

South-East Asia Nursing and Midwifery Educational Institutions Network

*Report of the Second Meeting
Yangon, Myanmar, 28–30 April 2009*



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Executive summary

The second meeting of the South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN) was conducted on 28–30 April 2009 at Yangon, Myanmar. The general objective of the meeting was to strengthen the role of SEANMEIN in improving the quality of nursing and midwifery education within the primary health care framework. There were 27 participants from 24 institutions, four temporary advisers, two from international organization partners, five WHO staff and nine observers, making a total of 47 persons. The meeting was organized under three themes: (i) Millennium Development Goals (MDGs) and primary healthcare (PHC); (ii) improving the quality of nursing and midwifery education; and (iii) strengthening nursing and midwifery workforce planning and development.

The following key issues were addressed and suggested:

- In countries where maternal and newborn mortality rates are high, institutions are implementing the revised pre-service nursing and midwifery curriculum that will cover the core competencies of skilled birth attendants and increase the duration of midwifery practice. However, the number and capacity of midwifery teachers are inadequate.
- The achievement of MDGs needs to be expedited through strengthening of health systems. The role of nurses and midwives related to health MDGs is to be taught in the pre-service curriculum. There is a need for evidence supporting the contribution of nursing and midwifery to health outcomes.
- There is a need to increase students' awareness on public health interventions and PHC. Evidence on nursing and midwifery utilizing PHC concepts in improving the equity and health of people should be documented.
- Public health nursing may be offered as a separate education programme or as a subject in the general nursing and midwifery programme. It is a specialty that should be promoted to support PHC.

- Nurses and midwives are involved in all phases of emergencies and disasters from preparedness, response, and rehabilitation to rebuilding. Suitable training courses/programmes should be developed to meet individual needs. Healthcare providers require adequate psychosocial support after working with the affected people and families for some time.
- It was agreed that global standards of initial nursing and midwifery pre-service education programmes can be applied to institutes in the Region but time to be able to meet the standard may be varied under the different time frame.
- Advocacy to governments to invest in nursing and midwifery education should be done in a systematic manner and with adequate evidence. WHO was requested to provide technical support in establishing quality assurance systems in educational institutions.
- The nursing and midwifery skills laboratories can assist students acquire the essential skills before practicing on real cases. However, considerable funds are required to set up of good laboratories of this nature. The guidelines on management of nursing and midwifery skills laboratories are aimed at assisting institutions to set up skills laboratories for teaching pre-service nursing and midwifery and promoting self-directed learning. These guidelines are applicable to education institutions in the Region and were adopted in principle.
- Nurses and midwives should be encouraged to involve themselves in the planning of nursing and midwifery workforces at all levels. Institutions are encouraged to develop institution-level planning which should be aligned with national-level planning. The guidelines on nursing and midwifery workforce planning were adopted.
- Most schools already teach the impact of climate change on health as part of their curricula. However, the role of individuals in reducing the impact should be emphasized.
- The need for taking ownership of the Network by Member States was emphasized. This would facilitate institutionalization of the same. Communication is the key to the sustenance of the Network. Knowledge and experience sharing among institutions of the Network should be encouraged.
- Member institutions of the Network agreed to commence work on the evidence in relation to MDGs and PHC and also on quality assurance.

- WHO has been entrusted with the responsibility of supporting the strengthening of Network activities, and Member States are responsible for carrying out the activities agreed upon for maintaining Network functions.
- The School of Nursing, University of Indonesia, has agreed to organize the third meeting of SEANMEIN in 2011.

Recommendations

Educational institutions

- (1) Develop an evidence base for the nursing and midwifery workforce that would enable them to contribute toward achieving health-related MDGs through strengthening of health systems and primary healthcare.
- (2) Establish and share experience in the areas of quality assurance and accreditation of nursing and midwifery education.
- (3) Actively participate and engage in the development of national health workforce planning with special reference to nursing and midwifery planning.
- (4) Support the development and implementation of the SEANMEIN action plan for 2009–2010.

WHO

- (1) Promote the development of an evidence base in nursing and midwifery in relation to MDGs and primary healthcare.
- (2) Facilitate experience sharing among nursing and midwifery educational institutions with emphasis on quality and workforce planning.
- (3) Support educational institutions in the utilization or adaptation of WHO policies, standards and guidelines.
- (4) Collaborate with partners for mobilizing support to strengthen the capacities of education institutions.

