

GENERAL MEETING OF THE GLOBAL NETWORK OF WORLD HEALTH ORGANISATION (WHO) COLLABORATING CENTRES (CCS) FOR NURSING AND MIDWIFERY DEVELOPMENT

Minutes of the meetings held Monday 23 and Tuesday 24 June 2008, Bangkok, Thailand.

APOLOGIES: ACOFAEN/Colombia West Indies, Chile

MEETING DAY ONE

WELCOME AND INTRODUCTIONS

Professor Valerie Fleming, Secretary General of the Global Network and Chair of the Meeting welcomed members to Thailand. Professor Fleming thanked all those attending for their participation and gave special mention to Dr Rutja Phuphaibul for her support in organising the meeting.

This was followed by Dr Jean Yan welcoming members and wishing delegates to a productive meeting.

The three Collaborating Centres (CCs) from Thailand also welcomed members.

Delegates from the CCs introduced themselves and thereafter observers were also invited to introduce themselves.

APPROVAL OF DRAFT MINUTES OF THE 13TH GLOBAL NETWORK BUSINESS MEETING, 5 AND 6 JUNE 2006

07.00 Considered: The unconfirmed minutes of the 13th Global Network Business Meeting held on 5 and 6 June 2006.

07.01 Resolved: The minutes were approved as an accurate record.

Proposed: Barbara Smith

Seconded: Bill Holzemer

MATTERS ARISING

07.02 Reported: **Migration and Scaling up of Human Resources - African Region**
by Sophie Moglotane from CC South Africa, that the issues relating to migration and the scaling up of human resources have been addressed in the African region.

ICN Conference

The coordination of the ICN Conference is well underway.

Partners for Global Network

The Executive Committee was charged with developing a list of organisations with which to work. With respect to that, the Executive Coordinator Mrs Linda Ferguson had developed a letter to send out to organisations and had approached several funders but the process seemed to be more complicated than first thought. The Chair suggested that the Global Network (GN) was not in a position to engage at this time.

07.03 Resolved: A formal motion that the Executive Committee formulate guidelines for nominating organisations that the GN might wish to work with.

Proposed: Shake Ketefian
Seconded: Madeline Naegle
All are in favour. No abstentions.

Guidelines for Observer Status

07.04 Reported: Guidelines have also to be drawn up for observer status for those wishing to attend meetings of the GN and to establish which key meetings the GN would like to be represented at.

07.05 Resolved: Proposed: Bill Holzemer
Seconded: Madeline Naegle
All in favour: No abstentions

Activities Among CCs

07.06 Noted: Madeline Naegle raised some points regarding activities among CCs. There were several suggestions about their role and function in relation to the Secretariat and it was agreed those points would be further discussed during the course of the meeting.

SECRETARY GENERAL REPORT

07.07 Reported: by Professor Valerie Fleming, that the Crisp Reports would not be read out, but that a thirty minute slot would be made available for possible comments from members. She continued by giving her report as Secretary General and thanked Professor Barbara Parfitt and Mrs Linda Ferguson. She commented that recent communication from the Secretariat had not always been as comprehensive as it should be and apologised for this. Professor Fleming thanked Ms Susie Dingle for her work to resolve these issues prior to the Meeting. She reiterated the importance of working together and the need to work more closely with the Regional Nursing Advisers (RNAs) and to explore further the value of this type of collaboration. She cited the PAHO region as a good model which could be followed. Carla Ventura of the

incoming Secretariat then added that a survey would be going out to all CCs shortly to seek their views regarding their expectations of the Secretariat for the forthcoming period. Carla Ventura will be coordinating this survey.

FUNCTION AND ROLE OF THE EXECUTIVE COMMITTEE

07.08 Reported: The Executive Committee, at their meetings, wish to propose a change to the Quorum of the Executive Committee Meetings. It has been proposed the number of voting members be reduced from five to four.

