REPORT OF THE POLICY DIALOGUE MEETING ON THE NURSING WORKFORCE

6-7 APRIL, 2017, GENEVA
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Introduction

The meeting on the policy dialogue on nursing workforce was held on 6 and 7 April 2017 at the World Health Organization (WHO) headquarters in Geneva Switzerland. Nineteen participants comprising individuals from WHO, government institutions, professional nursing associations and affiliates, academic institutions and NGOs were present at the meeting. The specific objectives of the meeting were to:

1. explore and review the potential added value of a global campaign on the nursing workforce;
2. identify the appropriate linkages with relevant ongoing and planned work by WHO and other international, regional and national partners, and;
3. outline provisional governance arrangements and activities for a global campaign to be launched in 2017 (potentially at the 4th Global Forum on Human Resources for Health in Dublin, Ireland).

The meeting featured open plenaries, group work discussions and oral presentations from selected participants on the status of nursing both globally and in specific countries and regions. The focus of the meeting was on nursing, although it was also recognized that the practice of midwifery constitutes a significant overlap in many countries and settings and much of the discussion and recommendations may equally apply wherever such overlap exists.

Global context and the rationale for a nursing policy dialogue

Jim Campbell, Director, Health Workforce Department opened the first session of the meeting with an overview of the global policy context of nursing. There is a growing impetus to build on the foundations of the WHO Global Strategy on Human Resources for Health: Workforce 2030 (the ‘Global Strategy’) to significantly improve the state of the world’s human resources for health. The vision is to accelerate progress towards universal health coverage (UHC) and the SDGs by ensuring equitable access to health workers within strengthened health systems. As the largest occupational group in health globally, the nursing workforce has been consistently identified as central to achieving the vision of the Global Strategy. A number of challenges however have continued to slow down the progress of nursing as well as reduce the potential of nurses to address global health challenges. Identifying these barriers and recognizing the substantive contribution of the nursing workforce can make to improve health in countries, WHO and partners have continued to build on previous efforts to support nursing and health workforce advancement through the development of key policy instruments such as: the Global Strategic Directions on Strengthening Nursing and Midwifery 2016-2030, the five-year action plan on the recommendations of the UN High Level Commission on Health Employment and Economic Growth.

The report of the UN High Level Commission on Health Employment and Economic Growth (the ‘Commission’) notes that the health and social sector employs more women than any

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1 http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf?ua=1
3 http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf?ua=1
other sector, with women comprising over two-thirds of the workforce globally. Over the next fifteen years, the World Bank projects a doubling in the demand for health workers with the creation of 40 million additional health worker jobs. With the anticipated doubling of the health and social workforce in response to the growing demand, health and social workforce investments into education and employment thus offer significant opportunities towards achieving not only SDG 3 (health), but also SDG 4 (education), 5 (gender equality), and 8 (decent jobs and inclusive growth). Only recently, UN Member States at the 61st Commission on the Status of Women committed to ensure women’s full and equal participation and leadership in the economy, as well as women’s right to work and rights at work, as a vital step to achieving sustainable development.

Against this backdrop, the call for a global policy dialogue on nursing is very well-timed. The *Triple Impact report*4 of UK’s All-Party Parliamentary Group (APPG) on Global Health has stated that UHC will not be achieved without developing nursing globally. In line with the recommendations of the Commission, the report also concludes that developing nursing will have the triple impact of contributing to three of the SDGs—improving health, promoting gender equality, and strengthening economies. To this end, the APPG in consultation with partners have called for the development of a global campaign on the nursing workforce that will serve to:

- raise the profile of nursing globally, making it more central to health policy;
- catalyse partnerships to facilitate investments in the nursing workforce;
- support the empowerment of women globally;
- provide catalytic support to stimulates investments by national governments and their domestic partners in the nursing workforce

**Country perspectives on the status of nursing**

Country action and people orientation are key to the success of a global nursing campaign. To provide this focus, selected speakers were identified in their personal capacities to provide brief summaries of the current challenges facing nursing in their respective countries or regions. Particular to all countries was the need for greater leadership and political will amongst nursing leaders, health planners and policy makers to implement changes across nursing programmes and institutions. The country narratives provided below are personal accounts and have not been verified or confirmed by any of the Member States mentioned.