1. Introduction

Nursing and midwifery in the South-East Asia Region has been facing problems of shortage, migration and insufficient skills in responding to the demand for quality healthcare services. The establishment of a network was proposed as one of the strategies in tackling the issues in nursing and midwifery. The primary focus of the network is on strengthening nursing and midwifery education, which is a foundation for service and workforce. Therefore the South-East Asia Nursing and Midwifery Educational Institution Network (SEANMEIN) was formed in 2006 as a platform for information and experience sharing and working together toward institutional capacity building. The first Network meeting in Chandigarh, India, in 2007 was led by WHO to make it a technical meeting to discuss the current issues in health and nursing and midwifery and provide a direction for organizing and managing curriculum and teaching–learning to meet these challenges. The second technical Network meeting was held during 28–30 April 2009 in Yangon, Myanmar. There were 47 participants – 27 from 24 institutions, four temporary advisers, two from international organization partners, five WHO staff and nine observers.

2. Inaugural session

With the permission of the Chief Guest, Dr Than Zaw Myint, Director General Medical Science, Ministry of Health, Myanmar, the second meeting SEANMEIN was declared open.

The message of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, was read out by Dr Adik Wibowo, WHO Representative to Myanmar. In his address, the Regional Director pointed out that the health workforce continue to face many challenges which often lead to ineffective responses to the health needs of the people. The 59th session of the World Health Assembly and the South-East Asia Regional Committee held at Dhaka, Bangladesh, in 2006 adopted resolutions on strengthening health workforce and urged countries to commit and invest more in health workforce.

The Regional Director noted with concern that some countries may not be able to achieve some of the targets that related to the Millennium Development Goals (MDGs) 4, 5 and 6 by 2015 due to the global economic crisis, the threat of natural disasters and of climate change. Furthermore, psycho-socioeconomic-cultural factors contribute significantly towards health behaviour and its outcomes. The nursing and midwifery workforce could contribute towards the realization of MDGs and other health goals if they are properly educated and trained. He encouraged educational institutions to provide quality education with updated curricula, qualified and competent teachers, effective teaching methodology, and a supportive learning environment.

Nursing and midwifery is faced with a global problem which is aggravated by unmet standards in healthcare facilities, high workload, unsafe workplaces, and lack of career advancement opportunities, all of which lead to poor performance and trigger migration. The Regional Director expressed the hope that the Network would facilitate sharing of information and experience and work together toward institutional capacity building to improve the quality of nursing and midwifery education in the Region.

The Regional Director requested the Network to identify strategies and propose recommendations to strengthen the quality of nursing and midwifery education in the changing context and within the framework of renewed primary healthcare priorities and to discuss and agree upon a set of actions to be implemented by SEANMEIN in 2009–10 to strengthen nursing and midwifery in the Region.

Dr Than Zaw Myint, Director General Medical Science, Ministry of Health, Myanmar, welcomed the participants of the meeting. He mentioned that the Government of the Union of Myanmar was striving through self-reliant efforts to build modern facilities for the development of the nation progress and prosperity of its people. To achieve this goal, the Government has been working very hard to raise the health standards of the entire population so that they could contribute more to societal development.

He said that nurses and midwives in Myanmar work in the cities and towns as well as in rural areas and play a key role in healthcare service, including health promotion, restoration and rehabilitation as well as prevention of illness and injury of individuals, families and communities.

The role of nurses and midwives and their contribution towards the development of the health system have become important not only to meet the needs of the nation's health development but also to achieve MDGs, and their contribution is well recognized by the Government.

The Director General was pleased that the University of Nursing, Yangon, was a member of this network. He wished the results of the meeting would contribute not only to the development of nursing and midwifery education in Myanmar but also in all countries of the Region.

3. Objectives

General objective

To strengthen the role of SEANMEIN in improving the quality of nursing and midwifery education within the primary healthcare (PHC) framework.

Specific objectives

- (1) To discuss the contribution of nurses and midwives towards achieving the MDGs using the PHC approach.
- (2) To review and finalize the draft guidelines: (i) management of nursing and midwifery skill laboratories and (ii) nursing and midwifery workforce planning.
- (3) To discuss and agree upon a set of actions to be implemented by SEANMEIN in 2009–10.

4. Expected outcomes

- (1) Identification of the contribution of nursing and midwifery in and PHC.
- (2) Adoption of guidelines on management of nursing and midwifery skill laboratories and nursing and midwifery workforce planning.
- (3) The planned activities of SEANMEIN for 2009–10.

