WHO/PEPFAR Initiative on transformative scale of medical, nursing, and midwifery education

First meeting of the technical reference group on nursing and midwifery education
15-16 July 2010
The work on scaling up nursing and medical education is being undertaken in partnership with the US President’s Emergency Plan for AIDS Relief (PEPFAR).
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Background to the meeting

Many low- and middle-income countries face a serious shortage of nurses and midwives — a shortage that presents a critical constraint to the achievement of health and development goals. Scaling up educational programs for nurses and midwives is one way to address this. However, simply increasing the numbers of nurses and midwives is not enough. Reform to strengthen the impact made by nurses and midwives on population health outcomes in the countries where they are educated is essential.

Insufficient collaboration between the health and education sectors as well as weak links between educational institutions and health systems can create an uneven match between nursing and midwifery education and the realities of health service delivery. These systemic constraints can mean that the health needs of many people are not adequately addressed and can perpetuate the problem of “brain drain” away from underserved communities where health needs are usually greatest.

Scaling up nursing and midwifery education can transform population health outcomes but to do so it must increase not only the quantity but also the quality, and relevance of the nurses and midwives of the future.

The World Health Organization (WHO) and the US President’s Emergency Fund for AIDS Relief (PEPFAR), along with other partners, have embarked on a programme of work to help countries achieve a transformative scale up of nursing and midwifery education. The goal of this effort is to develop formal WHO policy guidelines that will assist countries, development partners, and other stakeholders in efforts to expand their professional health workforce and improve the alignment between medical and nursing education and evolving population health needs. The work will also aim to strengthen technical partnerships between countries and partners in order to facilitate implementation and evaluation of the guidelines.

The effort to develop WHO guidelines represents one component of a broader programme of work led by PEPFAR to increase the production and clinical competence of doctors, nurses and midwives. This U.S. initiative, the Medical and Nursing Education Partnership Initiative (MEPI and NEPI), will support African medical and nursing educational institutions and universities to introduce innovative approaches to enhance the clinical quality and improve the retention of their graduates in their countries and communities.

The Initiative will support investment in innovative strategies, models and practices that strengthen educational institutions and help expand and retain the workforce. Funding will be made available to a number of medical schools in selected African countries, working in partnership with US medical schools and universities, and to selected nursing educational institutions in Lesotho, Malawi, and Zambia. The overall goal is to develop and strengthen innovative models of medical, nursing and midwifery education in PEPFAR countries.
The Nursing Education Partnership Initiative (NEPI)

The Nursing Education Partnership Initiative (NEPI) will invest significant resources over five years to expand clinical capacity in African nursing schools by developing innovative models of education that have real potential for success on a larger scale.

NEPI represents a major collaboration involving the PEPFAR partner agencies — the Health Resources and Services Administration (HRSA), the US Agency for International Development (USAID), and the PEPFAR country teams. External partners are WHO, the Clinton Health Access Initiative, and the Columbia University International Center for AIDS Care and Treatment Programs.

The first phase of the initiative will to gather in depth information through country wide assessments of nurse training capacity and needs in three pilot countries (Lesotho, Malawi and Zambia). The information gathered in these assessments will assist the Ministry of Health and other country stakeholders to identify nursing schools to receive support to develop, expand or enhance innovative models of nursing education. The expectation is that these institutions will serve as a model for transforming nursing education in their countries and other PEPFAR countries. The capacity and needs of nurse training institutions across a wider group of countries will also be surveyed. The information gathered through the assessments and the survey will contribute to the evidence base that is being constructed in collaboration with WHO for the purpose of developing policy guidance for scaling up medical, nursing, and midwifery education. Costing studies to improve understanding of the resource requirements for both medical and nursing education will also be conducted.

Phase 2 of the initiative will involve the rapid implementation and evaluation of the innovative interventions.