07.09 Discussed: A proposal that the quorum should be two thirds of the members.

07.10 Resolved: The quorum should be two thirds of the members.

Proposed: Judy Mill
Seconded: Il Young Yoo
All in favour: No abstentions.

07.11 Reported: **Bylaw 10.4**
It was proposed to add to this bylaw a statement to the effect that if an Executive Committee Member is unable to attend an Executive Committee Meeting they should seek a Deputy who has been approved by the appropriate region.

07.12 Resolved: Proposed: Linda Harrison
Seconded: Patti Abbott
All in favour: No abstentions.

ADDITIONAL AGENDA ITEM - DAY TWO

07.13 Noted: A change to the agenda was made to note the inclusion of GANES presentation as part of Item 17 on day two at 14:00 hours.

WHO HQ REPORT FROM NURSING AND MIDWIFERY OFFICE

07.14 Received: A verbal report from Jean Yan on Nursing and Midwifery at WHO, the purpose being to demonstrate how this team has been working with the GN along with a number of individual CCs.

Andrea Baumann has been invited to share information about the Kampala Declaration, Bill Holzemer to talk about the Islamabad Declaration and Wipada Kunaviktikul to present the Chiang Mai Declaration.

07.15 Noted: Some of the main themes the WHO HQ Report follow, however, a full slideshow presentation has been sent to all CCs for those wishing to study the presentation in detail.

The opportunities are endless, especially in the next two years. WHO is celebrating its 60th anniversary this year and it is a year of commemoration as it also marks 30 years of primary health care. There will be a section in 'Nursing' on 18 September 2008 showcasing the influence of nursing and its contribution to global health. Nursing hopes to be at the launch of the World Health Report. In addition, a clear directive has come from the Director General saying that WHO expect Nursing and Midwifery to be actively engaged in the 30th anniversary of Primary Health Care. The theme of the International Conference to be held here directly after this Meeting 'Healthy People for a Healthy World', supports what is being espoused at a global level, which is that health is a right. It has to be thought about from the perspective of health as a social issue. There is a need to balance the medical approach with an equally effective and comprehensive social approach to health as the health of a population has a significant impact on the development of a country.

There are principles concerning equity, social justice and solidarity which raise key issues that need to be emphasised and addressed. Topics most often discussed in current debate include the Human Resources for Health (HRH) shortage and the scale up of production, task shifting, the workplace environment and migration. The vision of WHO is the attainment of the highest possible level of health by all peoples.

How is this measured by the Millenium Development Goals (MDG). What has been done in terms of Nursing and Midwifery? Gradually there is more involvement from nurses in WHO. The Nursing and Midwifery Office is undergoing structural change and is now a recognised entity with its own budget. Recognition has been slow but this is changing slowly. Nursing and Midwifery has been expanded into the health professional network. There are nursing advisers in all regions (RNAs) and there are three nursing professionals working as representatives of WHO in Iraq, Bangladesh and Guyana as nurses need to be involved at a national level.

Also going very well is the Global Advisory Group for Nursing and Midwifery (GAGNM). No other group has achieved this other than Nursing. A face to face meeting is held once a year. The Director General is invited to attend as a matter of policy and recommendations are handed over and actions required discussed. As a result, a recommendation was made to form a high level group to be involved in policy formulation, implementation, and

evaluation of global health programs. This high level group has now been created.

Another response is in regard to the programme on policy and moving it into action. It started with the World Health Assembly (WHA) Resolution on Strengthening Nursing and Midwifery in 2006, followed by the Islamabad Declaration (Pakistan, 2007), Action Plan (Zambia, 2007), Global Work Plan Launch (May 2008), WHA Progress Report/TRIAD, (Geneva May 2008).

The Global Programme of Work outcome is to find ways of producing adequate and appropriate numbers of satisfied and motivated Nurses and Midwives. The Core elements are education and training, health service provision, workplace environment, talent management and partnership. They have been discussed for two years with different groups. There are two regions that are looking at national reforms for education.