5. Technical sessions

5.1 Actions taken following the recommendations of the first SEANMEIN *(Dr Prakin Suchaxaya)*

A. Key actions taken by WHO

- (1) Advocacy on strengthening midwifery education and community nursing education in the pre-service nursing and midwifery programme of countries in the SEA Region: The actions include (i) supporting implementation of the revised Diploma in Nursing and Midwifery and Bachelor in Nursing Science in Bangladesh; (ii) drafting of the first Bachelor of Science in Nursing and Midwifery curriculum in Bhutan; (iii) piloting the 3-year Diploma in Nursing and Midwifery in three nursing schools in the Democratic People's Republic of Korea (DPRK); (iv) implementing the first Diploma III in Midwifery in Timor-Leste; (v) introducing national-level training of midwifery teaching in Nepal; and development of training packages for community-based health workers at the Basic Health Unit, Bhutan.
- (2) Provide technical guidance on scaling up the production of nurses and midwives in countries with shortages of such personnel. The actions include (i) drafting of guidelines on nursing and midwifery workforce planning; (ii) providing guidance to the Royal Institute of Health Science in Bhutan on the admission plan; and (iv) follow-up on the outcomes of scaling up of production in Sri Lanka.
- (3) Provide support to the Network in the development of a website, organizing meetings of the Network, facilitate participation of the members in WHO-related meetings, and in carrying out the Network's activities. Financial support was provided to develop a Network website, procure furniture for the secretariat office and promote participation in meetings related to primary healthcare, healthy people, community-based health workers, midwifery, and emergency and disaster nursing.

B. Reports on actions taken by institutions following the recommendations were submitted

- (1) Develop and monitor the nursing and midwifery educational institutional plan, especially the production of quality nursing and midwifery students and capacity building of teachers. In the national

11th Five-Year Plan of India, the increasing number of nursing students and nursing schools and upgrading of the quality of nursing schools was highlighted. Sri Lanka is scaling up the production of nursing students. Timor-Leste has started producing nursing and midwifery students under the new programme. Institutions in Thailand have institutional plans for student production and staff development. A nursing and midwifery workforce plan is being incorporated in the national health workforce plan of Thailand.

- (2) Review midwifery courses and apply the framework to midwifery education in the pre-service nursing and midwifery or midwifery curriculum. Institutions in Bangladesh, DPRK, India, Nepal and Timor-Leste have revised their pre-service nursing and midwifery curricula to include competencies of skilled birth attendants and increase the hours of midwifery practice.
- (3) Review community nursing courses and apply the framework to community nursing education in the pre-service nursing and midwifery curriculum. School of Nursing, Christian Medical College, Vellore, India, organized the national conference on community health nursing. Institutions in Thailand joined the local government in the project 'One nurse one village'.
- (4) Advocate and support the South-East Asia Nursing and Midwifery Educational Institutions Network. Nepal established a national network of nursing and midwifery educational institutions and organized a meeting to focus on the quality of education.

5.2 Regional actions to scale up health-related MDGs and promoting primary healthcare *(Dr Prakin Suchaxaya)*

Priority work in nursing and midwifery for 2008–09 included strengthening nursing and midwifery education; improving maternal and newborn health, primary healthcare and community health; and building the capacity of nurses in responding to HIV/AIDS and malaria.

Responding to high maternal and newborn mortality, the nursing and midwifery unit is working closely with the pregnancy unit and international partners such as AusAID, USAID and JHPIEGO in improving the midwifery course in the pre-service nursing and midwifery curriculum and strengthening midwifery teaching. In addition, the nursing and midwifery unit also participated in related regional activities such as in the preparation

of the meeting on 'Accelerating progress towards achieving maternal and child health MDG 4-5 in SEAR', Ahmedabad, India; developed a paper on 'Managing human resources for accelerating reduction of maternal and neonatal mortalities' for the SEA/RC 61 and developed the 'Strategic framework on the application of socio-cultural approach in maternal and newborn health'.

Efforts were made to advocate the role of nurses and midwives at the community level and to implement the primary healthcare approach. Support was given to Thailand in organizing two international meetings to promote the role of nurses and midwives in PHC and MDGs.

Nurses and midwives continue to be trained in HIV/AIDS and malaria. National AIDS Control Organization (NACO), India, in collaboration with the Clinton Foundation, is establishing an excellent nursing centre in HIV/AIDS in southern India. Under the Global Fund Round 8, India received US \$ 30 million to train 87,000 nurses in antiretroviral treatment. WHO supports the development of a standard course in HIV/AIDS in pre-service nursing and midwifery and the printing of pocket guidelines for the care of malaria patients.

5.3 Global actions for to scale up nursing and midwifery capacity to contribute to the achievement of MDGs and primary healthcare *(Dr Jean Yan)*

WHO, the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) and nursing and midwifery leaders met in Islamabad, Pakistan, and later in Zambia to discuss on strategies for tackling the issue of shortage and inadequate competencies and resources in nursing and midwifery. As a result, the Global Programme of Work (GPW) for 2008–09 was developed and endorsed in the Meeting of the Global Advisory Group for Nursing and Midwifery in Geneva in 2008. GPW is a comprehensive agenda for actions on strengthening the capacity of nursing and midwifery to contribute to the achievement of health MDGs under the PHC framework.

