

Scaling-up Nursing and Midwifery Capacity to Contribute to the Millennium Development Goals

GLOBAL PROGRAMME OF WORK 2008-2009



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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
NCD	Non-Communicable Diseases
CNO	Chief Nursing Officer
CoP	Community of Practice
CPD	Cardiac Pulmonary Disease
GAGNM	Global Advisory on Nursing and Midwifery Development
GPW	Global programme of Work
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
ICN	International Council of Nurses
ICM	International Confederation of Midwives
ICT	Information, Communication and Technology
ILO	International Labour Organization
IMS	Information Management Systems
MDGs	Millennium Development Goals
MOH	Ministry of Health
NNA	National Nursing Association
NQR	National Qualification Framework
RN	Registered Nurses
PHC	Primary Health Care
PPE	Positive Workplace Environment
PSI	Public Services International
TTR	Treat Train and Retain
WHA	World Health Assembly

1. THE GLOBAL SITUATION

In many countries life expectancy is declining. For example, a child born today in Japan can expect to live to age 82.6 on average, while it is unlikely that a newborn infant in Zimbabwe will reach his or her 39th birthday (Butler 2000). Worldwide, at least 30 new and re-emerging infectious diseases have been recognized since 1975 (Weiss and McMichael, 2004). Several 'old' infectious diseases, including tuberculosis, malaria and cholera have proven unexpectedly problematic. Mortality rates among children are increasing in parts of sub-Saharan Africa (Horton, 2004). Diarrhoeal disease, acute respiratory infections and other infections continue to kill more than seven million infants and children annually (Bryce et al., 2005). Ten and half (10.5) million children under five years of age die each year, 60% are preventable. Each year nearly 3.3 million babies are stillborn, and over 4 million die within 28 days following birth (WHO 2005). It is also estimated that 529,000 maternal deaths occur every year, almost all of them in developing countries (WHO 2005). In the count down to 2015, 68 priority countries that bear the world's highest burden of maternal and child mortality have been identified. Twenty six (38%) of these countries have made insufficient progress in reducing child mortality in 2008 and another 26 (38%) have made no progress at all (UNICEF et al 2008).

Noncommunicable diseases also represent a global challenge to health care systems (WHO, 1999). The increase in life expectancy beyond 60-65 years is characterized by an increased share of diseases and deaths caused by non-communicable diseases (NCD). About three-fifths of older persons reside in the developing countries. These countries already carry the greater burden of disease and have the lowest density and expertise of health workers. (UN 2000). It will require additional health care professionals with a special body of knowledge to provide the complex range of care needed by older persons. (Butler, 2002a).

In 2000, the United Nation (UN) Member States agreed on eight Millennium Development Goals (MDGs), with targets to be achieved by 2015. Of the ten MDGs, eight are related to health (UN 2001). These include eradicating extreme poverty and hunger, reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other infectious diseases (WHO 2003). Many of the MDG targets are already in jeopardy while the inequalities in health status and access to health services persists worldwide.

The ability of health care systems to respond to these rapidly evolving challenges, to maintain and improve quality, efficiency and equity of services, remains dependent on appropriately trained and supported health workers – available where and when they are needed (WHR 2006, UNAIDS, 2003, WHO 2001). Generally there is a worldwide chronic shortage in well-trained, well educated health workers including nurses and midwives (McCourt and Awases 2007). Major imbalances have been noted in health workforce structure including overall supply and demand; specialization by type; geographic distribution, institutional, public private and gender and ethnic imbalances., (Gupta, Zun,

Diallo & Dal Poz, 2003; Wyss, 2004; Fritzen, 2007).

There is a two fold issue in relation to the supply of nurses and midwives worldwide. In some regions there is an over production of nurses but the scope of education is at the secondary level and their contribution to care is limited affecting their ability to meet the complex needs of the population (WHO 2006). In other regions there is an absolute health workforce shortage experienced in 57 countries, 37 of which are from Africa (World Health Report 2006; Buchan, J. and Calman L. 2004). The low availability of nurses and midwives in many developing countries is exacerbated by geographical maldistribution - there are not only fewer nurses available in rural and remote areas but in many cases they are the sole provider of health care. The shortage of nurses and midwives is attributed to a broad range of issues such as, poor working conditions, non participation in decision-making, limited opportunities for career mobility, increased workload leading to external and internal migration.(WHR 2006) Nurses and midwives are leaving the profession globally. Attempts to bring them back to the health workforce often prove challenging. In Australia through the NSW Nurse recruit programme 1,647 experienced nurses were recruited since 2002 but only 1168 are still employed today (Nursing Review Feb 2008). Migration of nurses, midwives and physicians from poorer to richer or more stable countries and the international recruitment of nurses and midwives have become more prominent features in the last few years (Dovlo 2007; Wyss 2004; Buchan & O'May 1999; ICN 1999b). An Australian longitudinal study showed that the nurses level of uncertainty of staying in the job in Australia is 20-30%,Pelletier Dianne et al (2005), which fits into the migration patterns. It is therefore necessary to design strategies that will close the gaps in wages and opportunities and thus encourage retention following recruitment and training (Staiger, Auerbach & Buerhaus, 2000; Diaz-Bonilla, Babinard & Pinstrup-Andersen, 2001; ICN, 1999a).

Yet still, in some countries, the loss of health care workers in is attributed to deaths resulting from HIV/AIDS (Stillwell 2001). In places where HIV prevalence is 15%, it is estimated that there will be up to 33 % loss of health workers in 10 year (WHO 2006). Emerging evidence also shows that the vast majority of the nursing and midwifery workforce is aging (WHO 2006). In order to address this shortage an estimated 2.3 million doctors, nurses and midwives are required to strengthen health systems and accelerate progress towards attaining the MDGs (WHO, 2006). It is pertinent therefore to consider how approaches to care based on the available human resources within the context of Primary Health Care (PHC) can be strengthened.