PhD Scholars Expenses

Indarjit Walia, India, asked what the expenses are for PhD Scholars working for WHO and was informed that Scholars find funds through their own University (usually through research development) and that in terms of living expenses they tend to stay with families.

Marjorie Muecke - University of Pennsylvania - EU are funding Nursing for the first time. Partnerships with five organisations. Internships have worked well at the University of Pennsylvania.

Internships/Advertising

07.16 Noted: Marjorie Muecke - University of Pennsylvania had a follow-up question on internships and asked for clarification as to how advertising is carried out and asked for examples of what prior interns had done.

07.17 Resolved: Examples of prior intern placements and their projects to be circulated.

(Action: Jean Yan

07.18 Reported: by Jean Yan, on the issue of advertising notification is sent to GNWHOCC and the AGN. It is hoped to extend this to other journals. She also commented that with regard to internships, interns needed to understand that WHO is not a training programme. It does not give credits and this needs to be made clear.

Samantha – Hong Kong – it is the first CC in China; it is working to form a second in China.

Jean Yan – Ministry of Health in China has a lot of funds for rural nursing and rural health programs. The RNA for this region has been informed.

PRESENTATION ON PANDEMIC FLU

07.19 Received: An oral report from Carmen Pessoa, Pandemic Influenza - Assumption for Community Health Care.

07.20 Reported: Many individuals will fall sick and require health care (mostly outpatient care).

The impact of a severe influenza pandemic will overwhelm the ability of health system to maintain operations (specially in areas with limited healthcare resources, disruptions of facility based health care services).

Patients are the main source of pathogens for subsequent transmission. Safe practices should reduce transmission associated with care and improve HCW capacity to deliver care, avoid unnecessary disruption of health care system and mitigate the impact of pandemic flu.

Community based services improve access for patients, help reduce demand for health facility based services and a strengthened community based approach to common illnesses can benefit communities immediately. Key strategies for the community: general public need to be informed about pandemic influenza; we need to improve prevention and treatment of the most likely contributors to excess morbidity and mortality from common illnesses during a severe influenza pandemic, safe care for patients in the community.

WHO Tools for Community pandemic preparedness. A set of documents of guiding principles for individuals and families. One package for reducing excess mortality from common illnesses and package on infection control measures for health care of acute respiratory disease.

General IC Measures at Home for Acute Respiratory Disease: placement of ill individuals (separate room whenever possible, keep at least 1m distance); cough etiquette for all.

Additional measures for patients at household and how to provide care for the sick at home.

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MEETING DAY TWO

SUMMARY OF DAY ONE

07.21 Received: A summary of day one from Valerie Fleming.

Reviewing the Minutes

Executive Committee is charged with drawing guidelines:

1. for groups who wish to partner us.
2. for the Global Network when seeking observation status for other groups.

Other issues will be provided for discussion during remainder of this present meeting.

WHO HQ Report

The main message was the strength of the network and how it can be used to achieve core elements of a global program of work. A further message was to ensure the Ministries are involved for sustainability of projects and support was offered.

Pandemic Flu

WHO are looking for CCs to cooperate in the roll out of the program. There is a need to highlight the strengths of Nursing and Midwifery within WHO. The Group agreed to prepare a resolution.

Review of the Core Elements

Judy Mill, W. Holzemer, Madeline Naegle and Patt Abbott commented on the items.

REGIONAL NURSING ADVISORS REPORTS

Regional Office for South-East Asia Region – SEARO – Prakin Suchaxaya

07.22 Received: An update from the Regional Office for South-East Asia Region.

07.23 Noted: Eleven countries (1/4 global world population), second high disease burden, infectious diseases, increasing non-communicable diseases, emerging diseases, disasters and emergencies. Nursing and Midwifery unit in Health Systems Development.

Response to Global Agenda. Launched publication 60 years of SEARO. To organize a “Regional Conference on Revitalizing PHC”, in August in Jakarta, Indonesia.

MDGs: 4, 5, 6 may not be achieved in some countries.