GPW consists of five elements: education and training, service delivery, positive working environment, talent management, and leadership and partnership. It is expected that the outcomes of GPW will be adequate and appropriate to produce a satisfied and motivated nursing and

midwifery workforce, strengthen healthcare under PHC and better health outcomes. The Nursing and Midwifery Office (NMO) at WHO headquarters (WHO HQ) provides funds to support one country in each WHO Region to implement GPW. In the SEA Region, Bhutan is working on two sub-projects aimed at producing a competent nursing and midwifery workforce and increasing the capacity of nurses and midwives in delivery service in the community.

5.4 Primary healthcare: Now more than ever *(Ms Margareta Skold)*

WHO celebrated 30 years of Alma Ata and launched a World Health Report on 'Primary health care: Now more than ever' in October 2008 to affirm the validation of the principles of PHC and WHO's commitment in PHC. Four types of reforms have been proposed. There are: (i) universal coverage reform to ensure that health systems contribute to health equity, social justice and universal access; (ii) health services reforms to focus the service on people's needs and expectations by being more socially relevant and responsive to the changing world to produce better outcomes; (iii) public policy reforms to promote and protect the health of the communities by integrating public health action with primary care; and (iv) leadership reforms to make health authorities more reliable.

Nurses and midwives have been implementing PHC in their service. However, in supporting the PHC movement, nurses and midwives should review their education, service and management to see what needs to be changed or adapted in their profession to enable them to contribute more in supporting PHC reforms.

5.5 Public health education *(Dr Than Saw Myint)*

Public health education and training opportunities in the developing world where the needs are the greatest tend to lag behind. In the SEA Region, there are only 12 graduate schools of public health and some are very new. Under the South-East Asia Public Health Initiatives, the South-East Asia Public Health Education Institutional Network has been established as a forum for information and experience exchange for improving the quality of public health education.

Core public health subjects include biostatistics, health services administration, behavioural science/health education, environmental health, and epidemiology. In the future, prevention and treatment will no longer be treated as separate entities. There is a need for students to understand the social determinants of health, globalization, international trade, the impacts of climate changes and economic crisis on health and healthy public policy. Public health research needs to be strengthened. A balance of classroom teaching, research activities, and community practice is needed.

5.6 Public health nursing education *(Dr Somporn K. Triamchaisri)*

Public health nursing education can be offered as a separate degree programme by admitting high school students directly into a graduate programme or offered as a two-year postgraduate diploma programme in nursing for those who are interested to work as public health nurses. The population is the client and the focus is on primary prevention. The strategies focus on creating healthy environmental and socioeconomic conditions where people can thrive, use available resources and work with multiple sectors and disciplines in promoting and protecting the health of the people. The course would mainly orient students on public health policy, health systems, role of nurses in the community, community diagnosis and interventions, health education and empowerment, health promotion, and community participation.

There was a two-year diploma programme in public health nursing in Thailand but it was stopped due to limited demand. At present, Bachelor's degree, Master's degree and Ph.D. courses in public health nursing are offered in Thailand. The Bachelor's degree programme in public health nursing offered at Mahidol University, Thailand, was presented as an example.

Discussion points

- It is the opportune time to promote public health nursing or community nursing in the time of revitalizing PHC and advocate government on maximal utilization of nurses in the community.
- The role of community midwifery in Sri Lanka is more of a supervisor than a practitioner.

- In many countries, nurses are confined in hospital settings and treatment. Awareness in health promotion and public health intervention is very limited. Curricula should have more coverage of health risks and illnesses.
- Public health nursing should be an option after completion of the general nursing and midwifery programme.

5.7 Actions to strengthen health systems in achieving MDGs through primary healthcare approach *(Group work)*

The participants were divided into three groups to discuss the common health systems issues and institutional experience in relation to MDGs and to propose actions for strengthening health systems to achieve MDGs through the PHC approach. These groups identified the problems of health systems in relation to health workforce and quality of service and shared their experience in the training of nurses and midwives in maternal and child health or HIV/AIDS. It was recommended that the nursing and midwifery schools should educate the students on MDGs and the role of nurses and midwives in achieving these goals. In-service training or research related to health MDGs may be organized.

5.8 Emergency preparedness and response

(Dr Jean Yan, Dr Prakin Suchaxaya, Mr David Benton and Prof. Khin Mae Ohn)

Natural and man-made disasters as well as outbreaks of avian influenza and the new H1N1 virus have become major health issues. Nurses and midwives are involved in every phase—preparedness, response, rehabilitation and recovery. The role and scope of work may vary, depending on they are first responder, triage officer, direct care provider, on-site coordinator of care, information provider, educator, mental health counsellor and supporter, or manager. However, questions have been raised, for example, on: (i) whether nurses and midwives have been well educated and trained to effectively perform the role when required; (ii) whether they have been involved in the development of the national or institutional preparedness plan; and (iii) whether they are knowledgeable or involved in the implementation of the revised International Health Regulations (IHR) which came into effect on 15 June 2007.