Primary Health Care provides an important entry point for strengthening health systems. Nurses and midwives can be catalysts of health interventions as they are central to any PHC system and they provide the leadership in managing the system. Given the pivotal role that nursing and midwifery play within the PHC system, their expertise should be called upon to enhance health service efficiency and effectiveness. Nursing and midwifery interventions are close to client and thus provide

a platform for scaling up innovative health interventions. However, to strengthen their contribution as well as retain them in this area of services, there is need to place appropriate strategies. One of the recommendations from the 6th February, 2008, Chiang Mai Declaration on Nursing and Midwifery for Primary Health Care, indicates that:

".....Employers, public and private, ensure that nurses and midwives are well remunerated, motivated by adequate incentives, and supported by safe and well equipped working environments to enhance workforce productivity and retention.....(and that) Governments commit sufficient resources to strengthen and upgrade nursing and midwifery education and practice; workforce deployment and development; and improved working conditions for nurses, midwives and other health team members, to ensure better-performing PHC systems, thereby ensuring equitable access of PHC to all"....

This is in line with Dr Margaret Chan, Director General, WHO ideals "We must stay in our core business....I think it is important that we have a shared vision, that we can add value and that we can get synergy from all these partnerships.....What is important to me is, are we getting the results that matter? Are we doing the right things to make an impact on the health of the populations that we are serving? These questions have to be asked.(WHO 2007)

2. THE CONTRIBUTION OF NURSES AND MIDWIVES TO HEALTH OUTCOMES

Studies continue to show that nurses and midwives contribute to improved access to health services and better health outcomes. In the African region over 50% of all health workers are nurses and midwives. In some countries it is as high as 70% (WHO AFRO, Observatory, 2006). In order to optimize their contribution, the education and deployment of adequate numbers of nurses and midwives with an appropriate mix of skills and competencies requires, strong effective leadership and sound strategic human resources for health long-range planning and commensurate financial investment are critical.

The biggest burden of care is shouldered by nurses and midwives, being at the first and last points of contact (Armstrong 2000). What is currently evident is that safe, proven and reasonable interventions are not reaching those in need and that clients or patients with unmet needs are disproportionate to those with lesser means. The health outcome benefits experienced by individuals, families and communities during their encounter with the health system are reduced as a consequence of the current shortage of nurses and midwives. Furthermore, in most countries health services are disease rather than customer driven characterized by limited patient voice in treatment decisions, lack of privacy or protection of dignity compounded by high or unaffordable health costs

Involving nurses in policy development and priority programmes intervention can contribute to the achievement of the Millennium Development Goals. Initial findings of a WHO study aimed at highlighting the health workforce contribution to achievement of the MDGs shows that nurse density is the primary driver for lower levels of HIV rates even when physician density is higher (Madigan et al 2007). In acute care, hospitals with higher proportions of nurses educated at baccalaureate level or higher, experienced lower mortality by 5% and failure-to-rescue rates (Aiken et al, 2003). While midwives are the principal providers for 75% of all European births, the focus on child birth as a normal event has allowed nurses and midwives to address more than just the medical aspects of childbearing (Gabay M & Wolfe SM, 1997).

In developing countries, nurses deliver over 80% of the care, often working in remote clinics with poor or no access to the latest health information (ICN 2004). Trained nurses and midwives deliver approximately 80% of health care and up to 90% of the paediatric care currently provided by primary care physicians at equal or better quality and lower costs. Under utilization of nurse practitioners in the USA cost the country as much as \$8.7 billion annually (Tornquist 19997). A recent study showed that nurses and midwives as frontline workers compensate for the shortcomings of the health systems by way of individual adjustments at times to the detriment of their own health and livelihoods. This consequently serves to replicate the inequities in the health workforce (George A. 2008). Such a finding necessitates the need to address impingements in the delivery of nursing and midwifery services to enhance the contribution of nurses and midwives.

3. THE CHALLENGES

Nurses and midwives receive little or no support and are often underutilized and excluded in the decision making processes. Critical shortages lead to overwork and little opportunity for knowledge and skills update (WHO 2006). In order for nurses and midwives to maximize their contribution there are a number of challenges that have to be addressed. These include the;

1. provision of quality education and effective health service delivery.
2. management and retention of the workforce
3. motivation of nurses and midwives
4. establishment of effective team work and collaborative partnerships
5. recognition and management of the talent (skill sets) of nurses and midwives

The above challenges are exacerbated by inadequate policies and planning practices, lack of training opportunities, poor deployment and utilization of staff, insufficient management of performance and terms and conditions of work (Dussault, & Dubois, 2003). The focus of the human resource management required to meet these challenges should be on skill mix as well as policies and conditions that enhance the application of nursing and midwifery skills.

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4. STRENGTHENING NURSING AND MIDWIFERY

The 2001 World Health Assembly (WHA) Resolution on strengthening nursing and midwifery was key to the development of the Strategic Directions for Nursing and Midwifery services (2002-2008). The Strategic Directions on Strengthening Nursing and Midwifery is a sound global response to the crisis and challenges presented above, towards the achievement of global, regional and national health goals. In the 2006 Resolution (WHA59.27) on strengthening nursing and midwifery, Member States reiterated the recognition of the crucial contribution of nursing and midwifery professions to health systems and to the people they serve. This resolution clearly advocates the need for Member States to;

1. develop comprehensive programmes on the recruitment and retention of nurses and midwives including improvements in working conditions
2. involve nurses and midwives in the development of their health systems and in framing, planning and implementing health policies at all levels
3. review legislation and regulatory processes relating to nursing and midwifery
4. generate core data as part of national health information systems

In addition, Resolution WHA59.23 on Scaling-up the production of the health workforce gives further support for a strengthened of nursing and midwifery. The Islamabad Declaration 2007 on strengthening capacity of nursing and midwifery operationalized the WHA Resolutions on strengthening nursing and midwifery. This Declaration is founded on the belief that efficient, effective nursing and midwifery services are critical to the achievement of the Millennium Development Goals, country priority programmes including primary health care, health systems strengthening and the general health of all nations. The Declaration reiterates that all people should have access to competent nurses and midwives who provide care, supervision and support in all settings and that a coordinated, integrated, collaborative, sustainable approach to planning, policy and health care delivery is necessary to strengthen nursing and midwifery services. Three key action areas identified within the Declaration were ;

1. scaling up nursing and midwifery capacity
2. skill mix of existing and new cadres of workers
3. positive workplace environments.

