

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR
SOUTH_EAST ASIA



**Inter-country Workshop on Networking of Nursing and Midwifery
Education Institutions for Nursing and Midwifery Development,
Cha-am, Thailand, 6-7 July 2006,**



Organized by

**Joint WHO Collaborating Centre for
Nursing and Midwifery Development**

Mahidol University, Thailand



**Inter-country Workshop on Networking of Nursing and Midwifery
Education Institutions for Nursing and Midwifery Development,
Cha-am, Thailand, 6-7 July 2006,**

WP 1**Objectives**

1. To develop South-East Asia network of nursing and midwifery education institutions.
2. To provide feedback on South-East Asia strategic framework of nursing and midwifery
3. To review achievements and challenges of 5 WHO Collaborating Centres for Nursing and Midwifery Development in South-East Asia Region.
4. To identify nodal nursing and midwifery education institutions in Member Countries in the Region.
5. To provide recommendations on actions needed in responding to South-East Asia strategic framework for nursing and midwifery as well as actions to scale up nursing and midwifery contribution to MDGs.
6. To determine ways and means of sustaining the Networking

Expected Outcomes

1. Establishment of a network of nursing and midwifery education institutions
2. Establishment of a Forum for sharing of information, curriculum, teaching materials, research, resources and experience as well as a resource centre/centre of excellence for nursing and midwifery for the Region



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WP 2

TENTATIVE PROGRAMME

July 5, 2006

16.00-17.00

Registration

17.00-18.30

Meeting of WHOCC for Nursing and Midwifery Development
and RA NUR, WHO focal points of IND, THA

July 6, 2006

08.30-08.45

Opening of the meeting

RD's Opening Remarks

- Delivered by Dr P.T.Jayawickramarajah, Ag.WR Thailand

Welcome speech

- Dr Rutja Phuphaibul, Director WHOCCNM, Mahidol University

08.45- 09.00

Keynote Speech: Human Resource for Health in South East Asia Region :Issues
and Challenges

- Dr P.T. Jayawickramarajah, Ag. WR Thailand

09.00 – 09.20

Workshop Objectives

- Dr Arvind Mathur, MO, WHO India

Introduction of participants

- Dr Arvind Mathur, MO, WHO, India

09.20 - 09.35

Group Photo

WHA resolution on HRH and Nursing and Midwifery and Regional Implications
and SEAR Strategic Framework for Nursing and Midwifery

- Dr Prakin Suchaxaya, RA-NUR/SEARO

09.35 – 10.00

Discussion: Actions to Strengthen Nursing and Midwifery Workforce

- Moderator - Dr Prakin Suchaxaya

10.00 - 10.20

Coffee break

10.20 –10.40

Minimal Data Set or Profile and NM Workforce

- Dr Arvind Mathur, MO, WHO India

10.40 – 11.00

WHO Collaborating Centre: Role and Function

- Ms Natapakwa Skunodom, NPO, TC, WHO Thailand

1100 - 12.00

Key achievements and constraint of WHOCCNM in 2004-2005 and plan for
2006-2007

- College of Nursing, Christian Medical College, Vellore, India

- Joint WHOCC .Nursing Department, Ramathibodi Hospital and
Faculty of Nursing, Mahidol University, Thailand

- Faculty of Nursing, Chiang Mai university
 - National Institute of Nursing Education, College of Nursing Chandigarh, India
 - Institute of Yangon, Myanmar
- 12.00-12.30 Discussion: The work of WHOCCNM, how can it be expanded?
- Moderator- Ms Natapakwa Skunodom, NPO, TC, WHO Thailand
- 12.30-13.30 Lunch
- 13.30-15.00 Group Work on Nursing Education in SEAR :Issues, Challenges and Actions and
Group Presentation
- Moderator -Dr Prakin Suchaxaya, RA NUR,SEARO
- 15.00- 15.20 Coffee break
- 15.20- 16.00 Core Competencies of Nurses and Midwives and the Curriculum: Country Implementation
- Ms Rose Johnsen, Nurse Administrator, WHO Bangladesh
- 16.00-16.15 Meeting of Global WHOCCNM in Glasgow, 5-6 June 2006
- Dr Rutja Phupaibul, Director WHOCC
- 18.00- 20.00 Dinner
- 20.00- 21.00 Establishment of the Network of Nursing and Midwifery Education Institutions
- Dr Prakin Suchaxaya, RA NUR/SEARO
- July 7 2006**
- 08.00-10.00 Role of Network in scaling up nursing and midwifery in response to national health problems and plan of action in:
- Maternal and child health
- HIV/AIDS
- Tuberculosis
- Malaria
- Avian Influenza
- Disaster and emergency
- Injury
- Non-communicable diseases including mental health

