ICN Policy Brief

Contributions of Nursing and Midwifery Enterprises to Achievement of Human Resources for Health Targets and Sustainable Development Goals

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Purpose
Nursing and midwifery enterprises (NMEs) make important contributions to enhancing the reach and impact of health systems in countries around the world. Recent research and global discussions have focused on the capacity of NMEs to also address broader social and economic challenges, including gender equity and poverty reduction. This paper provides a summary of relevant literature and discussions regarding the contributions of nursing and midwifery enterprise in support of the Sustainable Development Goals and Universal Health Coverage.

This paper should be read in relation to the zero draft of the “WHO Global Strategy on Human Resources for Health: Workforce 2030”

Background
The wellbeing of women is closely connected to that of their families, communities and society at large. Recognition of this relationship has underpinned longstanding investments in both the global health and international development. Health sector efforts have largely focused on service delivery to women, often relating to reproductive and maternal-child health. In contrast, international development investments have focused on women’s empowerment, including widespread support for ownership of enterprise and control of assets; education and training; and larger societal engagement. Research demonstrates that specific combinations of the aforementioned contextual factors will influence the health and well-being along with economic opportunities of women.

The importance of bringing together health and development efforts to maximise health and social gains is reflected in the global Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG) agendas, which require collaboration and innovation across sectors in order to forge progress in achieving their aims. For example, a recent study by Squires et al. found that a country’s average level of education explained nearly 50% of both the physician and nurse/midwife-to-population ratio ($r^2 = 0.49; p = 0.000$). Both health worker cadres represent a significant percentage of formally employed females in most countries. In addition, factors such as the growth in chronic disease, the plight of female workers, and poverty resulting from illness and injury are challenging governments and social investors to find and
develop innovative models that extend the quality and reach of services, improve the lives of women’s lives and reduce poverty. Bringing together approaches to women’s empowerment from the development sector with health sector community based service delivery holds promise for multiple health and social issues.

The growth of such investment in the health sector is already resulting in development of innovative models for community-based service delivery. These approaches rely on nurses, midwives and outreach workers – the majority of whom are women. Collaborations between key stakeholders involved in women’s empowerment have developed promising models for service delivery that have the potential to not only expand the reach and quality of services, but also empower female health workers. An excellent example of these promising models are nursing and midwifery enterprises (NMEs), which are community-level health services delivered through provider practices owned and/or operated by nurses and midwives, often working in collaboration with community health workers and other predominately female frontline workers. Examples of NMEs can be found in countries across income levels. NMEs have various corporate structures, including both for profit and not-for-profit, and often serve remote or underserved populations. Payment for services varies, including contracting with governments for service delivery, insurance or self-pay arrangements. NMEs are often organised through cooperatives, networks or franchises, as well as individual, free-standing arrangements. Many NMEs have characteristics that are well aligned with empowerment of women that extend beyond service delivery. Among these are opportunities such as ownership of assets; leadership development; education, training and career opportunity; and representation and “voice” in larger community affairs.

In 2014, the Institute of Medicine (IOM) convened a Rockefeller Bellagio Center workshop that examined more closely the potential of NMEs to empower women while also strengthening health systems and services. The report of this meeting, *Empowering women and strengthening health systems and services through investing in nursing and midwifery enterprise: Lessons from lower income countries,* and subsequent forums hosted individually by the IOM, World Bank and IPIHD (International Partnerships in Healthcare Delivery) have advanced further discussion of this topic, while also identifying reduction of poverty associated with ill health and injury as a third potential area for NME impact. Insights from these and other discussions point to important potential for NMEs to accelerate progress toward UHC and the Sustainable Development Goals. In addition, the potential for NMEs to serve as “hubs” for training, supervision, career development, and collaboration with Community Health Workers (CHWs) and other frontline health workers was seen as additional means for augmenting their impact on women, health and poverty.

Another important dimension of discussions relating to NMEs is the crucial role of governments in creating a context in which NMEs and other innovative approaches to service delivery can help to achieve the goals of national health plans. Investment in the health sector is giving rise to services that are not directly controlled by government. Development of appropriate financing, regulation and administrative processes enabling their alignment is crucial not only for NMEs but also for optimizing the positive impact of health innovation.