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Based on these mandates, the Office of Nursing and Midwifery, Department of Human Resources for Health, WHO has spearheaded the development of an action framework for the operationalization of these resolutions and Declarations on strengthening nursing and midwifery. As WHO moves forward with innovative strategies designed to respond to human resources for health, it is essential, that nursing and midwifery expertise be viewed as a resource critical to shaping and supporting more effective health reforms, consequently strengthening the health system. Without nursing and midwifery it will be difficult to reach the MDG targets such as effectively responding to HIV/AIDS, maternal and Child health, malaria and tuberculosis.

Critical to the development of global strategies is engagement of key partners and stakeholders. To achieve this, WHO conducted a Global Consultation in December 2007 in Lusaka Zambia in the scaling up capacity of nurses and midwives. The consultation identified scaling up capacity for nursing and midwifery as a priority intervention and drafted the Global Programme of Work for 2008-09. The Programme of Work (GPW) comprises five core elements, a) education and training, b) health service provision, c) workplace environments, d) talent management, e) partnerships.

5. THE GLOBAL PROGRAMME OF WORK

The Global Programme of Work sets out a comprehensive agenda for action on strengthening nursing and midwifery capacity to contribute to the achievement of MDGs. As a common framework and plan it seeks to kick start the scaling up of nursing and midwifery across the world during the next two year period 2008-09. Primary health care health systems which are founded on the principles that provide the basis for health policies, legislation, evaluation, criteria, resources generation and allocation and the operation of the health system (WHO/PAHO 2007, WHO1988). Social values of PHC systems include responsiveness to people's needs, quality oriented services, government accountability, social justice, sustainability and civic participation (WHO/PAHO 2007, WHO1988). These are the premises of this action plan in the this GPW. The Action Plan comprises five core elements on scaling up capacity for nursing and midwifery for effective service delivery.

The Programme of Work on scaling up capacity of nursing and midwifery is built on the WHO resolutions, the Islamabad and Kampala declarations, the 2006 World Health Report, the WHO programme of work, the HRH work plan and the agenda for Global Action. For nursing and midwifery.

Overall Objective

The overall objective of the Global Programme of Work is:

To strengthen and facilitate mechanisms for scaling up nursing and midwifery to contribute to the achievement of the MDGs.

Objectives of the Global Programme of Work

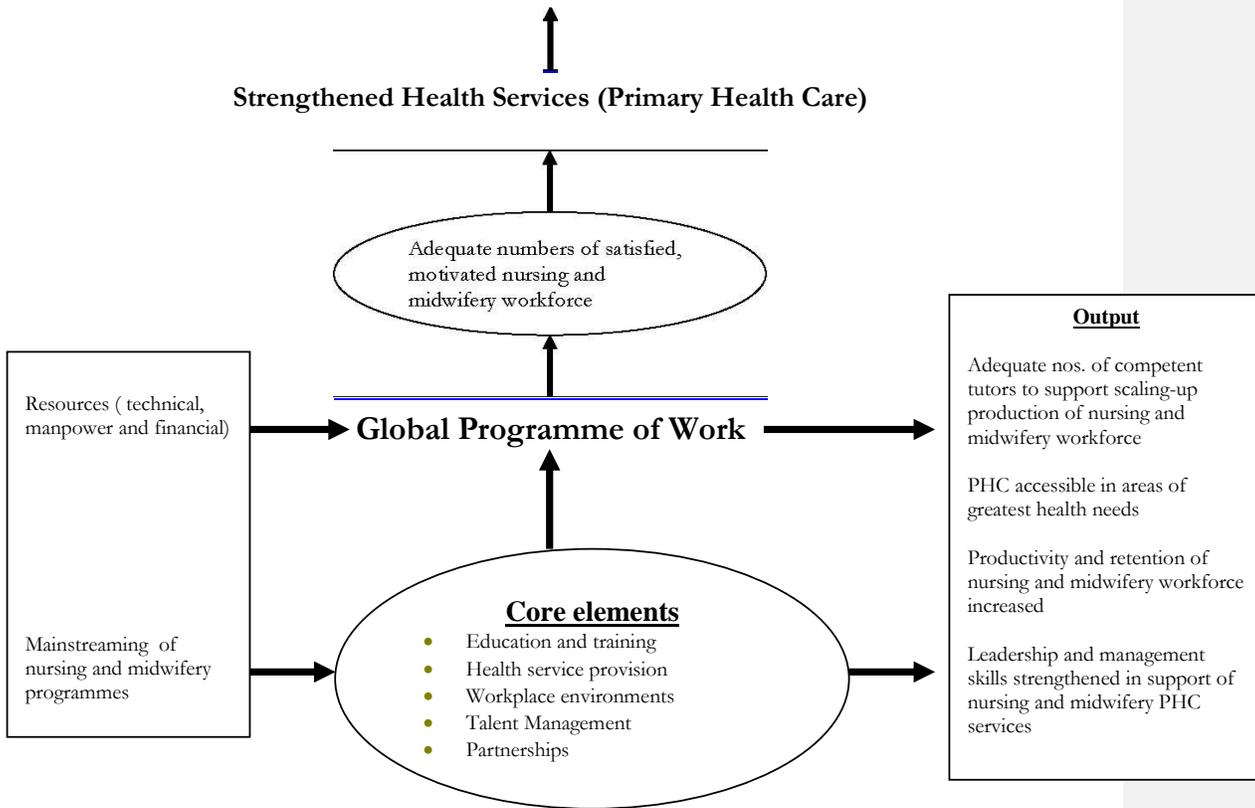
The objectives of the GPW are to :

1. gain political commitment to the implementation of the GPW
2. improve quality and increased access to primary health care services at country level
3. develop global policies, norms, standards developed for strengthening nursing and midwifery
4. provide solutions identified based on evidence-based policies and practices
5. establish consensus among partners through relevant mechanisms to support nursing and midwifery
6. provide targeted technical support to WHO regions and Member States based on the needs and priorities of the population.