**United States of America**

Dr Beverly Malone Chief Executive Officer, National League for Nursing, Washington, gave an account on the state of nursing in the US. There are currently about 3.6–4.2 million working nurses in the US. About 45% of nursing workforce in the community. Transition of care from hospital to home is increasingly recognised. Nursing faculty members and the education system needs to be aligned to current and future realities in order to be effective. Some of the mentioned challenges faced by nursing in the US include:

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4 [http://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1&ua=1](http://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1&ua=1)
• Difficulty in harnessing the potentials of interprofessional relationships
• Reduced access to nursing services in the rural communities
• Significant lack of diversity especially in nursing faculties
• Administrative funding cuts threatening the implementation of advanced degree nursing programmes
• Slow adaptation of practicing nurses to the increased availability of new technology and simulation products

India
Professor Srinath Reddy, President, Public Health Foundation of India gave an account on the state of nursing in India. Nursing is currently regarded to have a low professional status except for nurses working in the Army. There is an urgent need to engage political, social and religious organizations to improve the current status. Opportunities exist for the use technology in enabling nurses to treat and provide frontline care for NCDs i.e. diabetes and Public Health initiatives. Nurses need training opportunities as Public Health Nurses and health management. More political will is needed to improve the status of nursing. Some of the other mentioned challenges include:

• Shortage of nursing personnel combined with low nurse/doctor ratio
• Mal-distribution of nurses across the country (57% in urban areas) combined with a mal-distribution of nurse training institutions.
• International migration of nursing personnel is high
• Regulation of nursing standards are not properly enforced leading to issues with quality education and care

Sierra Leone
Mrs Hossinatu Kanu, Chief Nursing Officer from the Ministry of Health and Sanitation gave an account on the state of nursing in Sierra Leone. About 7 million people currently live in the country. 10000 nurses are needed to meet population needs however only 7000 are currently employed with fewer practicing. A large percentage of ‘nurses’ are actually technicians. Only three nurses are currently in central government though they occupy high profile positions. Nursing and Midwifery is one of the 14 directorates in the ministry of health. The country is now focusing on essential package of care and health policy around nursing with the aim to tackle the very high maternal mortality. Four operational working streams are being explored within the ministry of health: Units in Health Management, Education/ research/CPD, Quality Improvement and Public Health at policy level. 13 schools are available for the training of nurses and midwives. The nursing and midwifery education curricula of the schools are currently being reviewed. The country has an ambition to educate 1,145 nurses by 2020 and setting up career development opportunities for specialty-trained nurses is one measure being applied to combat attrition. Other mentioned challenges include:

• Availability of educational institutions still skewed towards urban areas
• Brain drain and migration is still significant
• Lack of professional autonomy in government administration and regulation of nursing
• Gender issues and the very low status of nursing.

Jamaica
Ms Lishann Salmon gave an account on the state of nursing in Jamaica. Significant shortages of nurses has reached critical levels in many areas. This is having a severe impact on health service delivery leading to a rationing of health system delivery and deteriorating patient outcomes. Other challenges mentioned include:

• Very high migration rates—Jamaica lost 29% of its nurses to migration in the last 3 years
• Quality of training is inadequate: clinical training sites are limited combined with a reduced number of educators.

Jordan
Professor Rowaida Al-Maaitah from the Faculty of Nursing, Jordan University of Science and Technology gave an account on the state of nursing in Jordan and the Gulf region. There is a general shortage of nurses in the Gulf region. Significant bias exists in the health systems to promote hospital services rather than a public health approach. Collaboration with allied colleagues will help to raise the profile and status of nursing. Increased availability of nursing champions and improving research and education can help address some of the challenges. Other mentioned challenges include the following:

• Inadequate role-modelling for nurses
• Inadequate leadership/political will
• Significant pay gap and status when recruiting nurses
• Middle East structures and education impacted by conflict

