborating centres to finalize and approve the document, and then will launch it during the Regional Committee in September ...

The European Region has its regional strategy on strengthening nursing and midwifery towards health 2020. My opinion is having a regional strategy is very important with an action plan and indicators, but at the global level a HRH strategy to ensure nursing and midwifery is well reflected and covered. Mwansa will be participating in the regional meeting of CNOs and national nursing and midwifery association in Riga 8–9 April. We have agreed that she will present the subject to get feedback from the nursing community in Europe.”
“There should not be a separate document for SDNM; the GSHRH should be written in a way that adequately addresses all the professions are well reflected and covered. Nurses and midwives at the bedside or in the communities performance needs must be differentiated with models of care, research and evidence, emerging and global health issues, possible new cadres of workers. The SDNM is currently too broad and needs to focus more on the next five years and create a document that is implementable with clear outcomes and successes. We should not necessarily duplicate the HRH strategy. The nursing and midwifery plan should focus on nursing and midwifery services not just HRH.”

“There should only be the GSHRH … would be politically unwise to isolate one profession at this point. WHO needs to come out strong with all the health professions in one clear and concise strategy. Look at the case of pharmacists in Brazil; depends on labour markets worldwide how to regulate practice and adopt and change education of professions to meet the needs of the market and the populations needing care from a global health agenda. SDNMs have only been used by nursing and for nursing. Need to have a document with nursing and midwifery in it so that a wider audience in WHO and outside start studying and understanding better the human resources for health of nurses and midwives. If it is a stand-alone only document for nursing and midwifery it will just stand alone. A compromise will have to be determined for the best way forward but one strategy would have a powerful impact to position the professions where they must be to achieve universal health care for all and the workforce needs for the world.”

Key international nursing and midwifery organizations

“Thank you for the opportunity to share STTI’s thoughts on how to move nursing and midwifery forward post the SDNM 2011–2015. Getting nursing and midwifery strategies into the new HRH strategy document is critical. In addition it is important to continue to have a new SDNM 2016–2020 document with a strong implementation section.”

“Efforts to strengthen and disseminate these documents and other related follow-up strategic plans might benefit from a stronger focus on migration as this labour flow may have significant implications for HRH and the global nursing workforce.

- A stronger dissemination plan that defines and engages all levels of stakeholders, especially those at the grassroots level, may further enhance the impact of this important work;
- Standardized data collection along with specific processes and resources may provide the basis for a data repository to support future cross-country, cross-region analysis and planning;
- CGFNS supports the goal of greater interprofessional collaboration in education and practice, recognizing that diverse models of health-care education and delivery may present challenges for effective implementation on a global scale; and
- The integration of the concepts contained in these documents into Health Workforce 2030 and the presentation of the content of this work as a stand-alone document will strengthen its visibility and utility. A companion document that offers guidance on implementing the suggested objectives and expected activities could be a helpful addition.”

Key global health leaders

“If there is to be a global strategy it should be the overarching framework. As it will emphasize ‘whole of workforce’ approaches for training, education, planning and management it is important not to undermine this by over emphasis of individual groups, sectors and professions. The aim should be internal consistency and external coherence in the overall strategy; any sub-strategy should follow the same principles; should align with, support the overall strategy, and not cut across, undermine or replace it.
However, nursing and midwifery already has its own strategic directions, which at the very least require some review at the end of their current lifespan, 2015.

The question then is to review and move forward with a new timeline, or decide to close down the nursing and midwifery directions.

This decision would presumably have to take account of the external impact and ‘look’ of not continuing with a nursing and midwifery strategy, given it is the largest consumer/patient facing profession, versus the need to emphasize that the new overall workforce strategy should be the core overarching frame for the future. Questions also need to be answered about if the objectives and audience are the same for the two possible products, are the timelines the same?