The objectives are to be achieved through a collaborative concerted effort by WHO and

partners with the ultimate goal of achieving better health. This process is depicted in Fig. 1.

Figure 1: Global Better Health Outcomes



6. THE CORE ELEMENTS OF THE GLOBAL PROGRAMME OF WORK

The Global Programme of Work comprises 5 core action areas:

1. Education and training
- ~~1.2.~~ Health service provision
- ~~1.3.~~ Workplace environments
4. Talent Management
5. Partnerships

These core elements are interlinked and they provide a foundation for scaling up capacity of nursing and midwifery.

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7. ACTION AREAS 2008-2009

For each of the core elements a brief description is provided in the table below.

CORE ELEMENT	BRIEF DESCRIPTION
Education and training	This core element will promote adequate numbers of competent educators and trainers to achieve the scaling up of competent nursing and midwifery workforce for PHC . It will specifically address issues and solutions relating to the shortage of nurse educators, quality of education and training introduction of Global Standards and upgrading of infrastructure and increase of resources
Health Service Provision	This core element translates best practices and knowledge into practical solutions for increasing the productivity of nursing and midwifery workforce in a multidisciplinary, collaborative provision of health services in PHC settings. It will address the importance of the active engagement of nurses in policy decision making and the implementation of PHC. It will also highlight the necessity for nurses and midwives to carry out research and collate experiences that will provide an evidence for effective PHC practice
Workplace Environment	This core element will focus on retention of the nursing and midwifery workforce in the areas of greatest health needs with particular attention given to positive working environment. Work will include the development and implementation of a regional nursing and midwifery policy framework based on Islamabad Declaration and ILO convention 149, and recommendation 157 to ensure healthy workplaces and organizational structures that would strengthen the performance and promote retention of nurses and midwives, maximize the health and wellbeing of nurses and midwives, thus improving workforce productivity and access to quality health care
Talent Management	This area of work will pilot key strategies for strengthening leadership, management and supervisory skills in support of nursing and midwifery workforce for PHC Emphasis will be on developing mechanisms and implementation of strategies on skills development, career structures, continuing education and equipping nurses leaders with essential competencies for effective management and leadership roles.
Partnerships	This area of work supports nursing and midwifery efforts to work with multidisciplinary team and build strategic alliances through diverse partnerships in achieving PHC goals. Through this core element, partnerships are seen as key ingredient to effective mobilization of sufficient resources and delivery of interventions on scaling up capacity of nursing and midwifery contributions to PHC. Twinning, networking bilateral and global collaboration will be created and nurtured.

Key Deliverables for 2008 - 2009

The following are key deliverables for the period 2008-2009.

1. Six countries from across six regions participate in the implementation of the GPW for strengthening capacity of nursing and midwifery to contribute to the achievement of the MDGS.
2. A global Network for strengthening N&M drawn from all WHO regions, working in partnership with policy makers, academic institutions, professional associations, regulatory bodies and other stakeholders .
- ~~2.3.~~ Finalized Global standards for N&M education based on consultations in all regions of WHO and field experiences of partners
- ~~2.4.~~ Virtual bank of HRH and educational resources accessible to 6 participating countries(trailblazer) and partners
- ~~2.5.~~ Compendium of successful PHC models from all WHO regions widely disseminated to Member States and partners
- ~~2.6.~~ Framework on inter professional education and collaborative practice finalized
- ~~2.7.~~ Updated PHC curriculum and practice
- ~~2.8.~~ Programmes on positive workplace environment accessible via HRH Department Website and field tested in selected countries
9. Evaluation reports on implementation of the ILO Convection 149 and Recommendation 157
- ~~9-10.~~ Fact sheets on workforce resilience developed
11. Actionable data from tracer studies on health professions particularly nurses and midwives and PHC published
12. Mapping of talent for PHC and key areas of interventions
- ~~12.13.~~ Access to existing leadership and management training programs
- ~~12.14.~~ Database of nursing and midwifery partners and resource mobilization group established
- ~~12.15.~~ Joint proposal on strengthening nursing and midwifery global, regional or country level funded

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8. PLAN OF ACTION 2008-2009

Plan of actions on each of the core elements follows in the subsequent tables. The activities in the plan of action reflect what is achievable during 2008-2009.

EDUCATION AND TRAINING

Preparing the workforce towards attainment of the MDG's represents one of the most important challenges and opportunities for the health systems (WHR 2006). As plans on scaling up production of health workers are formulated and implemented, it will be critical that all educational programs leading to enrolment or registration as a nurse or midwife are of good quality. Quality is dependent upon the availability of appropriate resources and infrastructure. It is also dependent upon programmes that prepare students to achieve global standards for nursing and midwifery practice in PHC. In order to achieve this there needs to be sufficient numbers of competent nurse educators

In most countries in the developing world investment in nursing and midwifery education has been reduced as evidenced by closure of many schools and a reduction in the number of posts for nurse and midwifery educators. Those schools that have remained open have been under resourced with very limited library facilities, information technology and learning and teaching materials. It has been observed that nursing and midwifery programmes vary in scope and depth so they do not meet Global Standards and therefore have in many instances failed to support the strengthening of health systems and utilization of PHC principles.