United Kingdom
Baroness Mary Watkins Baroness of Tavistock, House of the Lords, gave an account of the state of nursing in the United kingdom. The status of nursing is low compared to health professions of similar standing. Opportunities exist to bring women and non-traditional health workers into the profession by the creation of the ‘nursing associate’ role with career progression opportunities and qualification credentialing. Mental health is the area attracting men in this scheme. At the moment, the UK is heavily reliant on nurses from the EU. It is predicted that the UK could lose up to 40,000 nurses on leaving the EU although nursing salaries are generally higher in the UK than several European countries. Other challenges mentioned include:

• cultural divisions still exist within nursing
• significant issues with recruiting nurses to especially to prison roles
• lower recruitment rates due to inability to pass language tests
Establishing a global campaign to advance nursing

Following the APPG Triple Impact report, the creation of a global campaign was identified as a mechanism through which the collective objective of ensuring the “Triple Impact” of Nursing will be achieved. Provisionally to date called “Nursing now”, the policy dialogue meeting has served as an opportunity to further refine the campaign title, set the focus of the agenda and define the methods of approach to take the campaign forward. Nurses have a critical role to play in the re-imagining of health systems because of the patient-centeredness of their roles and the breadth of services they cover. Building a successful nursing campaign needs to be hinged on the core value and contribution of nursing highlighting its unique strength and advantage compared to other health care professions. The core values of intimate hands-on care, professional knowledge and person-centred humanitarian values are cross-cutting to certain extents amongst health care professionals, however, continuity of care also plays a critical role in defining the core values of the profession.

Lessons from relevant examples of successful global health-related campaigns

This section outlines examples of successful global health-related campaigns cited by participants and the key principles and ideas that enabled success. Maureen Bisognano, President Emerita and Senior Fellow, Institute for Healthcare Improvement (IHI) provided the first example of IHI’s 100,000 Lives Campaign. The campaign was able to meet and surpass its objectives having saved an estimated 122,000 lives through more than 3100 participating hospitals in the US. This was achieved using the IHI’s principles of building will, promoting concrete ideas for change, and teaching quality improvement methods to execute the change.

Dr Caroline Harper, Chief Executive Officer of Sightsavers provided the second example. Sightsavers have achieved recent successes with their global campaign to map trachoma around the world. Using the principles of clear objective setting and sound management techniques, data from 2.6 million people in 29 countries were collected using Android smart phones over the period of three years and millions of dollars’ worth of funding and medicines donations have been realized based on the success of the campaign. Sightsavers have also carried out other successful campaigns including a DFID sponsored disability campaign that builds on existing global conventions and frameworks.

It was noted that the “What matters to you” Campaign was very successful and widely accepted because of its intrinsic ability to appeal to the needs of people. Several ideas were put forward for a global nursing campaign titles (see annex 3). The global nursing campaign objectives should follow a stepwise approach and should empower nurses in a self-sustaining way through the following elements:

- Advocacy asks
- Use of networks (including communities of practice)
- Country specific action
It was agreed that the campaign theme should be targeted at everyone and should address the main underlying problem of the undervaluation of nurses and nursing potentials.

Focus of the global nursing campaign

Following group work and discussions on the challenges facing nursing globally, immediate areas of action to improve the value of nursing globally by 2020 were identified. They are stated as follows:

1. Leadership and empowerment: Training programmes should consider the concept of “country teams” as change is difficult to implement with individual effort.
2. Education and professional standards: Increase the number of nursing colleges whilst exploring opportunities for technical vocational training. Ensuring the availability of career ladders are also essential to maintain job satisfaction.
3. Research: Should incorporate elements of how to translate to policy and practice as well as dissemination. There is need to reach out to wider audiences through deliberate attempts at encouraging the publishing of nursing research in other professional journals and public-facing media (Nurses speaking to other professions as against nurse speaking only to nurses).
4. Better conditions for nurses: This involves the promoting the status of women in the workforce and is linked to the second objective of the five year action plan of the Commission.
Recommendations and next steps

The implementation of the following recommendations will be carried out by all identified stakeholders including the APPG (Global Health) and partners in consultation with WHO.

1. Establish a steering committee to oversee the global nursing campaign programme to be anchored on three work streams:
   a. Development of a global leadership and empowerment programme for nurses
   b. Development of a business case for nursing—detailing the economic impact and the value proposition of nursing
   c. Advocacy for bridging the gap—empowerment of women in the workforce.