The vision

All partners are forming a shared vision of transformative scale up of medical education. Each stream of work will contribute to building stronger and more sustainable human resources for health in low- and middle-income countries through:

1. Cooperation and coordination between the education and health sectors
2. Greater alignment between educational institutions and health service delivery systems
3. Political commitment and partnerships to facilitate policy reform at national, regional and local levels
4. Close collaboration with communities
5. Promotion of social accountability in medical education
6. Country ownership of priorities and programming related to medical education
7. Vibrant and sustainable medical education institutions
8. Global excellence coupled with local relevance in medical research and education
9. Faculty of outstanding quality who are motivated and can be retained
10. State of the art and dynamic curricula with population relevance
11. Doctors who are clinically competent and provide the highest quality of care
12. Supportive learning environments including good physical infrastructure
13. Increased enrolment, graduation rates, and improved retention in underserved areas

All for the sake of achieving BETTER POPULATION HEALTH OUTCOMES!
The objectives of the meeting

The first meeting of the technical reference group on nursing and midwifery education informed participants about the goals and objectives of the PEPFAR Nursing Education Partnership Initiative (NEPI). The meeting represented a vital step in the process for the development of WHO policy guidelines on transformative scale up of nursing and midwifery education.

WHO is engaging with stakeholders and experts to inform the policy guideline development. A number of consultations have also been held to identify the key issues and to build consensus around the need for educational and policy reform. A systematic review of existing evidence, documentation of relevant country experiences and original research to address the remaining knowledge gaps have also begun.

The process of guideline development, including the data generated, must be subjected to review and analysis by appropriate peers and stakeholders. To these ends, the WHO-based Secretariat has established a body of experts who can engage with and inform the work on a regular basis. The experts have been invited to form five Reference Groups: (1) medical education; (2) nursing and midwifery education; (3) regulatory bodies and professional associations; (4) policy makers; (5) community.

The specific objectives of the first meeting of the reference group on nursing midwifery education were to:

- introduce the expert group to the Nursing Education Partnership Initiative;
- initiate a process of productive collaboration among relevant experts in the field of nursing and midwifery education;
- reach broad agreement on the key areas for intervention;
- refine the research agenda to ensure that the evidence gathering can support the development of policy guidelines across all of the priority areas; and
- review some of the early findings that are emerging from knowledge gathering efforts which are already underway.

New research and emerging data A challenge for the WHO/PEPFAR collaboration on the policy guideline development is to construct a robust evidence base to inform the work. Although there are significant published data that might prove relevant to the development of policy guidelines on transformative scale up of medical and nursing education, to date, the existing knowledge base on nursing and midwifery education has not been reviewed within a comprehensive and systematic framework that is designed to inform transformative scale up.

A number of studies and new initiatives are underway to inform and enrich the WHO guidelines. The meeting heard presentations about five related areas of work that will make a valuable contribution to the evidence base.

a) Global Standards and Interprofessional Education and Collaborative Practice

WHO has developed global standards as a contribution to establishing consistent standards for the initial education of nurses and midwives and more equitable distribution of professional health workers. The standards establish educational criteria that can support outcomes that are based on evidence, promote the progressive nature of education and lifelong learning and ensure the employment of competent practitioners who can provide quality care that will contribute to positive health outcomes.
Work has also begun on the development of a framework for action on interprofessional education (whereby two or more professions learn about, from and with each other to facilitate effective collaboration to improve health outcomes), and collaborative practice (multiple health workers from different professional background working together to provide comprehensive services across different settings). Interdisciplinary teaching, where nurses and midwives undertake part of their education as part of inter-professional teams, has been shown to be an effective strategy for producing health personnel who can function effectively once deployed and respond well in a range of settings. If there is insufficient attention to ensuring equality in a shared teaching environment, nurses and midwives can suffer compared to doctors with the result that their confidence and professional esteem is undermined.