Nursing and Midwifery Office, World Health Organization, Head Quarters organized meetings to identify the roles and needs for capacity building of nurses and midwives in emergencies and disasters, and participated and advocated for the involvement of nurses and midwives in related initiatives. In collaboration with Department of Communicable Diseases, Surveillance and Response, countries are assisted to use WHO guidelines to train community-based health workers on acute respiratory distress syndrome. In the SEA Region, the project is being implemented in Thailand.

The ICN/WHO Framework of Disaster Nursing Competencies was developed based on the ICN Framework of Competencies for the Generalist Nurse. The competencies are grouped under four areas: mitigation/prevention, preparedness, response competencies, and recovery/rehabilitation. It consists of 10 domains, including psychological care, care of the community and long-term care. Competencies help in curricula development, facilitate workforce readiness, are the foundation for specialist education, and are an assessment tool for deployment.

The SEA Region has the highest number of deaths due to natural disasters. Emergency and disaster nursing is offered as a topic or as a course in most per-service nursing and midwifery curricula. India has a module for nurses providing outreach service during emergency and a post-basic diploma in emergency and disaster nursing. The Thailand Nursing Council offers a short course in disaster nursing for nurses. However, documentation on lessons learnt and related guidelines for nurses and midwives is limited. A lot more work is required to be done in this area. In 2007, the Asia-Pacific Disaster Nursing Network (APDNN) was formed to be a forum for information and experience exchange and for capacity building of nurses and midwives for emergencies and disasters. The first meeting of the Network was conducted in Jinan, China. The Network website, www.apednn.org, was launched in January 2009.

Cyclone Nargis which occurred on 2–3 May 2008, was the worst natural disaster in the history of Myanmar, and by far the most devastating cyclone to strike Asia. It affected more than 50 townships, mainly in Yangon and Areyarwaddy. The official death toll was 84 537, 53 836 persons were reported missing and 19 359 injured. Immediately after the cyclone, 350 nurses and midwives joined in the health sector team and 100 participated in the mobile team to provide service according to the procedure laid down by the National Natural Disaster Preparedness Plan. Teaching staff at

the University of Nursing, Yangon, not only provided service but also assisted in training nurses in disaster management and organized workshops to learn from the experiences those relief nurses who had provided care to the affected people. It was found that a preparedness plan, teamwork, leadership, effective communication and working in partnership are important factors in such situations. However, there is a need for nurses and midwives to be more knowledgeable and competent in emergency and disaster nursing, for availability of practical guidelines, and a psycho-social supportive system for healthcare workers.

Discussion points:

- Psychosocial support to the affected persons or families in the rehabilitation phase is very important. Nurses and midwives providing care to the affected people and their families also need psychosocial support.
- Nurses and midwives should be involved in the emergency and disaster preparedness and response process at the national and local health facilities level.
- The pre-service nursing and midwifery education programme should include a course (or topics) on emergency and disaster preparedness and response. The course should be developed based on ICN/WHO guidelines on competencies of nurses and midwives in emergencies and disasters.
- WHO should organize training course for nurses and midwives.

5.9 Global standards for initial education of professional nurses and midwives *(Dr Jean Yan)*

After a series of consultations, WHO, the Global Network of WHO Collaborating Centres for Nursing and Midwifery, Sigma Theta Tau International and nursing experts around the world endorsed the 'Global standards for initial education of professional nurses and midwives'. These standards were developed to set minimal standards for the initial education of nurses and midwives worldwide.

The standards comprise the following areas: (i) Programme graduates: outcomes and programme graduates attributes; (ii) Programme

development: governance, accreditation, infrastructure and partnerships; (iii) Programme curriculum: curriculum design, core curriculum, curriculum partnership and assessment of students; (iv) Faculty: academic faculty, clinical faculty and professional development of faculty; and (v) Programme admission: admission and selection policy, and student type and intake.