**Connection to WHO Global Strategy on HRH**

NMEs contributions to WHO’s Global Strategy on HRH are discussed under each of the headings (abbreviated objectives) below:
Objective 1: Implement evidence-based HRH policies to optimize impact of current health workforce: NMEs can serve as a mechanism for enhancing the impact of nurses, midwives and other health workers. Establishment of NMEs in rural and underserved areas helps to extend the reach and impact of health services, while providing employment, asset ownership and career development opportunities. This may help to recruit and retain nurses and midwives, while also enabling support, training and career development opportunities for other frontline workers, and providing employment and ownership opportunities that may help to retain nurses and midwives in their communities. NMEs can help to address health needs associated with natural disasters, epidemics and other pressing situations.

Objective 2: Align with national and global HRH investment frameworks; maximize opportunity for employment creation and economic growth. NMEs are closely aligned with the advancing national and global HRH agendas and investment frameworks, while also increasing opportunities for employment and economic growth. While enterprise development in the health sector is not new, the idea of its use to achieve triple gains of strengthening health services and systems, improving the lives of female health workers, and reducing poverty associated with lack of appropriate health services is relatively recent. The potential for NMEs to serve as focal points for these types of investment holds promise for advancing achievement of this objective. It is important to note that appropriate private and philanthropic investment in NMEs can help to extend the reach of health services without additional government investment beyond payment for services to those without previous access.

NMEs can also help governments to develop effective public-private partnerships, given their relatively early stages of development in many countries. Government investment and engagement in NME start-up and incubation can enable incorporation of appropriate agreements, financing, regulation and other supports to ensure access, quality, affordability and strategic alignment of services with national, regional and local planning. These arrangements can help to inform relationships with other health sector enterprise.

Objective 3: Build capacity of national and international institutions for effective global and national HRH leadership and governance. Effective leadership and governance includes representation of women. Because women are so crucial to the delivery of health services, their expertise and voice can benefit governance at all levels. The representation of women in nursing and midwifery, along with other frontline health workers with whom they work, is a crucial dimension of HRH leadership and governance. NMEs provide an important pathway for development of leaders within these organisations; the communities in which they work; the cooperatives, networks and franchises in which many are located; and the government, NGOs and private organisations with which NMEs interface. NMEs provide possibilities for women’s ownership, operation and leadership of health-related enterprise, as well as avenues for advancement of their social, economic and educational opportunities, voice and agency in larger contexts.
Objective 4: Ensure HRH efforts and national and global levels are underpinned with credible, reliable and timely information and evidence. NMEs that serve as “hubs” for training, supervising, and deploying frontline health workers can help to provide data and information for health planning efforts. Evidence regarding the important contributions of nursing and midwifery to health is well documented across settings. The impact of nursing and midwifery practice arrangements on access and quality of health services, including nurse managed clinics, midwifery practices, home health services, free-standing nursing health stations, and birthing centers is also well documented. As with physician or dentist owned practices, evidence relating to the comparative performance of practices or enterprises owned and/or operated by health professionals is largely anecdotal.

NMEs and other types of professionally owned and operated health sector enterprises will benefit from incorporating training of these professionals in leadership and management, which may also contribute to HRH agendas focusing on improved work conditions, service quality, and cost-effectiveness.

Contributions to meeting SDGs
NMEs hold promise for directly contributing to eight of the SDGs. Each is discussed below:

- **SDG 1 - No poverty**: NMEs can help to provide access to affordable, accessible and appropriate health services, which can help to reduce the impact of illness and injury on the economic wellbeing of individuals, families and communities.

- **SDG 3 - Good health and wellbeing**: NMEs are largely community-based and well aligned with the goals of UHC. Their capacity to provide affordable, accessible and appropriate services can contribute to good health and wellbeing.

- **SDG 4 - Quality education**: Education and training that prepares women to become nurses and midwives can afford them opportunities for learning otherwise unavailable in some settings. NMEs provide settings in which they can utilise their learning, while also providing training and career development opportunities to other frontline workers.