b) ICAP Nurse Capacity Initiative
The International Center for AIDS Care and Treatment Programs (ICAP) is collaborating with partners to support efforts to transform nursing education through the Nurse Capacity Initiative (INCI). The Initiative aims to support country nursing leadership in developing and implementing strategies to increase the capacity of nurses so that they can play a more effective role in healthcare teams and within healthcare systems. INCI is now active in Swaziland, South Africa, Rwanda, Cote D’Ivoire and Ethiopia.

c) The Clinton Health Access Initiative
The Clinton Health Access Initiative (CHAI) is undertaking an assessment and analysis of nursing education and workforce issues including a recent review of nursing education institutions in Zambia. The objective is to increase the extent to which nursing workforce initiatives are based on diagnostic assessment and analysis and to support local nursing leadership and partners to take decisions based on sound analysis and planning.

d) Jhpiego and the Ministry of Health of Mozambique
Jhpiego in Mozambique has conducted a Nursing Task Analysis for the Ministry of Health in Mozambique. The aim was to assist the Ministry’s efforts to increase and streamline the production of nurses and improve the quality of the workforce. The study identified overlaps between cadres and has improved understanding of the gaps between the education received by health workers and the tasks performed in practice. Based on the findings, a number of recommendations have been made including: opportunities for consolidating and cross teaching of a common functional core of content and tasks should be explored; the two separate cadres of maternal and child health nurses could be unified; all cadres of nurses must be prepared to serve as clinical educators.

Sub-Saharan African Medical Schools Study (SAMSS) The study has undertaken the first ever systematic and comprehensive documentation of the status and trends of capacity building and retention efforts of medical education throughout sub-Saharan Africa.

SAMSS included a survey of 140 medical schools that exist across 40 countries in sub-Saharan Africa. Previous documentation showed only 100 medical schools in the region. Through a literature review, key informant interviews, surveys and structured site visits to ten medical schools, the study
has produced evidence of core characteristics covering faculty, tuition fees, postgraduate activities, and institutional structure.

The SAMSS focused only on medical education but has provided valuable insight on the state of health professional education in general across the continent. The new evidence supports a series of findings that can be summarized as follows:

- Many countries are prioritizing the scale up of medical education as part of overall health sector strengthening.
- Accreditation and quality measurement are important developments for standardizing medical education and physician capabilities.
- The status of the country’s health system affects medical education and physician retention.
- Coordination among ministries of education and ministries of health improves medical schools’ ability to increase health workforce capacity.
- Shortages of medical school faculty are endemic and problematic.
- Problems with infrastructure for medical education are ubiquitous and limiting.
- Educational planning that focuses on national health needs is improving the ability of medical graduates to meet those needs.
- International partnerships are an important asset for many medical schools.
- Variability in secondary school quality creates challenges in medical school admissions.
- Impressive curricular innovations are occurring in many schools.
- Beyond the creation of new knowledge, research is an important instrument for medical school faculty development, retention, and infrastructure strengthening.
- Private medical schools hold promise for adding to physician capacity development.

The full presentations are all available at: http://www.fic.nih.gov/programs/training_grants/mepi/index.htm

Key points arising from country experiences

Presentations by nine countries — Botswana, Lesotho, Kenya, Malawi, Zambia, Brazil, India, Thailand and the Philippines — explored some of the interventions for transformative scale up of nursing and midwifery education. Each highlighted a series of learning points that emerged from their own experiences. The full country presentations are available at www.fic.nih.gov/programs/training_grants/mepi/index.htm.

Botswana: rationalizing the routes to qualification

Nursing leaders in Botswana played a key role in mobilizing high level political commitment and engaging in advocacy with all stakeholders for reform of nursing education. As a result, measures have been taken to rationalize
routes to qualification by revising and progressively phasing out courses of study that were found to be duplicating others or were no longer well matched to the specific needs of the country. There have also been reforms to ensure recognition of prior learning and credit transfer to eliminate repetition. This approach has led to faster production of highly qualified health workers by creating more flexible routes to qualification.