Discussion led by Dr Arvind, Ms Natapakwa, Ms Rose, Dr Akjema, Dr Yuristiani
- 10.00-10.20 Coffee break
- 10.20-11.00 SEAR Nursing Midwifery Education Institutions Network (SEANMEIN) : Plan of Action
- Moderator Dr Arvind Mathur, MO, WHO India
- 11.00-11.30 Mechanism of Working and Sustaining of SEANMEIN
- Discussion led by Dr Prakin Suchaxaya
- 12.00-12.15 Recommendations to NUR/Regional Office
-Discussion led by Dr Akjema Magtymova and Ms Rose Johnsen
- 12.15-12.20 Conclusion and Closing
-Dr Arvind Mathur and Ms Natapakwa Skunodom
- 12.20-13.00 Lunch
- 13.00-13.15 Depart for Bangkok



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WP 3

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Conclusion

Inter-country Workshop on Networking of Nursing and Midwifery Education Institutions for Nursing and Midwifery Development, Cha-am, Thailand, 6-7 July 2006

In the opening session, RD's opening remarks were delivered by **Dr. P. T. Jayawickramarajah**, Ag. WR Thailand.

Dr. Rutja Phuphaibul, Director joint WHO Collaborating Centre for Nursing and Midwifery Development (WHOCCNM), Ramathibodi Hospital, Faculty of Medicine and Faculty of Nursing, Mahidol University who was the local organizer of the workshop, welcomed the participants of the meeting and introduced the local organizer team.

This was followed by the introduction of the workshop objectives and introduction of participants by Dr. Arvind Mathur, NPO-FCH, WHO India.

Dr Prakin Suchaxaya, Regional Advisor, Nursing and Midwifery, WHO/SEARO presented 2 resolutions related to nursing and midwifery which have been adopted at the 59th World Health Assembly resolutions

- 1.WHA 59.27 on Strengthening nursing and midwifery development
- 2.WHA 59.29 on Scaling up production of public health workforce

Discussion among the participants on the implementation of the WHA resolutions 23 and 27 and country priority actions that reflect the issues included in the WHA resolutions.

- Issues of development of national HRH strategies in the context of health reforms
- Challenges of implementation of the resolutions: example of Nepal - over-supply of N&M workforce vis-à-vis production is not according to the demand; deployment policy exists but not followed: lack of follow-up and monitoring. WHO is to get involved in implementation of policies, N&M network can play a vital role in monitoring and implementing the policies.
- Indonesia: no clear framework on HRH; oversupply – no intensives to keep health workforce in the rural areas.

- Financing for education and building the HRH

Dr. Prakin summed-up: At present none of the country in SEAR has a comprehensive human resource development planning. Some countries are working on it. Midwifery and nursing workforce planning should be included in the human resource workforce plan. Nurses and midwives should involve in the process of planning and implementation. There should be a good mechanism for monitoring the plan implementation. In addition to workforce planning, there should be a strategic direction for nursing and midwifery development which includes other aspects such as education, training and service and regulation.

Dr Arvind Mathur: Minimum data set and nursing and midwifery workforce. Information Management System in nursing and midwifery in most countries have not been developed. The discussion focused on nursing data set and minimum data set for nursing and midwifery clinical services and administration. The issue need further development in the future.

Dr. Rutja: briefly introduced the participants to the Thailand MoPH software which allows collecting and analyzing the data on N&M with the inputs from each state and private hospital (input data sets include: demographic, educational and professional information, licensing etc). The participants showed a great deal of interest in the Thai MoPH initiative and expressed that there was a scope for the exchange of experiences between the countries.