The participants were divided into three groups to review the standards. It was concluded that the standards could be applied to countries in the Region in different periods of time. Some discussion points were:

- Nursing and midwifery education in the Region is generally equivalent to the diploma or degree level. Graduates are awarded certificates, not professional degrees.
- Some countries do not have a system to licensure graduates as nurse or midwives.
- Most schools do not have a mechanism to track the success and progression of education of each graduate.
- Not all schools prepare graduates for evidence-based practice, critical and analytical thinking, client advocacy, working in partnership with other health professional, leadership abilities, and continual professional development.
- Due to the shortage of faculty members or limited opportunities for teachers for continuing education, some schools may not have faculty with relevant expertise in the subject matter
- The system of clinical preceptors is not applicable in certain countries.
- Accreditation is not a commonly implemented mechanism in most countries of the Region.
- Most nursing and midwifery schools have limited budgets for programme management. The ability to mobilize external funds is limited.
- The head of the nursing and midwifery programme may not be a nurse or midwife as nursing and midwifery is a young profession.

- All agreed that nursing and midwifery faculties should have clinical expertise in the content areas they teach. However, this is not a common practice in most schools, and this needs to be corrected.
- The basic qualification for admission as nursing and midwifery students may vary.

5.10 Overview of the Regional guidelines on quality assurance and accreditation of nursing and midwifery educational institutions *(Dr Prakin Suchaxaya)*

Quality assurance and accreditation are identified as mechanisms for monitoring, controlling, and improving the quality of nursing and midwifery educational institutions. Guidelines on the mechanism and role of educational institutions and councils or national authorities in quality control were adopted in the Inter-country workshop on quality assurance and accreditation of nursing and midwifery educational institutions organized in Maldives in 2007.

The follow-up exercise showed that all the countries have their national standards on nursing and midwifery education. However, due to the lack of any policy on quality, limited resources, and ineffective authority, most schools have not started the quality assurance system and the councils or national authority have not accredited the schools. In 2008, Bangladesh, Myanmar, and Nepal drafted guidelines on accreditation of nursing and midwifery schools. Maldives has a policy to develop the Nursing Act which will include the role of the council in accreditation.

5.11 Improving the quality of nursing and midwifery education: A case study of India *(Mr Dileep Kumar)*

There are more than 1000 nursing schools in India offering diplomas and degrees in nursing and midwifery. However, the country is still facing problems of shortage and migration. Most schools are in need for quality improvement in teaching-learning, teachers' qualification and infrastructure. The nurse leaders of India therefore developed strategic directives for strengthening nursing and midwifery and proposed, among other things, increasing the number of nursing schools and student

admissions, improving the nursing institutes, and establishing centres of excellence. These directives were well accepted by the Government and reflected in the 11th Five-Year Plan. Approximately US \$ 580 million has been allocated to support the proposed plan under the National Rural Health Mission of India to improve the health of the people.

Although the activity is in its initial stage, it demonstrates the strong commitment and investment of the Government in strengthening the nursing and midwifery workforce. The factors contributing to this include the national policy on promoting rural health, the right policy and direction of nursing and midwifery developed by nurse leaders, the evidence-based paper and the lobbying and communication with policymakers. Other countries may learn from India. Details of the case study are available on the Regional Office's website.

5.12 Guidelines on management of nursing and midwifery skills laboratories

Draft guidelines on the management of nursing and midwifery skills laboratories are aimed at assisting nursing and midwifery educational institution to set up nursing and midwifery skills laboratories and to assist teachers in preparing and teaching students in these laboratories. The guidelines provide details of major nursing and midwifery laboratories, including the fundamentals of nursing, paediatric nursing, medical nursing, surgical nursing, community nursing, psychosocial nursing, and midwifery.

After the presentation of the groups' work, all agreed that the guidelines were useful and necessary, and the same were adopted in principle. Some suggestions for revision were: (i) inclusion of guidelines to highlight the key procedures in each laboratory; (ii) the management and maintenance of these laboratories; (iii) mention of the student–equipment ratio; (iv) not to include the steps of teaching since this information is available forming and can be retrieved from a number of textbooks.

5.13 Role of ICN in enhancing the nursing workforce

(Mr. David Benton)

The International Council of Nurses (ICN) was set up in 1899. Today there are 132 nurses' associations who are members. The Council's goals are:

(i) to bring nursing worldwide together; (ii) to advance the nursing profession; and (iii) to influence health and labour policy globally. The work is grouped into three pillars: (i) professional practice (training, position statements, World Health Assembly interventions; (ii) regulation (nursing continuum, model Act and GATS toolkit, task shifting); and (iii) socioeconomic welfare (competitive salaries, safe work environment and adequate working conditions). ICN organizes a wide range of activities: (i) organizing forums and conferences; (ii) writing position papers; (iii) conducting global nursing shortage review; (iv) conducting studies on nurse migration; (v) training in leadership; (vi) campaigning for retention of workforce; (vii) preventing of violence in the workplace; and (viii) mobilizing funds to support mobile libraries in remote areas with no access to electricity. More information on ICN is available on its website, www.icn.ch

5.14 Draft guidelines on nursing and midwifery workforce planning

The guidelines were drafted based on the World Health Resolution 59.27 on strengthening nursing and midwifery which urged member countries to develop a nursing and midwifery workforce plan as an integral part of the national health workforce plan to ensure better health outcomes. The draft consists of four parts: introduction, overview of workforce planning, a framework for workforce planning, and successful workforce planning.