Educators of nurses and midwives are limited in number and expertise and are leaving the profession for a number of reasons including lack of flexible training opportunities, insufficient mentoring and career development and mobility, heavy administrative loads and large classes.

One solution to this problem is to encourage clinical nurses to accept teaching and mentoring responsibilities as part of their role. This short term solution when complemented by competent educators and effective academic leadership will be the foundation for transformational change in nursing and midwifery education which will lead to a sustainable workforce in the future.

The main goal of this aspect of the programme of work is to ensure availability of adequate competent educators to prepare competent nurses and midwives to work in PHC. This work plan will focus on;

1. Regional mechanisms to support educational institutions in the delivery of quality nursing and midwifery programmes

1.2. Capacity of nursing and midwifery educators to increase the numbers of nurses and midwives in order to meet the needs of the population

1.3. The quality of nursing and midwifery education programmes that will meet global standards

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ACTION PLAN: EDUCATION AND TRAINING

This core element will address issues of nursing and midwifery workforce shortage through faculty development, guidelines for accreditation of education institutions, supportive mechanisms such as information technology to ensure access to quality health care.

Table 1: Education and training.

OBJECTIVE	ACTIVITY	TARGET DATE	INDICATOR	EXPECTED RESULTS
1. To develop Regional mechanisms to support educational institutions in the development of quality nursing and midwifery programmes	Identify the capacity of existing WHOCC's and mobilize the necessary resources in order that they can respond to the needs of training institutions	Dec 2008	An identified WHOCC in each region with a minimum of three institutions per region receiving support.	Three institutions in each region actively utilizing the resources and support available
	Develop a global, virtually accessible bank of educational resources to support N&M educators for better delivery of quality N&M programmes	Dec 2008	An established infrastructure to support access to a virtual bank of educational resources	
	Develop CoP of nursing and midwifery Educators to share information regarding best practices in various regions through virtual meetings		An established virtual platform for networking and knowledge exchange among training institutions	
2. To develop the capacity of N&M Educators to increase the numbers of nurses and midwives in order to meet the needs of the population	Providing a framework and core competencies for continuous professional development programmes for N&M Educators, preceptors, Deans and Principals of N&M educational institutions	Jan. 2009	Core competencies for nurse educators including preceptors, deans and principals published.	Increased efforts to scaling up the development of nurses and midwives through the availability of more, and better qualified nursing and midwifery Educators.
	Facilitating the delivery of Continuous Professional Development (CPD) programmes through a range of mechanisms including workshops, seminars, work based learning, virtual learning etc.	March 2008	Each identified institution has undergone a programme of education	
	Assisting institutions in the development of strategies to increase the numbers of nurse and midwifery educators	December 2008	The development of institutional plan and strategies for production of adequate numbers of competent nurses and midwives. An increase in the number of educators and clinical preceptors / mentors by 50%	

<p>3. To improve the quality of nursing and midwifery education programmes that will meet global standards</p>	<p>Dissemination of Global standards on nursing and midwifery education for PHC.</p> <p>Provide support to countries to implement the Global Standards on nursing and midwifery education</p> <p>Develop common mechanisms for evaluating compliance and approval of programs by academic or nursing and midwifery professional regulatory bodies based on global standards and region/country specific requirements and expectations</p>	<p>December 2008</p> <p>July 2009</p> <p>Dec 2009</p>	<p>Global Standards on nursing and midwifery education disseminated to all Member States</p> <p>6 partner institutions providing support in at least 50% of identified countries by Dec 2009</p> <p>Common guidelines for academic accreditation and program approval developed and shared with regions</p>	<p>Improvement in nursing and midwifery programmes in line with Global standards, leading to the development of more competent nursing and midwifery workforce for PHC.</p>

HEALTH SERVICE PROVISION

Meeting population health needs in an equitable, efficient and sustainable manner entails recognizing diversity and, addressing management of both urban and rural inequalities in service access and quality in light of the human resource for health shortage. Sustainable health systems strengthening for PHC has to be guided by a sound policy framework grounded on successful experiences and the evidence for practice. This requires that nurses and midwives are actively engaged, strategically adept participants in health policy development and implementation processes.

Great inequities in health outcomes still exist despite significant progress being made towards Health for All. Primary health care principles are more important than ever, especially from the perspective of consumer and community empowerment and partnerships.

A central tenet of PHC is that communities take responsibility for their own health. Nurses and midwives as the main providers of close - to- the- client care in the PHC settings, and most trusted by the community, are best placed to inform policy related to the delivery of health services. The experience of nurses in using a range of intervention for effective care illustrates the importance of maintaining their central role in PHC. Thus the availability of nurses and midwives at the health service provision level is vital to the sustainability of effective PHC services.

The main goal of this aspect of the programme of work is to support and equip nurses and midwives to function effectively in PHC policy formulation and implementation. Activities in this core element will;

1. influence policy making at all levels aimed at improving the quality of life and health outcomes of all members of society within a primary health care context.
- 1.2. produce best practice guidelines and policy option analyses supportive of the continuum of care.
- 1.3. expand the evidence base of nursing/midwifery contributions to PHC and health systems,

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PLAN OF ACTION: HEALTH SERVICE PROVISION

Just as there is a need for revitalization of PHC, the same need pertains to nurses and midwives, as key health service leaders and providers of care at all levels, enabling them to be at the policy-development, planning and decision-making table, to influence health systems and health financing, focused on PHC, in a transformative manner, responsive to the needs of society, in an equitable and effective manner.