- DPRK: minimum data set needs to be relevant for the particular health system and responsive to the needs for data/information for both national and global information systems. Challenges from the country's perspective: (a) collection is not a problem; analysis and use of data at the national and sub-national levels in planning and decision making and (b) inadequacy of information profiles available at a country and capacity to rapidly respond/ provide inputs for the global information needs;
- DPRK: In the context if declining health financing, the costs implications need to be reflected (costs of education, labor, etc) in the minimum data set;
- Nepal: information system is in place, however it is incomplete, which makes it less reliable;
- Bangladesh: basic information on nursing incorporate in HMIS; detailed info for nurses with special skills; in-service education, extensive info might be needed based on the reasons
- Licensing in Thailand -

Dr. Arvind summarized: this is to be set as a priority MCA so in 2007-2008 we have a uniform software and tools applicable to the countries. We need to work on the parameters and tools for this. SEARO is to lead the MCA.

There was a consensus that there is a need to develop nursing and midwifery minimal data set. The meeting to discuss on the core data set, tool, software and the template for data collection is needed purpose for establishment of data base and the user should be identified. This will also respond to WHA 59.29 resolution that urge Member States to develop and set of minimal data set. This nursing and midwifery information system should be an integral part of the health information system. There is the MCA on this topic for this biennium 2006-2007 that countries can work together.

Ms. Natpakwa Skunodo, NPO, Technical Collaboration, WHO-Thailand: WHO Collaborating Centers: Role and Function.

Ms. Natpakwa gave a presentation on WHOCC, their role, functions, criteria for selection of WHOCC, designation/re-designation processes; management of networks with other institutions and review and reporting requirements.

The representatives from the following institutions reported on the key achievements and constraints of their respective WHOCCNM in 2004-2005 and plan for 2006-2007:

- College of Nursing, Christian Medical College, Vellure, India (by Mrs. Bharathy Jacob);
- Joint WHOCC, Nursin Department, Ramathibody Hospital and Faculty of Nursing, Mahidol University, Thailand
- Faculty of Nursing, Chiang-Mai University
- National Institute of Nursing Education, College of Nursing, Chandigarh, India;
- Institute of Yangon, Myanmar ();

Ms. Natpakwa Skunodo led the discussion on the work of the WHOCCNM and the possible ways of its expansion.

Ms. Yuristanti, Indonesia expressed the interest in applying for the WHCCNM and possibilities of the designation. She identified the strength of their national institution.

Dr. Prakin described advantages of having a variety WHOCCNM: the WHOCC could be general or specialized based on their strength as centers of excellence or their comparative advantage. The pros of having more specialized WHOCC were emphasized.

WHOCC would have opportunities in various specialized topics: injuries and disaster management, etc.

Dr. Rutja: issue of having established WHOCC where admin responsibilities included as part of routine ToR and the institution's work vis-avis source of funding for the extra-work.

Dr. Prakin: The admin work to run WHOCC is to be integrated in the system/institution. The research projects or educational programmes could be supported by WHO or other grant sources and this is to be part of the WHO country workplan.

Summary of the discussion: collaborating Centers are designated by WHO based on their technical capability and financial credibility (which would include also the ability to mobilize resources and leverage networks). WHO will not support the cost for running WHOCC.

Group work: Nursing Education in SEAR: Issues, Challenges and Actions.

Dr Prakin has asked participants to divide into 2 groups to discuss on the issues and challenges in nursing education in SEAR and provided actions to improve the situation or solve the problems. Results of group works were as follow:

Group work 1

Inputs	Processes	outputs
Curriculum	Teaching/nursing methodologies; poor clinical practice	Quality of graduates
Teacher	Motivation	Effect on health outcomes
Students	Collaboration between education and services	Limited research
Facilities/Environment	Nursing representation at policy decision-making and planning	Migration
Attitude of policy makers towards nursing education (neglect)	Networking	
	Regulatory mechanisms	

Actions:

- Review and revision (curriculum)
- C.E. motivation (teachers)
- Motivation (students)
- Sensitization and advocacy
- Rewards and remuneration
- Develop collaborative models and network
- Faculty development in new T&L methods
- Develop/establish regulatory mechanisms
- QA and accreditation system
- Empowering faculty/Course clinicians
- Promote M&E and research

Group 2 work:

Issues:

- 1) Inadequate clinical training:
 - Insufficient qualified teachers
 - Lack of hospital facilities
 - Lack of skills/training lab
 - Inadequate clinical content (curriculum)
- 2) Quality of training
 - a. Accreditation
 - b. Quality assurance mechanisms
- 3) Curriculum:
 - a. Competency-based
 - b. Community based
- 4) Training/developing of teachers:
 - a. Teaching technology (education units)
- 5) Policy and regulation
 - a. certification
 - b. deployment
 - c. retention

Dr. Prakin summarized the issues, challenges and actions in nursing and midwifery education in the region as follow (copy from Dr Prakin's e-file).