Innovation in the area of partnership building has been essential to sustainable improvements in nursing and midwifery education. The School of Nursing at the University of Botswana has played a significant role in establishing a collaborative approach to higher education for nursing and midwifery through a Southern African consortium. The consortium has created a critical mass of nurse educators who support one another to enhance the development of nursing education across a number of countries. Through the consortium students have the opportunity for learning in other countries. These links between institutions in different countries promote a global perspective and increase incentives for offering programmes relevant to the health needs of the region.

Kenya: better information and planning helps link education to country needs

The number of education and training institutions in Kenya has increased from 53 to 68 during the past 6 years. This scale up has been accompanied by the development of a strengthened human resources information system (HRIS). The HRIS captures data on both the supply of nurses and midwives (including production, registration and migration) and on the demand for nurses and midwives (including deployment, skills development and exit rates). The Kenya HRIS is now functioning as an assessment, management and planning instrument and has allowed the country to link the production of nurses and midwives more closely to service delivery needs.

Kenya has also introduced reforms to respond to the growing need for more specialized nursing skills. There has been investment in post-basic nursing education with five new programmes established in the past five years and a distance learning programme to address the need for upgrading of skills. Participation in continuing education is now mandatory for nurses wishing to stay on the register and new opportunities for continuing education are being developed in hospitals and at national level.

Lesotho: moving from content-based to competency-based curricula

Many nurses and midwives in Lesotho were finding that their education failed to prepare them for the challenges ahead or to equip them with the competencies they needed once deployed. In an environment where the health needs of the population are fast evolving and where the circumstances of nursing practice can be widely varied, curricula that focus on competencies, rather than on content, are more likely to produce nurses and midwives that are able to respond with flexibility to a wider range of demands.

Lesotho is working to close the gap between theory and practice by introducing competency-based curricula and by investing in training of faculty on new teaching approaches. The country is introducing a number of innovations in information technology to help overcome limited institutional capacity and geographical constraints. The midwifery programme is now making use of simulators and invested in computer lab with internet connectivity.
Malawi: continuous planning, monitoring and evaluation are vital to sustainability

Between 2004 and 2010, Malawi implemented an emergency human resource programme. The programme, funded using a sector-wide approach, was the result of a major partnership between the government of Malawi and a number of multi-lateral and bi-lateral partners. Malawi, as a result, has significantly increased the numbers of health workers while reducing the number of health workers leaving the country through salary top-up and rural hardship incentive schemes. Challenges in ensuring the quality of graduates and in sustaining increased production of health workers in the face of a fast growing population remain however.

The Malawi experience has shown that scaling up nursing education is a dynamic and fast moving process. Strong planning is needed not only at the outset but on an ongoing basis. It is essential to build in the capacity for monitoring and evaluation as well as a continuous and evolving planning process. Regular feedback on plans and progress to nurses and midwives themselves should also be assured.

Zambia: striving for synergy between educational institutions and health systems

Institutions providing nursing education are often isolated from national health systems and from the everyday realities of health service delivery. This isolation limits their ability to prepare graduates to respond to the context-specific needs of those systems and the populations they are being educated to serve.

Zambia is taking measures to address this challenge by adopting a collaborative approach which has strengthened the links between nursing schools and the relevant local, regional and national authorities (including the Ministry of Health, international partners and the private sector).

Consultative meetings with all partners along with investment in a thorough situation analysis has led to better use of evidence in decision making which has, in turn, meant that the educational interventions are more reflective of the country needs.

India: putting social accountability at the heart of nursing education

Retaining skilled nurses and midwives in service to the communities where they are most needed is a major challenge — particularly in India which operates a highly profit-driven model of service delivery and health workforce education.

The Christian Medical College has adopted a number of innovative strategies for recruitment, education and deployment of nurses which can improve retention rates and help address imbalances in distribution of qualified personnel between urban and rural areas. Strategies that have been shown to improve retention of nurses include: targeting admission policies to enrol students from rural communities, locating training sites within the community, adopting community-based education models, and cooperation between institutions and the appropriate authorities to plan for deployment, after graduation, to posts within the same communities.