So, my own view, for what it is worth, is that the new overall workforce strategy should set the direction, the tone, the policy context and the ‘how to’. If there is to be a nursing and midwifery product, it should be clearly set out as subsidiary to the main strategy, following the same structure and timelines, but with more focus on the nursing and midwifery inputs, contribution and impacts. Beyond that the decision to have a nursing and midwifery follow up or not to have it should in part reflect the findings of the review of the current document to 2015 ... has it had impact, does it retain relevance etc.? If the answer is yes it suggests to me that the potential impact of not following through with a nursing and midwifery follow up (but one that is subsidiary to the overall workforce framework) could be construed as a change in policy direction, which would have to be carefully justified.”
Dr Prakin Suchaxaya, Regional Adviser for Nursing and Midwifery, WHO Regional Office for South-East Asia, summarized the current SDNM and the key result areas:

1. Strengthening of health system;
2. Nursing and midwifery policy and practice;
3. Education, training and career development; and
4. Nursing and midwifery workforce management.

The GCNMOs worked in groups to discuss the way forward for the SDNM and provided the following feedback and suggestions for WHO to consider in the new SDNM for 2016–2020. A summary of these discussions can be found in the Report of the Sixth Global Forum for Government Chief Nurses and Midwives: Nursing and Midwifery Workforce and Universal Health Coverage (UHC) (WHO, 2014, 29–30).

- There should be no mission statement and vision in the updated SDNM but rather it should demonstrate what nursing and midwifery should look like during the years of the strategy.
- The title of the document will be critical to position it in a health context – not just nursing or midwifery – but rather whatever a person’s role is in the health sector.
- Set key ambitions for nursing and midwifery; it is not just about education and policy but also what we will achieve.
- The document needs to be bold and brave. We are the government chief nurses and midwives, so we should have the confidence and courage to say this is what we deliver.
- Whatever our ambitions are, they are set out as action areas, so we can come back to them with some measurements of what we have achieved.
- Strengthening of health systems remains relevant in MDGs with the move towards UHC.
- Nursing and midwifery policy has to be retained because we support the practices of nursing and midwifery.
- Strengthening the leadership component in building capacity and political astuteness; there has to be an increase in investment in education and nursing and midwifery education.
- The issue of supporting everyday practices of nurses and midwives should be highlighted.
- In the area of nursing and midwifery workforce management emphasize positive environment, promotion of quality of care.
- Address recruitment of students and retaining them in the profession. Identify base for motivation.
- In the aspect of partnerships for nursing and midwifery services, retention requires improving partnership, collaborating with civil societies, UN agencies, syndicates and other key stakeholders.
- There is a need to ensure that demographic data are used to dictate service delivery systems, take into context the model of PHC and the model’s need to serve the community and populations.
- Review models of care, especially with the UHC. These services will change based on countries’ requirements. It is therefore difficult to have a universal model of care.
• Education training and career development require processes to be in place.
• Programmes to include tracks on management and clinical services in education.
• Emphasis should be placed on education and competencies even for higher education for nurses beyond bachelor degree level and there should be options for continuing education. This should apply to nursing and midwifery specializations in health care (for example have a midwifery specialization framework because for regulation it is important to have standards).
• Nurses with advanced degrees other than nursing need to focus on how they are being used in the health-care delivery system and workforce and adopt a mechanism to qualify this.
• The updated SDNM title needs to be more holistic. Modify the title, for example, “Nursing and Midwifery Strategic Directions in an Integrated Health System”. The title should be broadened, and one of the recommendations should be to have a key result area for research and monitoring.
• Preventative health services can improve long-term outcomes, therefore a focus on preventative health care and the role of nurses within that is essential.
• In terms of policy and practice, nurses and midwives should be equal partners in policy, strategic direction and governance.
• For education and career development this component should include career advancement as well as the strengthening of theoretical and critical learning.
• Linking education with the changing needs of the community. Curricula need to reflect changing health needs of the community. It is important also to develop minimum standards of education globally.
# ANNEX 3: RESPONDENTS