In the framework for workforce planning, nine steps are proposed. These are: (i) agree on scope and objectives; (ii) establish project management capacity; (iii) assess the environment; (iv) describe the current workforce capacity; (v) estimate future workforce requirement; (vi) analyse the gap between workforce requirement and workforce capacity; (vii) develop strategies and responses to balance workforce needs with workforce capacities; (viii) implement and (ix) evaluation and review

The participants were divided into three groups and all agreed that the guidelines were well written and useful for the nursing and midwifery profession. More details were required on projection models/approaches and good examples of planning. The guidelines were finally adopted. Some discussion points are as follow:

- All countries have a national health policy; however, most countries do not do any national health workforce or nursing and midwifery workforce planning.
- The guidelines do not intend to encourage the countries to develop nursing and midwifery workforce planning as a separate plan. They are encouraged to have nursing and midwifery workforce planning as an integral part of the national health workforce plan. However, while there is no national health workforce plan yet, a nursing and midwifery workforce plan may be developed to provide direction for production of a national nursing and midwifery workforce.
- Leaders of nursing and midwifery professionals should be involved in the development of national health workforce planning and ensure the inclusion of nursing and midwifery workforce planning as a part of such planning.
- Workforce planning should be developed based on the current workforce situation, educational capacity to produce or expand the required workforce, the needs of the healthcare system, and future public health issues.
- A complete and updated nursing and midwifery workforce database is crucial for workforce planning.
- The planning could be used as a tool to communicate with senior management/policymakers in supporting the production of quality nursing and midwifery workforce.
- The team developing the workforce planning should consist of nurse leaders from all sectors - education, service, regulations and professional organizations; national authorities in health policy and workforce planning; and other health professionals and stakeholders.

5.15 Impact of climate change on health: Implications on nursing and midwifery education *(Dr Shariqna Yunus)*

Global climate change occurs due to excessive emission of man-made greenhouse gases (such as carbon dioxide emitted by fossil fuel burning for power supply and by deforestation, and methane released from paddy fields and landfill sites) into the atmosphere. Climate change, especially

temperature changes, impacts on health and illness. These include malnutrition, diarrhoea, malaria, injuries, and psychosocial stress. Warmer temperatures will have adverse effects on food production, water availability and the spread of disease vectors. Meeting increasing energy demands by greater use of fossil fuels will add to the number of respiratory disorders. There is clear evidence that the Himalayan glaciers have been melting at an unprecedented rate in recent decades. This trend causes major changes in freshwater flow regimes and is likely to have a dramatic impact on drinking water supplies, biodiversity, hydropower, industry, and agriculture, with far-reaching implications for the people of the region and the earth's environment.

It is important for schools to create awareness among students by including this subject their curriculum through special lectures or extracurricular activities. Students should know what they can do to educate their families and communities to reduce the adverse impact of climate change on health. It was observed that this subject has already been introduced in many programmes. Information on the role of nurses and midwives in prevention or care of people from the impact of climate change and community intervention should be more focused in the curriculum.

5.16 Business of SEANMEIN *(Dr Indrajit Walia)*

In the period 2008–09, WHO procured a computer, printer, scanner, furniture and cabinet to support the work of the secretariat office set up at the National Institute of Nursing Education, PGIMER, Chandigarh, India. It also supported the development of the network website, www.seanmein.org and printed and disseminated the byelaw of the Network. SEANMEIN representatives were supported by WHO to participate in two international conferences; WHO Regional Meetings on “Revisiting community-based health workers and community-health volunteers”, “Revisiting primary health care”, and “Self care”; and the meeting of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development.

The main problems faced by the Network were lack of communication between the secretariat and the members; an inactive Network; the changing of institutions participating in the Network meetings; and the lack of funds in supporting the Network's activities. The

secretariat agreed to communicate with members more frequently. Solutions to other issues need to be further discussed. As part of Action Plan 2009–10, the members agreed to do two projects in the area of evidence base on PHC and MDGs and the quality of education. The next technical meeting will be organized by the Faculty of Nursing, University of Indonesia.