The College sets out to identify applicants with a commitment to social accountability. Graduates must agree to work in an area of high need for a minimum of two years upon qualification. The curriculum and educational model are highly community oriented. Based on the principles of primary health care, the curriculum includes several innovative courses including disaster management, health economics, and ethics.
Brazil: mobilizing high level political commitment to support national scale policy reform

A highly significant aspect of Brazil’s policy toward professional health worker education is the integration of the health and education sectors. This relationship has been defined at the highest level. The National Constitution establishes the responsibility of the Ministry of Education for regulating professional education throughout Brazil but also states that the National Health Systems holds command over the education of health professionals.

The country has made a long-term commitment to invest in its national health system which is founded firmly in the principles of delivering care that is universal, equitable, and holistic. In keeping with these ideals, there has been strong political support for being responsive to population health needs and for placing primary care and family health at the centre of the national health system.

In line with this approach, the Ministry of Health has implemented an active programme of incentives to try to encourage curricula reform in health workforce education. Begun in 2003, the programme now involves 360 colleges covering many different health professions. Grants are provided to colleges to support a range of measures leading to revision of curricula and adaptations to health facilities. This programme now reaches 100,000 students.

Brazil has progressed from traditional models of medical and nursing education based on hospital-based, teacher-centred learning geared towards curative approaches to complex diseases towards a more responsive model of decentralized, active learning which addresses the social determinants of health, promotion and primary care.

Thailand: national reform to meet population health needs

During the 1980s and 1990s Thailand embarked on a policy of major rural health infrastructure expansion to extend health services to underserved populations through district level extension of primary health care and human resources for health development.

These health sector policies were harmonized with other national policies on population and social and economic development so that health system reform would match the transitions underway in the country, including an aging population and higher incidence of chronic disease.

Strategies to increase the numbers of nurses have included the standardization of curricula across both public and private education institutions and certification by nursing councils.

There has also been a strong emphasis on retention strategies. High levels of placement in underserved areas have been made possible through a policy of mandatory government bonding of all health graduates. Students are recruited from rural areas, undergo their education in the provinces and are often deployed to service in their hometown. These measures, along with other financial and non-financial incentives, have generated a strong commitment to rural service.
Philippines: rationalizing enrollment, education, and deployment

Unlike many countries, the Philippines has an oversupply of nurses. Enrollment for nursing represents between 40% and 60% of total enrollment rates for higher education in the country. High numbers of qualified nurses are unemployed or underemployed and many migrate out of the country. At the same time, nurses are unevenly deployed across the country leaving many areas facing “shortage amidst plenty”.

There is wide variance in the quality of nurses and of nursing education. Among those who enroll in nursing education, a high number are not offered the chance to complete the three year course due to insufficient opportunities for clinical practice. Less than half the students who do continue their education pass their final nursing exams.

To address these problems, the Philippines is introducing a strong community health focus to nursing qualifications to maximize the successful deployment of nurses to underserved rural areas. Human resources for health policies are being reformed to ensure greater integration with broader societal goals and programmes and retention and migration management programmes are being implemented including career path development, bilateral agreements and a road map for the nursing profession. A special project has also been launched to mobilize unemployed nurses.
Key areas of consensus arising during discussions

Throughout the two-day meeting, participants engaged in broad discussions during which consensus emerged around some key principles. These areas of consensus, summarised below, will serve to inform the development of the WHO policy guidelines.

**Transformative scale up means more than increasing production**

Efforts to build a larger and more effective workforce of nurses and midwives must encompass reform that extends beyond the confines of educational institutions themselves. There must also be attention to the inputs (i.e. the individuals who are enrolled) and outputs (i.e. the circumstances in which graduates are deployed). The originality of the work to develop WHO policy guidelines in this area will be to go further than previous efforts in exploring the systemic barriers to improving health outcomes.