2. Finalize the theme of the nursing campaign. A communications expert may be consulted to define the slogan and accompanying advocacy messages;

3. Engage and follow up with relevant partners and institutions such as the International Labour Organization (ILO), International Trade Centre (ITC) and United nations Conference on Trade and Development (UNCTAD) to incorporate trade elements in defining the values of nursing to economies and communities;

4. Position the global nursing campaign on high visibility platforms such as the 4th Global Forum on Human Resources for Health in November 2017, the upcoming Commonwealth Heads of Government Meeting in 2018 in the UK and the G20 agenda to be chaired by Argentina in 2018.

Conclusion

The untapped potential of nursing is vast—from fostering social change through impactful research to transforming lives and re-energizing economies. Improving the global status of nurses and nursing requires bold and sustainable leadership from a vibrant cohort of nursing leaders around the world. Students, civil society, the private sector, policy planners and decision makers need to be engaged directly or through purposeful partnerships to ensure inclusiveness and greater political will. The development of a global campaign to improve the status of nursing is indeed timely and will serve to reinforce ongoing global cooperation towards ensuring gender equality and women’s and youth empowerment in countries. Leveraging opportunities in global health workforce education investments will also be critical to support the development or upgrading of education and training programmes necessary to produce nurses with the right leadership skills and attitude in countries.
Annex

1. **List of participants**

1. **Professor Rowaida AL-MAAITAH**
   Faculty of Nursing, Jordan University of Science and Technology
   Amman, Jordan

2. **Dame Christine BEASLEY**
   Burdett Trust for Nursing
   London, UK

3. **Maureen BISOGNANO**
   President Emerita and Senior Fellow
   Institute for Healthcare Improvement
   Massachusetts, USA

4. **Lord Nigel CRISP**
   House of Lords
   London, UK

5. **Dr Caroline HARPER**
   Chief Executive Officer
   Sightsavers
   West Sussex, UK

6. **Dr Frances HUGHES**
   Chief Executive Officer
   International Council of Nurses
   Geneva, Switzerland

7. **Professor Kathleen McCOURT**
   Vice President
   Commonwealth Nurses and Midwives Federation
   c/o Royal College of Nursing
   London, UK

8. **Dr Beverley MALONE**
   Chief Executive Officer
   National League for Nursing
   Washington DC, USA

9. **Mrs Hossinatu KANU**
   Chief Nursing Officer
   Ministry of Health and Sanitation
   Freetown, Sierra Leon

10. **Ms Emily McMULLEN**
    Coordinator & Researcher, Office of Lord Crisp
    All Party Parliamentary Group on Global Health
    London, UK

11. **Professor Srinath K. REDDY**
    President
    Public Health Foundation of India
    Delhi, INDIA

12. **Dr Jane SALVAGE**
    Independent Consultant
    Director, Jane Salvage Limited
    East Sussex, UK

13. **Baroness Mary WATKINS**
    Baroness of Tavistock
    House of Lords
    London, UK

14. **Ms Christiane WISKOW**
    Health Services Specialist, Sectoral Policies Department
    International Labour Organization
    Geneva, Switzerland

15. **Ms. Lishann SALMON**
    First Secretary
    Permanent Mission of Jamaica
    Geneva, Switzerland
16. His Excellency Mr. Wayne McCOOK  
Ambassador Extraordinary and  
Plenipotentiary  
Jamaica’s Permanent Representative to  
the UN Office and Specialised Agencies in  
Geneva, Permanent Representative to  
the WTO, and Ambassador to the Swiss  
Confederation

WHO HEADQUARTERS

17. Mr James CAMPBELL  
Director  
Health Workforce Department,  
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18. Onyema AJUEBOR  
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19. Ms Stephanie Anh NGO  
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Service Delivery and Safety  
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20. Beatrice WAMUTITU  
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Health Workforce Department  
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2. Meeting concept note

Background

The WHO Global Strategy on Human Resources for Health: Workforce 2030 (the ‘Global Strategy’) was unanimously adopted by the World Health Assembly resolution WHA 69.19 in May 2016. Member States were urged, within the context of health systems strengthening, to adapt the Global Strategy’s four strategic objectives within national health, education and employment strategies, and broader socioeconomic development contexts, in line with national priorities and specificities.