## GOVERNMENT CHIEF NURSING AND MIDWIFERY OFFICERS | COUNTRY
--- | ---
George Kumi Kyeremeh | Ghana
Isak Poppas | Namibia
Nonhlanhla Makhanya | South Africa
Janet Michael | South Sudan
Marcel Johnson | Bahamas
Josefina Conception Castaneda Torres | El Salvador
Marva Lawson-Byfield | Jamaica
Maria del Rocio Almazan Castillo | Mexico
Sylvia Trent Adams | United States of America
Asaad Bakhshan | Iraq (Kurdistan)
Alaa Hussain Mohammad | Iraq (Baghdad)
Mohammad Mirza Beigi | Iran (Islamic Republic of)
Eman Youssif | Kuwait
Nabeela Al Meer | Qatar
Fatimah Al-Rifai | United Arab Emirates
Youssef Al-Shaabi | Yemen
Miguel Lardennois | Belgium
Veronika Di Cara | Czech Republic
Kanjana Chunthai and Uraiporn Janta-Um-Mou | Thailand
Rosemary Bryant | Australia
Mary Foong | Hong Kong, Special Administrative Region, China
Ngakiri Teaea | Cook Islands
Jennifer Anastasi | Palau
Michael Larui | Solomon Islands

## WHO CC/HRH PERSONNEL | CENTRE
--- | ---
Antonia M Villarruel | University of Pennsylvania, USA
Ruy Laurenti | University of São Paulo, Brazil
Lourdes Marie Tejero | University of Philippines
Naomi Seboni | University of Botswana
Naoko Arimori | St Luke’s College of Nursing, Japan
Sally Rankin | University of California San Francisco, USA
Lynda Wilson | University of Alabama at Birmingham, USA
Elizabeth Madigan | Case Western Reserve University, USA
Jennifer Dohrn | Columbia University, USA
Hauping Liu | Peking Union Medical College, Beijing
Anwa Oweis | Jordan University of Science and Technology
Jody Lori | University of Michigan, USA
### WHO CC/HRH Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Centre</th>
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<tbody>
<tr>
<td>Busisiwe Ncama</td>
<td>University of Natal, South Africa</td>
</tr>
<tr>
<td>Mary Moleki</td>
<td>University of South Africa, Pretoria</td>
</tr>
<tr>
<td>Patricia Davidson</td>
<td>John Hopkins University, USA</td>
</tr>
<tr>
<td>Madeline Naegle</td>
<td>New York University, USA</td>
</tr>
<tr>
<td>Steve Weaver</td>
<td>University of the West Indies, Jamaica</td>
</tr>
<tr>
<td>John Daly and Michele Rumsey</td>
<td>University of Technology, Sydney, Australia</td>
</tr>
<tr>
<td>Nilda Peragallo</td>
<td>University of Miami, USA</td>
</tr>
<tr>
<td>Gilles Dussault</td>
<td>WHO CC Health Workforce and Planning, Lisbon</td>
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### Regional HRH Advisers

<table>
<thead>
<tr>
<th>Name</th>
<th>Region</th>
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<tbody>
<tr>
<td>Magda Awases</td>
<td>Technical Officer, HRH, Regional Office for Africa</td>
</tr>
<tr>
<td>Silvia Cassiani</td>
<td>Adviser, Nursing and Allied Health Personnel Development, Regional Office for the Americas</td>
</tr>
<tr>
<td>Farabi Al-Darazi</td>
<td>Coordinator, Health Workforce Development, Acting for Nursing, Midwifery and Allied Health Personnel, Eastern Mediterranean Regional Office</td>
</tr>
<tr>
<td>Galina Perfilieva</td>
<td>Programme Manager, HRH, European Regional Office</td>
</tr>
<tr>
<td>Fethiye Gulin Gedik</td>
<td>Team Leader, HRH, Western Pacific Regional Office</td>
</tr>
<tr>
<td>Prakín Suchaxaya</td>
<td>Regional Adviser, Nursing and Midwifery, HRH, South-East Asia Regional Office</td>
</tr>
<tr>
<td>Nimao Amir</td>
<td>HWF, WHO Headquarters</td>
</tr>
<tr>
<td>Lawrence Codija</td>
<td>HWF, WHO Headquarters</td>
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<tr>
<td>Erica Wheeler</td>
<td>HWF, WHO Headquarters</td>
</tr>
<tr>
<td>Frances McConville</td>
<td>Technical Officer, Policy, Planning and Programmes, HWF, WHO Headquarters</td>
</tr>
<tr>
<td>Susan Wilburn</td>
<td>HWF, WHO Headquarters</td>
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### Key International Organizations