**A historic time for nursing**

The momentum and focus that is gathering around nursing and midwifery education, through these efforts of PEPFAR, WHO and other related work, represent a historic opportunity for the nursing and midwifery professions to fully assert themselves in policy discussions related to global public health. It places a serious responsibility on those involved to help work toward creating healthier societies. These efforts also have the potential to promote nursing and midwifery as a potent force in society and could have a profoundly positive effect on the nursing and midwifery professions.

The need for reform of nursing and midwifery education is not confined to the low- and middle-income countries of the global south. Similar need to match education to evolving population health needs is becoming increasingly pressing worldwide.

**A nurse is not half a doctor**

Nursing is a profession in its own right. There are areas of specificity to nursing and midwifery that must be recognised and addressed accordingly. Investments and policy initiatives in support of nursing institutions should be directed at nursing education and not through programmes for medical education.

Nursing leadership often tends to be afforded lower status than the leadership of other health professions due to the complex interplay of gender and inter-professional power relationships. Confident and visible nursing leadership can help drive forward needed reforms. Greater and more meaningful participation of nurses in decision making on health is needed so that their experience can help to inform policy.

It was noted that the leadership in this PEPFAR/WHO collaboration includes a very high representation of nurses and that issues of gender balance and professional and regional balance will be given careful consideration in the composition of the reference groups.

**Expanding the remit to specify midwives**

Although traditionally considered a speciality within nursing, modern midwifery has asserted itself as a profession in its own right with a strong related research base. Policy guidelines will need to be sensitive to the distinctions and to the areas of specificity that exist and bring more careful definition to the language being used to reflect the distinct role and needs of midwives.
The process of evidence gathering, consultation and the formulation of WHO guidelines raises a number of definitional issues particularly around the definition of different cadres of health professionals and their roles as well as variance between and within countries. As the work moves forward, greater clarity around the differences and similarities between professional cadres should emerge.

**Never forget to care**

Efforts to reform nursing and midwifery education must not lose sight of the overarching philosophy of care giving that is fundamental to the history of the nursing profession. The concept of caring must extend beyond the service delivered by nurses and midwives to include the ethical framework around which they themselves are trained and deployed. Those who are not cared for themselves will be limited in their ability to care for others. Educational approaches which focus on social accountability and which respect the essential humanity of the caregiver may contribute to improving the quality of care.

**Taking a multi-sector approach for success**

The potential for sustainable scale up in the number of appropriately trained nurses and midwives cannot be fulfilled without the engagement of sectors, including health, finance, and labour. Producing new nurses in isolation from overall national human resource plans can result in a mismatch of graduates to country needs, or a shortage of posts for newly qualified professionals. New staff cannot be deployed without budgetary resources allocated by the ministry of finance. Harmonization of education policies with policies on population, socio-economic development and health are needed to deal with factors such as the global financial crisis, aging populations, epidemiological transition, environmental challenges and changing lifestyles. Scaling up nursing and midwifery education therefore demands close cooperation and strategic planning on a multi-sectoral basis.

**Extending the scope of practice**

Introducing new curricula and preparing nurses and midwives to respond better to evolving population health needs may mean extending the scope of practice of some cadres. Where this is the case, the adoption of new tasks and responsibilities should be formalised through revision to the appropriate regulation. Scopes of practice need to be well defined and the clear identification of associated competency levels is necessary to support efficient and coherent human resource management and effective service delivery.

**Standardization and accreditation to ensure quality as well as quantity**

Where new courses and curricula are developed to scale up production and to match the competencies that will be required to respond to evolving health needs, it will be important to adopt a systematic approach which can harmonize and standardize nursing and midwifery education. Accreditation is a critical mechanism for ensuring that all nurses and midwives are properly prepared to undertake the tasks they are expected to perform.