Recommendations:

- 1) Maintain communication formal and informal within the network; conduct exchange programmes within the region (develop a profile of the institution and what could be offered for the region);
- 2) Develop an institutional quality assurance mechanism/ accreditation process to be shared among nursing institutions in the region. There is a WHO MCA on this topic for 2006-2007 and there is a plan to work on the QA mechanisms.

Ms. Rose Johnsen, Nurse Administrator, WR-Bangladesh presented the "Core competencies of Nurses and Midwives and the Curriculum", a draft for 3-year diploma curriculum for the use/reference in the region.

Core competencies: WHO is to publish recently developed core competencies in nursing and midwifery and the countries/institutions will decide if there is a need to adapt/reflect in the curriculum)

Dr. Prakin suggested that any feedback/comments could be sent to SEARO within one month from now, before it is published and distributed.

RECOMMENDATIONS:

- 1) The Nursing and Midwifery Institutions are encouraged to actively advocate for the implementation of the WHA resolutions WHA-23 and WHA-27.
- 2) Multiple stakeholders (MoPH, MoE, etc) together with nurse and midwife leaders are to actively engage in strengthening HRH management through policy and planning process. There should be a comprehensive national human resource strategic plan with nursing and midwifery as an integral part of it.
- 3) The N&M network is to develop solid mechanisms/tools for follow-up and monitoring to ensure that the N&M policies and strategic implementation plan are implemented, progress is made and the targets are achieved.
- 4) WHO-SEARO is to follow-up to meet the expressed needs from the countries with regard to the development of comprehensive national plan on human resource for health. This will include the technical support rendered for developing medium and long-term projections of health workforce requirements as part of the national HRH plans.
- 5) WHO-SEARO in collaboration with the Member States are recommended to develop a data set for nursing and midwifery as an integral part of the Health Information System. A minimum data set should be designed to adequately respond to both, national and global information needs to start with.
- 6) Existing WHOCCNM are to continuously strengthen their technical and management capability. Other Nursing and Midwifery institutions in the region are encouraged to develop their own credibility to become centers of excellence/WHOCCs.
- 7) Quality of nursing and midwifery education has to be improved. WR Offices in SEAR should provide support to the Member States in the development and strengthening of accepted standard of education based on the standard set by WHO-SEARO.
- 8) WHO-SEARO in collaboration with the Members States should develop a national institutional quality assurance guideline and accreditation process for nursing and midwifery education institutions and services by Nursing Councils.
- 9) The Nursing and Midwifery education institutions are encouraged to review and adapt the SEARO core competencies of nurses and midwives, which should be the base for N&M curriculum;

- 10)** The Secretariat and the N&M network institutions can serve its members to provide support in the areas of MCH, HIV/AIDS, TB, Malaria, AI, disaster and emergency, injury and NCD/MH by:
- a. sharing and circulating the information on prevention, management/treatment, research, training modules and guidelines, lessons learned;
 - b. collaborating in research,
 - c. collaborating in training
 - d. maintaining communication through the thematic sub-networks if necessary
 - e. review the curriculum to ensure that important health problems (TB, HIV/AIDS, AI, principles of emergency/disaster care/management) are part of the curriculum with the latest updates
 - f. faculty exchange between network institutions
 - g. continuing education;
 - h. resource mobilization for sustaining network and activities
 - i. join ongoing N/M knowledge management initiative
- 11)** The following mechanisms are recommended to maintain the network:
- a. Regular communication formal and informal within the network (through e-mail);
 - b. Conduct exchange programmes within the region;
 - c. Develop institutional website or other profiles of nursing institutions;