OBJECTIVE	ACTIVITY	TARGET DATE	INDICATOR	EXPECTED RESULTS
1. To engage leaders in policy making at all levels aimed at improving the quality of life and health outcomes of all members of society [within a primary health care context].	<p>Collection and dissemination of PHC best practice examples, evidence, with successful policy interventions</p> <p>Provide an information package to front-line nursing/midwifery staff to assume leadership roles within PHC</p> <p>Orientation programme on policy implementation for PHC.</p>	<p>September 2008</p> <p>Dec.2008</p>	<p>Evidence, best practice and policy materials such as case studies from 6 regions in a compendium on the contribution of N&M towards PHC</p> <p>Nurses and midwives in 6 participating countries are utilising the information package.</p> <p>The active participation of a representative number of nurses and midwives in regional and global consultation on PHC supported.</p>	Nurses and Midwives assume leadership of PHC
2. To update education and practice programmes to reflect the renewed PHC approaches.	<p>Document existing evidence on the provision of nursing and midwifery services and education in a multidisciplinary, collaborative PHC</p> <p>Revision and update of programmes.</p>	<p>Dec. 2008</p> <p>Dec. 2009</p>	<p>Data base of evidence Framework for inter professional education and collaborative practice in health service provision</p> <p>Number of countries adopting the PHC focused programmes.</p>	
3. To expand the evidence base of nursing/midwifery contributions to PHC and health systems.	Conduct studies on nurses as a tracer profession for successful PHC implementation, through the strengthening of evaluation research .	Dec. 2009	Two countries participating in tracer studies	Research evidence to support policy decisions on nursing and midwifery practice in PHC

WORKPLACE ENVIRONMENTS

A healthy work environment has been defined as a practice setting that maximizes the health and wellbeing of nurses, quality patient outcomes, staff retention and organizational performance (RNAO 2007). Increasingly studies, research and reports point to the negative impact on the quality of workplace environments, job satisfaction and retention of nurses and midwives. Unhealthy workplaces and poor organizational structures and climates characterize many of the places where nurses and midwives work. This situation is so pervasive that it is highlighted in the Islamabad Declaration on Strengthening Nursing and Midwifery as needing urgent attention (WHO, ICN, ICM 2007).

The World Health Organization's 2002 -2008 Strategic Directions for Nursing and Midwifery Services (2002) recognized the challenges of tackling workplace problems when countries – particularly in many low and middle income countries – face overstretched health budgets and unsuitable employment policies. The strategy recognizes that improving the quality of workplace environments entails adopting multifaceted, comprehensive strategies, using a multisectoral approach and different stakeholders such as government, employers, trade unions and professional organizations. The six conditions Kristensen (1999) found as characterizing optimum workplace environments are proposed as an organizational framework for developing the programme of work on positive workplace.

The main goals of this aspect of the programme of work are to;

1. assist Member States to develop mechanisms for improved working conditions of nurses and midwives
2. develop a framework that supports and promotes positive workplace environments.

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PLAN OF ACTION: WORKPLACE ENVIRONMENT

OBJECTIVE	ACTIVITY	TARGET DATE	INDICATOR	EXPECTED RESULTS
1. To assist Member States to develop mechanisms for improved working conditions of nurses and midwives	Dissemination of ILO 2005 brochure to Member States, professional associations and regulatory bodies	December 2008	30 % of countries established policies or frameworks supportive of the ILO Convention	Productive nursing and midwifery workforce retained in locations of greatest need ensuring patient safety and improved productivity and health provider satisfaction.
	Review of the implementation of the ILO Convention in relation to the nursing and midwifery workforce. Development of Fact Sheets to assist Member States in presenting to/ influencing policy makers to strengthen nursing and midwifery practice	Dec.2008	HRH Department websites updated to include tools and situation analysis on positive workplace environment Evaluation results on the implementation of the ILO Convention Fact sheets developed on workforce resiliency (retention and workforce satisfaction)	
2. To build capacity for Training in positive workplace environment	Conduct an inventory of programmes with positive workplace environments. Establishing programmes that promote and supports positive workplace environments.	Dec. 2009	An inventory of programmes with positive workplace environments. Programmes on positive workplace environnements	
		Dec. 2009		
		Dec. 2009 (Long Term)		

CAPACITY BUILDING IN LEADERSHIP (TALENT MANAGEMENT)

Given the role that nursing and midwifery play in fostering and maintaining an effective and efficient health system, it is imperative that PHC leaders develop and support the talents of the nursing and midwifery workforce. There is a need to define a clear set of policies, goals and targets to enable this to happen, to ensure that nurses and midwives make an optimum contribution towards improved health outcomes.

Derek Stockley (2007) defines talent management as ‘a conscious, deliberate approach undertaken to attract, develop and retain people with the aptitude and abilities to meet current and future organizational needs’. ‘Talent management for nursing and midwifery helps to clarify skills, abilities and expectations for nurses and midwives at all levels of the organization. It involves creating support systems that enable all nurses and midwives to be able to;

- Work to their capacity
- Contribute to improving community health goals
- Participate in their own career and professional development
- Experience satisfaction and rewards for the work they do; and
- Feel supported in their career development by their peers and superiors’

Nurse and midwife leaders need competencies in leadership and management to ensure that they have the appropriate expertise to develop and maintain the effective contribution of nursing and midwifery staff towards the delivery of PHC services. It is for this reason that talent management becomes imperative. Talent Management involves identifying talent through: the recognition of early signs of leadership in individuals and the provision of a working environment that encourages personal development and recognition of achievement. Talent also needs to be nurtured through an investment in individual growth and development as well as through personal development programmes, mentorship and opportunities for experiential learning. The appropriate use of talented individuals requires the careful monitoring of levels of responsibility and designated authority that they are given. This must be matched with their abilities so as not to undermine personal confidence while at the same time allowing for the individual to extend their skills and accomplishments. Rewarding talent is also important as this reinforces the values that underpin high levels of performance. This can be done through promotion, commendation and recognition.

Developing policy that supports talent management requires that an enabling environment for

effective talent management can take place. Improving talent management requires leadership and advocacy from those who currently hold responsibility, both those who have leadership positions and those who aspire to them. Critical thinking skills, problem solving skills, social skills such as interpersonal skills, communication and negotiating skills as well as skills in information technology are core elements of effective talent management.