**From task shifting to task ownership**

Shortages of professional health workers in many countries have led to the practice of task shifting. Task shifting involves a rational redistribution of tasks within health workforce teams. There are cases where task shifting is undertaken informally and some nurses and midwives report that this can
mean “doing two jobs instead of one” without proper training, supervision or additional resources. When implemented formally however, task shifting has been shown to contribute to effective and efficient service delivery including for underserved communities. WHO and PEPFAR have published global recommendations and guidelines on task shifting which stress the importance of undertaking task shifting within a formal framework that forms part of a national strategy for organising the health workforce to better serve population health needs.

However, task shifting is reliant on in-service training that prepares existing health workers to take on new tasks that may not have been part of their pre-service education. It is generally accepted that in-service training, while important to keep up to date and as part of continuous professional development, involves high opportunity costs if it takes nurses and midwives away from practice too frequently.

Work to reform nursing and midwifery education provides an opportunity to integrate new tasks, such as prescription of anti-retroviral treatment for HIV, into the pre-service curricula and into the scope of practice, thus reducing dependence on in-service training.

**Students need enough of the right kind of teachers**

Shortage of faculty represents a major challenge. Development of faculty must therefore be at the centre of new efforts to increase the production of nurses and midwives. A range of approaches can help to increase the teaching pool and attract and retain faculty. These include efforts to provide attractive career paths, opportunities for exchange programmes, joint appointments, affiliate positions and clinical preceptor programmes.

Educating health personnel who are well equipped to make an impact on population health outcomes cannot be achieved without faculty who have the appropriate skills and experience. This means faculty need experience in community-oriented service delivery. Faculty also need to keep their clinical skills up to date with evolving health needs. Integrating nursing and midwifery education with clinical practice allows faculty to remain clinically active and can facilitate a positive cycle of teaching and learning so that they are well equipped to teach advanced practice. Faculty who are actively engaged in clinical practice are also positive role models for students.

Some institutions have been able to cooperate with the health authorities so that health professionals in clinical practise undertake some teaching on site alongside their responsibilities for service delivery. Care must be taken, however, to ensure that this model does not ask that one person fulfils two full-time jobs as this leads to stress and burn-out.

**Giving sufficient attention to nursing research**

Research is an important function of educational institutions. Where the research conducted by institutions is guided by the health needs of the nation, new knowledge can make an essential contribution to effective planning and decision making. To date, nursing and midwifery research has been afforded insufficient attention and resources and needs to be strengthened. Operations research as well as academic research is important and valid.

**Keeping gender equity up front**

Gender disparities pervade nursing and midwifery education as they do other spheres of education, training and professional development. Women are over-represented compared to men in the nursing professions in terms of the absolute numbers. Nevertheless, women are generally under-represented in
positions of health systems governance and in senior positions in educational institutions. Gender discrimination can also affect the learning environment, working conditions, and attitudes and expectations. Male nurses must also be afforded protection from all forms of gender discrimination. These underlying issues must be kept in mind throughout the development of policy guidelines on nursing and midwifery education.

Money, money, money!
Progressive educational models designed to produce nurses and midwives with relevant competencies is likely to cost more, not less, than more traditional institution-based education. Scaling up and sustaining the gains will require significant financial investment on a long-term basis. The case can and must be made that investing in these ways will produce long term efficiencies through population-wide improvements in health.

Change is never simple
Taking on the challenges of transformative scale up of nursing and midwifery education will involve a process that is dynamic and often full of challenges and contradictions. Results will not be immediate but the rewards for perseverance will surely be great.

Can WHO policy guidelines make a difference?
As the United Nation’s agency responsible for establishing norms and standards in the field of global public health, clinical and policy recommendations and guidelines that are issued by WHO are commonly implemented by member states. The process of developing of policy guidelines responds to the demand from countries for evidence-based support and engages countries in a process of dialogue. Ministries of Health often adapt global evidence based guidelines to regional and country realities prior to implementation. For example, the 2008 launch of WHO Guidelines on Task
Shifting was attended by no less than 40 ministers of health from throughout Africa and beyond and the guidelines have since been adapted and widely implemented. From the perspective of development partners, PEPFAR, for example, has specified that expenditure of PEPFAR resources on task shifting should be consistent with the WHO guidelines.