Workforce

Regarding the workforce, there is a shortage. Ineffective Nursing and Midwifery workforce planning and management. Scaling up production with constraint resource, development of national health workforce policy and strategies, developing a template for regional database.

Education and Training

With respect to education and training, there are inadequate qualified teachers, inadequate infrastructure and unmet standards. Work has been carried out on curriculum development, capacity building of teachers and institute, provision of books, strengthening skilled labs, guidelines on QA and accreditation, South East Asia Nursing and Midwifery Educational Institute Network.

Service Provision

In the area of service provision, there are inadequate providers. No utilisation of Nursing and Midwifery at community for MNH, PHC, as well as inadequate competencies. Need for advocacy to high level, development of module, guidelines, tools, organise regional training of trainers, national training and the development of a strategic plan for strengthening CBHW and CHVs, a and community based health action.

Talent Management

Ineffective management and inadequate leadership. Work with ICN including Leadership for change and support participation of Nursing and Midwives leaders to attend global meetings.

Professional Organisation

Nursing and Midwifery act not enacted. Ineffective Nursing and Midwifery council and association. There is a need to strengthen council to implement their function and to assist in the development and revision of Nursing and Midwifery Act.

Partnerships

Major donors are not interested to invest in Nursing and Midwifery. Nursing and Midwifery may start to get funding from GAVI-HSS, Global Fund under HSS focus. Donors fund specific programmes and country: SSMP/ACCESS/USAID, JHPIEGO, UNICEF, UNFPA-NEP; AUSAid-BHU, DfID-IND; JHPIEGO-INO; EC-TLS etc.

07.24 Received: **Western Pacific Regional Update**
An update from Kathleen Fritsch Regional Nursing Adviser
37 member states.

Trends and Issues

We have emerging diseases, aging population growing, social economic disparities. Use of multi model means of learning, flexible models of service delivery.

Social Forces

Social forces shaping today's health system: unprecedented flow of people, goods, information, continued rural-urban flow, more than 20 mega cities, emphasis on consumer partnerships, patients right.

Nursing and Midwifery Issues

Overall shortages, skill and skill mix imbalances, workforce mal-distribution, unsatisfactory/poor remuneration, working conditions and environments, weak knowledge, knowledge gaps, education and training weaknesses, limited lack of capacity in policy development, planning and management.

There is significant maternal mortality rates.

Changes in disease pattern as expressed by disease burden in developing countries.

At the same time, patients are dissatisfied. Disease rather than illness or person-focused care-supply driven, rather than customer driven health services, limited patient voice in treatment decisions, lack of a conducive atmosphere.

Regional Goal

Promote equitable access to quality health services.

Workforce Development

Focused on primary health care, supported by appropriate levels of secondary and tertiary care, and responsive to population needs; contributes to the equitable delivery of effective, affordable, good quality and safe health services; support MDGs particularly to the needs of vulnerable population groups.

Strategic Objectives

Priority Areas, strategy and planning, production and development, management and retention, governance and leadership.

Regional

In terms of regional: quality improvement, patients safety, MDGs, national guidelines, support for nurse practitioner legislation, education, Poverty, Gender and Health Series: Foundational Module on Gender.

- 07.25 Discussed: **Internship Programmes** Whether Regional Officers have internship programs?
- 07.26 Reported: Kathy: Yes we have these programs. They are trying to build partnerships. Scholars are welcomed at the country levels and Regional Officers. Please help us to disseminate the opportunities of positions at country and regional levels at WHO offices.

REPORT FROM ICM

- 07.27 Received: A report from Dame Karlene Davis on behalf of ICM.

- 07.28 Reported: **Council Meeting – May 2008**
In May 2008, the ICM held a four day Council Meeting preceding the 28th Triennial Congress in Glasgow which signified a stronger, more visible international confederation. Among key decisions made were: election of new officers. Vision and mission were redefined, sharpened and approved. A new logo selected by the council will appear in use after July, 2008.