- **SDG 5 - Gender equality**: Female health workers are at the centre of service delivery in the health sector. Many are unpaid or underpaid. NMEs can provide opportunities for women to advance their educational, economic and social wellbeing through ownership, training and employment.

- **SDG 8 - Decent work and economic growth**: NMEs have the potential to attract investment, provide decent employment, improve health, and reduce health-related poverty – all of which has potential to contribute to economic wellbeing and decent employment.

- **SDG 10 - Reduced inequalities**: NME-associated economic opportunity, poverty reduction, and advancement of women’s wellbeing have the potential to reduce income inequalities and other inequalities.

- **SDG 17 - Partnerships for the goals**: NMEs sit at the nexus of health and development. Their potential gains extend across goals in both sectors and reflect the importance of finding creative approaches to optimising impact, while making wise use of resources.
Key messages to policy makers
NMEs have the potential to achieve important policy goals that include:

- Expanding the reach and impact of health systems through use of private and philanthropic investment
- Providing cost-effective services to vulnerable, under-served populations, as well as meeting the needs of expanding middle class markets in some settings
- Providing opportunities for gains in health, gender equity, poverty reduction, decent employment, strengthening economies
- Leveraging the resources and assets of both health and development sectors through accessing aid, investment and support focused on enterprise investment
- Enabling greater support and career development opportunity for CHWs and other frontline workers associated with NMEs
- Recruiting and retaining nurses and midwives within their communities and countries through opportunities associated with NMEs
- Improving the lives of female health workers
- Providing opportunities for decent employment and economic wellbeing
- Reducing illness and injury-related poverty through improving access to affordable and effective health services

Guidance for National Nursing Associations (NNAs)
NNAs can play important roles in shaping the future and impact of NMEs. Deliberately developing and advancing NMEs that aim to advance HRH and SDG targets must be at the centre of this work. It is important that NMEs be viewed as social enterprises in which the betterment of humankind is “hard wired” into this work. NMEs must have close alignment with the work of national health systems, and the aspirations and needs of the communities in which they work. Successful NMEs also depend on the appropriate training and support of nurses and midwives engaged in their development and ensuring sustainability.

NNAs will face a number of challenges relating to NMEs. The first is that the public sector may be concerned that NMEs will compete with or erode the capacity of national health systems. NNAs will need to ensure that they help to strengthen national health systems and services. This requires commitment and skill in developing constructive public-private partnerships. It also means developing appropriate organisational, regulatory, quality and financing supports. The second relates to developing the entrepreneurial, leadership and business skills necessary to success of these enterprises. This not only means training and education – it also means developing a professional culture in which social enterprise is viewed as an important way to improve health and wellbeing. The last major challenge relates to professional cultures that isolate nursing and midwifery from other frontline providers, particularly those who are assistive and outreach personnel. CHWs, care assistants, and even those family members who are part of the caring team may not be seen as important partners who are worthy of opportunity and support. Most of these workers are women whose lives can benefit from being valued collaborators and beneficiaries of NMEs’ potential to provide empowerment opportunities and decent employment.
NNAs can also make important contributions to NMEs through other types of roles in their development. For example, some nursing and midwifery associations have created professional networks for their members, some even providing initial financing, training and peer support. Collective arrangements, like networks, cooperatives and social franchises can afford important supports to their members.

About ICN
The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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Marla E. Salmon, Professor of Nursing and Global Public Health, and Senior Visiting Fellow at the Evans School of Public Affairs at the University of Washington. Her work focuses on global health workforce capacity and health systems, most recently relating to innovative investment/impact investment in the health sector as means for empowering women and strengthening health systems, focusing on nursing/midwifery enterprise. Dr. Salmon is former director of US Department of Health and Human Services’ Division of Nursing, chaired WHO’s Global Advisory Group for Nursing and Midwifery. She is a member of the Institute of Medicine and the American Academy of Nursing. She holds a doctorate from the Johns Hopkins School of Hygiene and Public Health, and degrees in nursing and political science.
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