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization and Position</th>
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<tbody>
<tr>
<td>Judith Shamain</td>
<td>ICN, President</td>
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<tr>
<td>David Benton</td>
<td>ICN, CEO</td>
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<tr>
<td>Jean Barry</td>
<td>ICN, Nurse Consultant</td>
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<tr>
<td>Yukiko Kusano</td>
<td>ICN, Nurse Consultant</td>
</tr>
<tr>
<td>Lesley Bell</td>
<td>ICN, Nurse Consultant</td>
</tr>
<tr>
<td>Frances Day-Stirk</td>
<td>ICM, President</td>
</tr>
<tr>
<td>Francis Ganges</td>
<td>ICM, CEO</td>
</tr>
<tr>
<td>Pat Thompson</td>
<td>STTI, CEO</td>
</tr>
<tr>
<td>Cynthia Vlasich</td>
<td>STTI, Director Global Affairs</td>
</tr>
<tr>
<td>Frank Shaffer</td>
<td>CGFNS International, Inc., CEO</td>
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## Key International Stakeholders

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<th>Key International Stakeholders</th>
<th>Organization and Position</th>
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<tbody>
<tr>
<td>Judith Oulton</td>
<td>Oulton and Oulton Associates, Canada and former CEO, ICN</td>
</tr>
<tr>
<td>Petra ten Hoope-Bender</td>
<td>Senior Associate, ICS Integrare</td>
</tr>
<tr>
<td>Freda Chavez</td>
<td>University of Toronto Canada/Professor-Director Global Health</td>
</tr>
<tr>
<td>Roger Watson</td>
<td>Professor of Nursing Faculty of Health and Social Care University of Hull, UK</td>
</tr>
<tr>
<td>James Buchan</td>
<td>Consultant in human resources for health</td>
</tr>
<tr>
<td>Mario dal Poz</td>
<td>Brazil, WHO Headquarters Health Workforce Director</td>
</tr>
<tr>
<td>Judith Fullerton</td>
<td>USA/USAID consultant</td>
</tr>
<tr>
<td>Joyce Thompson</td>
<td>Former WHO GAG member and Head of WHO CC at Penn</td>
</tr>
<tr>
<td>Rita Carty</td>
<td>Former Secretary-General, WHO CC Network</td>
</tr>
<tr>
<td>Naeema Al-Gasser</td>
<td>Former Chief Nursing Scientist WHO HQ, current WR Sudan</td>
</tr>
<tr>
<td>Margaret Phiri</td>
<td>Former Regional Nurse Adviser AFRO</td>
</tr>
<tr>
<td>Shirley Baines</td>
<td>Burdett Trust for Nursing, UK</td>
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<tr>
<td>Paula Decola</td>
<td>Pfizer, Inc., Medical Affairs</td>
</tr>
<tr>
<td>Christine Hancock and Pat Hughes</td>
<td>C3 Collaborating–NCD Prevention, UK based NGO</td>
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<tr>
<td>Muntha Gharaibeh</td>
<td>Jordanian Nursing Council, Director General</td>
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<tr>
<td>Lynette Cusack</td>
<td>Australia Nursing Regulator, Head</td>
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<tr>
<td>Maura Pidgeon</td>
<td>Ireland Regulatory Body Nursing and Midwifery, Head</td>
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<tr>
<td>Suchittra Leungamornlert</td>
<td>Thailand Nursing and Midwifery Council, Head</td>
</tr>
<tr>
<td>Linda Lewis</td>
<td>American Nurses Credentialing Center, USA</td>
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