28th Triennial Congress

28th Triennial Congress was of the largest congresses since Kobe. It was hosted by the Royal College of Midwives and attracted over 3500 midwives from 75 countries. The scientific and professional programme contained over 140 high quality concurrent sessions, workshops and symposia with over 200 poster presentations.

Safe Motherhood Projects

Building national capacity, strengthening Midwives Association in collaboration with Cordaid (NGO from Netherlands) (a mission to Sierra Leone), POPPI Project (ongoing safe motherhood project with partners joint statement on the prevention of post partum haemorrhage in the absence of oxytocics).

REPORT FROM ICN

- 07.29 Received: A report from Dr Bill Holzheimer on behalf of ICN.
- 07.30 Reported: by Dr. Hiroko Minami, President of ICN. Theme Building Healthier Nations, 27 June – 3 July 2009. Abstracts are due for submission by 15 September 2008.

New Executive Director

David Benton; proposed bylaw changes allowing more than one member per country, ICN's role on Global Workforce Alliance, Nurses Day Kit.

On-going programs

On going programs: Girl-child project, mobile library, leadership for change, nursing education, competencies and scope of five levels of nursing education, publications, Centre for Nurse Migration, leadership role with Global Alliance of Health Professions, TRIAD meeting.

REVIEW OF GLOBAL WORK PLAN – 2006/2010

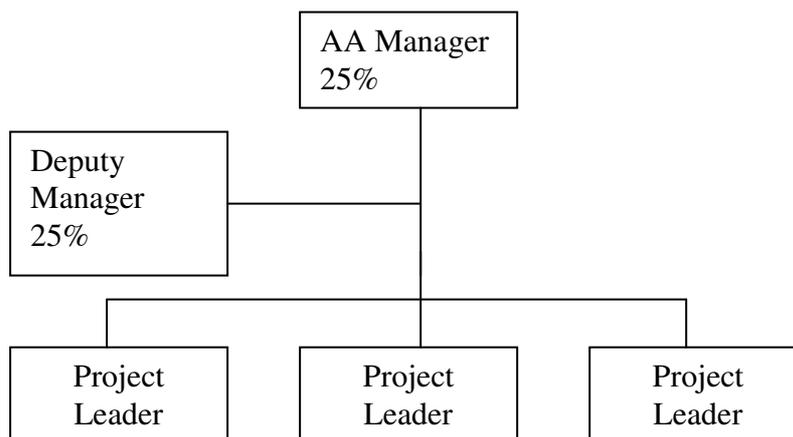
07.31 **Goal**
Reported: Improve working conditions through the development and implementation of simplified risk reduction tools and methods. Idea: cross over with other AAs (eg on education and training materials).

Example of International Global Projects

Chemical control toolkit, chemical related toolkits, silic control toolkit, ergonomics toolkit, psychosocial risk management toolkit, noise control toolkit, safety toolkit, biological. Sector specific toolkits: company and size specific.

Main Duties of AA Managers

Contribute to planning and coordination activities, promote collaboration between partners involved, between the projects and the different AAs, motivate CCs to implement projects, monitor progress, evaluate success of completed projects, attend meetings, keep the AA plan updated, identify and strengthen linkages between the CC workplan and the WHO GPA for Worker’s Health.



DEVELOPMENTS: GLOBAL PLAN OF ACTION ON WORKER'S HEALTH

- 07.32 Reported: **Five objectives**
Develop and implement national policy instruments, protect and promote health at the workplace, improve the performance of and access to OH services, provide and communicate evidence for action and practice, address workers health through other policies.
- Next steps**
Extra ordinary brain storming meeting, making familiar with GPA, planning committee meeting, elaborate new and evaluate current Global Workplan, Global CC Meeting.
- Summary**
Well balanced, administrative structure, support by CC directors, regular contacts, participatory approach, a process model, a WHO good practice model for Networks.

GANES

- 07.33 Reported: by Kathleen Potempa, University of Michigan, that GANES was created two years ago. It provides the informed strategic international voice on the contribution of professional nursing education and scholarship to improving global health and health care. Its mandate is to work in partnership with key global and national organizations, to increase the contribution of Nursing and health professional education in the scaling up and strengthening of the health care workforce.