Development of formal WHO Policy Guidelines

Building the evidence base

WHO guidelines must be evidence based. It follows therefore that the process begins with a programme of research designed to ensure that the evidence is sufficiently robust. The research work around the transformative scale up of medical education draws from a number of different studies and utilizes a variety of methodologies.

The first phase, of which the meeting of nursing and midwifery education experts represented an important part, involves consultation among countries and among other experts and stakeholders to identify the challenges and define the key areas for intervention. Informing this work are the findings of a systematic literature review which is being undertaken by George Washington University. These information sources are to be complimented by data emerging through countrywide assessments of nursing and midwifery education, and a number of costing studies, which are being undertaken in selected countries as part of the Medical and Nursing Education Partnership Initiative.

These rich and varied information sources, analyzed within a systematic framework, are likely to reveal remaining knowledge gaps. Further research work will then be designed, as necessary, to address any such gaps through selected country studies and key informant interviews.

Work on the literature review is already progressing fast. The search strategy on medical education has produced a total of 3,846 results from electronic databases (narrowed to 835) and 454 results from the grey literature (narrowed to 55). For nursing education, 2,072 results of the electronic databases search and 131 results from the grey literature search have been narrowed to 1,332.

These results have already been organized into thematic groupings and will be analyzed and presented to the reference groups in due course.

Refining the research agenda

The process for development of formal WHO policy guidelines revolves around the identification of a clear set of questions that the guidelines will seek to address through the process of evidence gathering and consultation. Working group discussions focused on the preparation of a series of key questions that will guide the research and policy development work over the coming months.

Feedback from the working groups helped to scope out the key areas for intervention and to define a framework for research and guidelines that will cover:

- The importance of a context-specific approach to health professional education
- A focus on population health outcomes
• Alignment between education and the national health systems strengthening agenda
• Synergy between education, research and service delivery
• Policy reforms and transformation of educational institutions
• Revision of curricula and educational methodology, faculty and student selection, accreditation and teaching sites
• Strengthening research
• Continuing education and post-graduate education
• Informing and influencing the recruitment and deployment of new graduates

The detailed work of the different groups has been recorded by the Secretariat. Work will now commence, with the support of a methodologist, to draft and refine a comprehensive set of research questions.

The drafting of questions for research purposes, and the subsequent development of guidelines, is a dynamic and evolving process which will be open to refinement and review. However, reaching agreement from the start on the key areas of interest will serve to ensure an efficient process of research that can support the emerging guidelines with robust and relevant evidence.

WHO policy guidelines are developed in response to demand from countries, and other stakeholders, for evidence-based support. The process of developing guidelines engages countries in a process of dialogue and helps to build a broad platform for implementation of needed reforms at the country and global levels.

In the months ahead the evidence gathering will continue and the consultation process will broaden to include the expert groups for regulatory bodies and professional associations, policy makers, and community. The work is complex and challenging but the need is urgent.

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Additional information


The Medical Education Partnership Initiative http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-10-008.html

The Sub-Saharan medical school study http://www.samss.org/

Social Accountability in Medical Education. An initiative led by the University of British Columbia and Walter Sisulu University with technical support from the World Health Organization. For more information, please contact Ms Rebecca Bailey (baileyr@who.int) or Dr Robert Woollard (woollard@familymed.ubc.ca).


Avicenna Directories http://avicenna.ku.dk/

WHO global recommendations for the retention of health workers http://www.who.int/hrh/retention/guidelines/en/index.html

For more information on the initiative to scale up transformative medical, nursing, and midwifery education contact: Francesca Celletti (cellettif@who.int)