The main goal of this aspect of the programme of work is

1. To equip nurses and midwives with the skills and expertise required to enhance their talents and lead PHC service delivery
2. To develop strategies for sustainable leadership amongst government CNO's

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PLAN OF ACTION: CAPACITY BUILDING IN LEADERSHIP (TALENT MANAGEMENT)

OBJECTIVE	ACTIVITY	TARGET DATE	INDICATOR	EXPECTED RESULTS
<p>1. To equip nurses and midwives with the skills and expertise required to enhance their talents and lead PHC service delivery</p>	<p>Mapping of gaps in capacity of the Nurses and Midwives in PHC setting and identify key areas for intervention</p> <p>Establishment a global/regional leadership/management self support group using problem solving techniques</p> <p>Development of strategy for required skillset for the effective implementation of PHC.</p>	<p>Dec 2008</p> <p>On-going</p>	<p>A programme of priorities for intervention</p> <p>Strategies for the effective delivery of PHC identified</p>	<p>Competent effective leaders in nursing and midwifery contributing to quality health care delivery with particular emphasis on the PHC approach</p>
<p>2. To develop strategies for sustainable leadership amongst government CNO's</p>	<p>Establish a global network made up of representation from the regions</p> <p>Identification of opportunities and mechanisms for leaders to access available training programmes.</p> <p>Development and publication of key indicators for supporting the roles and functions of Government Chief Nursing and midwifery Officers (GCNMOs)</p>	<p>December 2008</p> <p>Dec. 2009</p> <p>Dec 2009 (Long Term and ongoing)</p>	<p>Dissemination of brochure to all Members States</p> <p>Institution of formal meetings every two years with annual meetings carried out through virtual technology.</p> <p>Integrated training activities into programme of meeting events.</p> <p>No. of leaders and managers trained</p> <p>Indicators for evaluating the roles and functions of GCNMOs compiled.</p>	<p>Increase participation of Government Chief nursing and midwifery officers in decision-making, policy formulation and program implementation</p>

PARTNERSHIPS

The process of strengthening nursing and midwifery should utilize every alliance and partnership that benefits or assists in progress towards achieving our aims or goals. Every person who contributes to the improvement of the health status of individuals is a potential partner. It is through partnerships that nurses and midwives can contribute to integrated health care provision working within a multi-disciplinary team. Inter professional and collaborative practice (Team working) is central to the concept of partnership both in health care system strengthening and within the professions of nursing and midwifery. More and more it is evident that nurses cannot work in isolation but must work as part of a multi disciplinary team that recognizes the expertise of each member and includes a wide range of cadres of health practitioners.

It is necessary to develop a wide range of partnerships at a number of different levels. These include partnerships with the community, with colleagues in health related professions, educational institutions, health service providers, NGO's, international organizations and funding organizations. Partnerships can be established at local, regional or international levels. These partnerships can be formal with contractual agreements and memoranda of understanding or less formal arrangements agreed between the partners. Key challenges that face nurses and midwives when proposing partnerships include the identification of appropriate partners with common goals and complimentary levels of expertise, the acknowledgement of the value of their contribution in any partnership arrangement and the recognition that they are able to lead and maintain collegial and reciprocal relationships with partners. In order to encourage the development of partnerships that will lead to positive outcomes - the establishment of a data base listing potential partners is required and is seen as an important starting point.

The key objectives of this aspect of the Global Programme of Work are to:

1. determine the scope and functions of nursing and midwifery partnerships
2. establish a communication platform for partners involved in nursing and midwifery development for PHC
3. enhance resources and support for nursing and midwifery programmes in PHC

Partnership is integral to the overall Global Program of Work . All the key areas in the GWP, education and training, workplace environment, health service provision and talent management require the development of key partners.

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PLAN OF ACTION: PARTNERSHIPS

OBJECTIVE	ACTIVITY	TIME FRAME	INDICATOR	EXPECTED RESULTS
1. To determine the scope and functions of nursing and midwifery partnerships	Mapping and creating database of active/functional N&M partners Collating and disseminating models of successful partnerships including mentoring, networking, twinning	Dec.2008	Data base on stakeholders and partners from 6 regions Partnership models disseminated to all regions.	Integration of nursing and midwifery in national health systems and WHO priority programmes enhanced. A Network of a wide range of partners, established.
2. To establish a communication platform for partners involved in nursing and midwifery development for PHC	Developing of an electronic platform to enhance networking and output of partners.	Dec 2008	Nursing and midwifery regional networks on PHC utilized by 6 regions	
3. To enhance resources and support for nursing and midwifery programmes in PHC	Establishing a nursing and midwifery resource mobilization group at WHO Developing partnerships plans for advocacy and resource mobilization for nursing and midwifery Development of expertise in proposal development and procurement of funds	Dec 2009	Resource mobilization group established Resource mobilization Plan piloted and disseminated in 2 regions Joint Proposals for strengthening nursing and midwifery funded	

9. IMPLEMENTATION OF THE GLOBAL PROGRAMME OF WORK

The global programme of work for nursing and midwifery

The Global Work plan (GWP) will ensure that activities are focused on the agreed core elements for scaling up capacity of N&M to contribute to the achievement of the MDGs. It will actively involve:

1. Member States,
2. WHO/HQ and regional offices,
3. The Global Advisory Group for Nursing and Midwifery Development (GAGNM)
4. International agencies,
5. Professional Associations
6. Global network of WHOCC's
7. Stakeholders

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This work will be carried out in a flexible, dynamic collaboration for HRH development recognizing the diverse country situations and priorities.. The GWP supports the renewal of PHC , seeks to enhance the commitment to health, and calls for active engagement of other sectors as participants and partners.