LUNCH

GLOBAL STANDARDS IN NURSING AND MIDWIFERY EDUCATION AND TUTOR TRAINING

- 07.34 Reported: **Global Standards**
by Valerie Fleming as per Power point presentation
- Background**
2001: with the WHA 54.12 resolution established the imperative for Member States to give urgent attention to improving Nursing and Midwifery in their countries.
- Strategy**
Three year consultation process, gathering evidence and data: a thorough compilation, analysis and synthesis of existing education standards from around the world was completed and utilised as a background document for consensus building; securing expert

consensus: nursing and midwifery experts were convened to define the key areas and minimum elements of nursing and midwifery initial education.

Public Comment

Draft standards were developed and widely disseminated for public comment, including nursing, midwifery and external stakeholders, analysis and revisions made to the standards before draft two developed in January 2008, circulated to regional nurse advisers and teleconference in May endorsed the standards with minor revisions.

Dissemination

Standards will be launched at WHO conference on Primary Health Care at Alma Ata in October, will be disseminated through WHO networks/conferences, will be piloted in one WHO Region.

French Version

- 07.35 Noted: Laena asked about the existence of a French version.
- 07.36 Reported: by Jean Yan, that it will be translated to all WHO official languages.
- 07.37 Noted: Lynda Harrison and Judy Mill made comments on the meaning of professional degree and suggested the inclusion of a footnote to explain its meaning.
- 07.38 Discussed: The period in which this document would be disseminated via the internet and that it would be good for PANMCC members to have this document before September when the group will meet.
- 07.39 Reported: by Jean, that the document would be available by October.

Tutor Training

- 07.40 Noted: Developed jointly by CCs from EURO, WPRO, SEARO, AMRO. Next stage is consultation with AGRO CCs for suitability, intention to use globally.

STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY 2009-2015

- 07.41 Reported: by Professor Fleming, that Strategic Directions for Nursing and Midwifery 2009-2015 will be published later this year. Proposal is:
1. Members of the Network develop new draft strategic plan during 2009 and it is major item for discussion at meeting in 2010.
 2. In the interim we continue with existing strategic plan.

3. Undertake the education component of Global Programme of Work.

BREAK

PROPOSALS FOR REPORTING AT FUTURE MEETINGS

07.42 Discussed: Proposals for reporting at future meetings.

07.43 Resolved: (i) CRISP reports to be collated by Secretariat but each CC to give copy to Executive Committee member for the Region.

(ii) Executive Committee member to synthesize data from CCs in region and Executive Committee member plus RNA to report at meetings.

Formal Proposal: To bring one page report to the meeting. Executive Committee will make sure that form of the Crisp report will match the Annual Report of CCs.

Motion: Madeline Naegle
Seconded: Barbara Nicholls
Approved with no abstentions.

07.44 Resolved: **RNA Presentations**
(i) Jean Yan will work on the possibility of having the RNAs present at the Global Network Meetings.

(ii) Valerie Fleming: a copy of the presentations will be sent to CCs by email.

ANY OTHER COMPETENT BUSINESS (AOCB)

07.45 Noted: **Feedback on the Reports from WHO**
Shake Ketefian: stressed the importance of feedback on the reports from WHO.

Letter of Congratulations – Sheila Tlou (Botswana)

W. Holzemer: will send Sheila Tlou (Botswana) a letter congratulating her for her work in the community. To have this as a policy of the Global Network.

LOCATION OF THE NEXT MEETING

- 07.46 Received: from Isabel Mendes, a proposal to hosting the next meeting in the city of Sao Paulo, Brazil.
- 07.47 Resolved: Motion: Andrea Baumann
Seconded: Judy Mill
Approved with no abstentions.

CLOSING REMARKS

- 07.48 Noted: Professor Fleming thanked everyone for their support and wished Isabel Mendes and her team well in their role as the new secretariat.