Data compiled for the Global Strategy identifies the nursing workforce as the largest occupational group globally (including the classifications of health professionals and health associate professionals). Recognizing the substantive contribution of the nursing workforce, the WHO has published a series of global and regional guidance documents on the education, deployment, management and performance of these occupations as the WHO Strategic Directions on Nursing and Midwifery.

Building on the findings of the Global Strategy, the report of the High Level Commission on Health Employment and Economic Growth was published in September 2016. The Commission found evidence that targeted investment in the health workforce promotes economic growth and positively impacts broader economic and social development. Investments in technical vocational education and training (TVET) focused on cadres with a relatively short pre-service education pathway (4 years or less) appear to have a particular potential in creating synergies among complementary elements of the Agenda for Sustainable Development, including decent work, education, inclusive economic growth, health and women’s economic empowerment. A five-year action plan to operationalize the immediate actions and recommendations of the High Level Commission will be submitted to the 70th World Health Assembly in May 2017. The action plan was developed in consultation with Member States and relevant stakeholders and sets out the technical cooperation activities of WHO, ILO and OECD. Member States and partners will work towards the development, implementation and financing of comprehensive multi-sectoral national strategies, fiscal frameworks and investments to strengthen, transform and scale-up a fit-for-purpose health and social sector workforce.

The Triple Impact of nursing on improving health, promoting gender equality and strengthening economies

Against this global backdrop, a 2016 study by the UK’s All-Party Parliamentary Group on Global Health identified similar findings:

- Universal Health Coverage (UHC) will not be achieved without developing nursing globally. Nurses are the largest part of the professional health workforce and provide an enormous amount of care and treatment worldwide; however, they are very often under-valued and under-utilised. Nurses could have an even more significant impact in the future - and will be decisive as to whether UHC is achieved.
- Developing nursing will have the triple impact of contributing to three of the Sustainable Development Goals (SDGs) - improving health, promoting gender equality, and strengthening economies.
Members of the APPG, in consultation with partners and as follow-up to their report, have subsequently proposed the development of a global campaign on the nursing workforce: *Nursing Now.*

The campaign would be aligned with the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030, the Strategic Directions on Nursing and Midwifery, the five-year action plan of the UN High Level Commission on Health Employment and Economic Growth, and link with other relevant UN and global policies and initiatives.

A proposed campaign would include elements to:

- raise the profile of nursing globally, making it more central to health policy - with a focus on the achievement of UHC and the SDGs and ensure that nurses can use their skills, education and training to their full capacity;
- catalyse partnerships among relevant international institutions and professional bodies towards the development of global public goods relative to evidence and norms that can facilitate investments in the nursing workforce;
- support the empowerment of women globally, by creating more opportunities for employment and influence and raising their status within the workforce;
- provide catalytic support to stimulate investments by national governments and their domestic partners in the nursing workforce as an integral element of national health, education and health workforce strategies in order to address unmet health needs and develop local economies through employment within health, health services and associated areas.

**Purpose and objectives of the meeting**

The specific objectives of the meeting are to:

- explore and review the potential added value of a global advocacy and information campaign on the nursing workforce;
- identify the appropriate linkages with relevant ongoing and planned work by WHO and other international, regional and national partners, and;
- outline provisional governance arrangements and activities for a global campaign to be launched in 2017 (potentially at the 4th Global Forum on Human Resources for Health in Dublin, Ireland).

Further readings:

2. [http://www.who.int/hrh/com-heeg/reports/en/](http://www.who.int/hrh/com-heeg/reports/en/)
3. **Proposed campaign titles**

1. “More nurses, for nurses, from nurses”
2. “Nursing now and new”
3. “Re-imagining nursing”
4. “Nursing 2020”
5. “Nursing 2020 and beyond”
6. “Nurse power”
7. “Nurse power, co-creating the future”
8. “Nursing is different now”
9. “Nurse power on the march”