The development process of the Global Programme of Work

The Global and regional consultations were held in Geneva, Islamabad and Lusaka to identify and reach consensus on the core elements for scaling up nursing and midwifery capacity. Significant efforts were made to ensure that the global constituency and partners were represented in the planning, design and development of the GPW. Each core element includes the objectives, activities, indicators, expected outcomes and timelines. The GPW is designed to provide the framework to assist national HRH planning and development of strategic actions required to strengthen nursing and midwifery and health systems. Data from the WHR 2005 and 2006 were utilized to guide the setting of realistic targets thereby increasing the probability of reaching the established goals within the specified timeframe.

Management of the Global Programme of Work

The Nursing and Midwifery Office at WHO, Geneva will serve as the Secretariat for the GPW for Nursing and Midwifery. It is complemented by the WHO Regional Offices, GAGNM, GNWHOCCs .The implementation program for each core element will be flexible, country – specific and conducted in collaboration with the Regional Offices of WHO, Member States and partners. Regional Nursing Advisers will be responsible for consulting with countries in order to identify those countries who will participate in the initial phase of the programme. The selection will be undertaken following a set of criteria established by the secretariat. The criteria will include countries with a critical

shortage of nursing and midwifery workforce, a capacity for HRH development, countries that have an HRH plan, a plan that impacts upon other countries in the region and a project plan that is measurable and achievable within the time specified. Selected countries will also be consulted on their preferred partners who will assist in the implementation of the project. The project will be operationalized through country action groups, led by a nurse or midwife appointed as the project leader with specific objectives and activities to be implemented in 2008 – 2009. The action group will put in place an operational plan for the achievement of the GWP.

The Secretariat will work in collaboration with the WHO regional offices and partners towards developing collaborative arrangements with member states and building and sustaining networks of partners, stakeholders and international agencies for strengthening nursing and midwifery. Monitoring and evaluation of the program will be conducted on a regular basis and progress will be disseminated through the NMO website as well as reported at the WHA in 2010 (as indicated in the WHA Resolution 59.27).

10. COORDINATION MECHANISMS

The coordination of work will comprise of:

1. The Secretariat : WHO headquarters (Health Professional Networks: Nursing and Midwifery)

Responsibilities:

1. Launch the GPW and host the inaugural meeting .
- ~~1.2.~~ Allocate initial resources to countries as specified in the GWP financial budget.
- ~~1.3.~~ Monitor activities as specified in the GWP and liaise with RNA's and project leaders
- ~~1.4.~~ Convene formal meetings at least twice per year and prepare the necessary meeting agenda, materials and relevant documents
- ~~1.5.~~ Monitor country activities and progress towards goals
- ~~1.6.~~ Disseminate findings generated from activities under the GWP

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2. The Regional Advisers for Nursing and Midwifery

Responsibilities:

1. Assist with the selection of participating countries and respective project leader
 2. Promote, facilitate and guide countries in the selection of a partner.
 - ~~2.3.~~ Assist in the development of the project design
 - ~~2.4.~~ Assist in the implementation of the country plan based on established targets
1. Negotiate support from WHO country offices
 2. Provide logistical and technical support to country action groups and partners.

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3. The Country Action Group

The country action group will be made up of representatives RNAs, project leader , the identified partner and stakeholders (interdisciplinary) . The responsibilities will be to:

1. prepare a country -specific project plan for the implementation of the GPW in collaboration with the identified partner and stakeholders
- ~~1.2~~ 2.implement coordinate and monitor the project plan in a timely manner
- ~~1.3~~ 3.evaluate progress and outcomes of the plan.
- ~~1.4~~ 4. Submit progress report.
- ~~1.5~~ 5.mobilize additional resources
- ~~1.6~~ 6.meet with the WHO secretariat and regional advisers for a minimum of twice yearly.
- ~~1.7~~ 7.maintain communication with the WHO secretariat, RNA's and other participating countries.

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11. THE COMMUNICATION STRATEGY

The communication strategy will include, but will not be limited to, the following:

1. Launch of the GWP at the Annual Meeting of May 2008 CNO meeting Geneva
2. Production of advocacy materials – flyers , posters- targeting the stakeholders at the global, regional and country levels
- ~~2.3~~. Inaugural meeting with project leaders from selected countries, partners and RNA's
- ~~2.4~~. Twice yearly monitoring meeting
- ~~2.5~~. Regular contact through email and telephone communication
- ~~2.6~~. Wide dissemination of the GWP and associated reports
- ~~2.7~~. Production and dissemination of progress reports
- ~~2.8~~. Use of websites and electronic communication platform (COPs) to report on progress

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ANNEX 1: Tools , Partners, Resources and supporting mechanisms, other resources

Tools

1. Competencies for N&M Educators; QA tools; Accreditation tools etc

~~1.2~~. AMRO' document on PHC to be disseminated

~~1.3~~. CN Leadership for Change Program materials, CNA Policy Workshop, Dorothy Wylie information, WPRO Nursing Policy Making Toolkit

~~1.4~~. Available Information, communication Technology

~~1.5~~. Strategic Directions on Nursing and Midwifery development

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Partners

1. WHO Collaborating Centres in collaboration with WHO (HQ, regional and country offices);

~~1.2~~. Universities in resource high countries with necessary experience;

~~1.3~~. Universities in target countries currently delivering training for nursing and midwifery educators as well as Bachelor's programmes;

~~1.4~~. Established universities in developed and developing countries with necessary experience;

~~1.5~~. Funding bodies;

~~1.6~~. Other agencies with similar or supportive activities

~~1.7~~. Regional networks

~~1.8~~. Ministries of Health in countries of implementation

~~1.9~~. Nurses associations

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Supportive mechanisms

Partnerships/twinning of training institutions

Joint planning, implementation and monitoring with WHO departments and partners

Community mobilization, involvement and participation

WHO regional advisers for nursing and midwifery

WHO Global Advisory on Nursing and Midwifery Development

ANNEX 2: WHA59:27 WHA59:23 Islamabad Declaration

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