6. Conclusion

- Institutions in the countries where maternal and newborn mortality rates are high are implementing the revised pre-service nursing and midwifery curriculum which will cover the core competencies of skilled birth attendants and increase the duration of midwifery practice. However, the number and capacity of midwifery teachers is inadequate.
- The achievement of MDGs needs to be expedited through health system strengthening. The role of nurses and midwives related to health MDGs is taught in the pre-service curriculum. There is a need to have evidence supporting the contribution of nursing and midwifery to health outcomes.
- There is a need to increase students' awareness on public health interventions and PHC. Evidence on nursing and midwifery utilizing PHC concepts in improving equity and health of the people should be documented.
- Public health nursing may be offered as a separate educational programme or offered as a subject in the general nursing and midwifery programme. It is another specialty that should be promoted to support PHC.
- Nurses and midwives are involved in all phases of emergencies and disasters – preparedness, response, rehabilitation and rebuilding. Different training courses/programmes should be developed to meet the individual needs of nurses and midwives. Healthcare providers require adequate psychosocial support after working with the affected people and their families for some length of time.
- It was agreed that global standards on initial nursing and midwifery pre-service education programme could be applied to institutes in the Region under different time frames.

- Advocacy to the Government to invest in nursing and midwifery education should be done in a systematic way with adequate evidence. WHO was requested to provide technical support in the establishment of quality assurance systems in educational institutions.
- Nursing and midwifery skills laboratories can assist students to acquire essential skills before practicing with real persons. The setting up of good skills laboratories requires a lot of money. The guidelines on the management of nursing and midwifery skills laboratories are aimed to assist institutions in setting skill laboratories for teaching students in pre-service nursing and midwifery and to promote self-directed learning. These are applicable to educational institutions in the Region and were adopted in principle.
- Nurses and midwives were encouraged to be involved in planning the nursing and midwifery workforce at all levels. Institutions were encouraged to develop institutional plans that are aligned with the national plan. The guidelines on nursing and midwifery workforce planning were adopted.
- Most schools already have already included the subject on the impact of climate change on health in their curricula. The role of individuals in reducing the impact should be emphasized.
- The need for ownership of the network by the members was emphasized. This would facilitate institutionalization of the same. Communication is the key to the sustenance of the network. Knowledge and experience sharing should be facilitated both between institutions of the network and also within institutions for wider and better impact.
- Member institutions of the Network agreed to do the work on evidence in relation to MDGs and PHC and on quality assurance.
- WHO was entrusted the responsibility of supporting the strengthening of Network activities. The members are responsible for carrying out agreed activities to maintain the Network function.

7. Recommendations

Educational institutions

- (1) Develop an evidence base for nursing and midwifery workforce to enable them to contribute to health-related Millennium Development Goals through health system strengthening and primary healthcare.
- (2) Establish and share experience in the areas of quality assurance and accreditation of nursing and midwifery education.
- (3) Actively participate and engage in the development of national health workforce planning with special reference to nursing and midwifery planning.
- (4) Support the development and implementation of SEANMEIN Action Plan 2009–2010.

WHO

- (1) Promote the development of an evidence base in nursing and midwifery in relation to Millennium Development Goals and primary healthcare.
- (2) Facilitate experience sharing among nursing and midwifery educational institutions, with emphasis on quality and workforce planning.
- (3) Support educational institutions in the utilization or adaptation of WHO policies, standards, and guidelines.
- (4) Collaborate with partners for mobilizing support to strengthen capacities of educational institutions.

Annex 1

Programme

Day 1 – Tuesday, 28 April 2009

08.30 – 09.00 Registration: Ball Room

09.00 – 09.40 Opening session

- Welcome Remark
Dr Than Zaw Myint, Director General, Department of Medical Sciences, Ministry of Health, Myanmar
- Message of the Regional Director, WHO, SEARO to be delivered by *Dr Adik Wibowo, WHO Representative to Myanmar*
- Video – “Nurses and Midwives: Now More Than Ever for a Healthy World”

Technical session – Theme: MDGs and primary health care

Introduction of participants

Dr Prakin Suchaxaya, Regional Advisor, Nursing and Midwifery, WHO/SEARO

Chair Person – *Dr Mya Thu*

Co-Chair – *Dewi Iraawaty*

10.00 – 10.30 Report of actions taken following the recommendations of the first SEANMEIN meeting
Educational institutions – Dr Prakin Suchaxaya, Regional Advisor, Nursing and Midwifery, WHO/SEARO

10.30 – 11.00 Regional actions in scaling up health related MDGs and promoting of primary health care: Nursing and midwifery contribution
Dr Prakin Suchaxaya, Regional Adviser, Nursing and Midwifery, WHO/SEARO

- 11.00 – 11.30 Global actions for scaling up nursing and midwifery capacity to contribute to the achievement of MDGs and primary health care
*Dr Jean Yan, Coordinator Health Professions Networks
Chief Scientist Nursing and Midwifery, WHO/HQ*
- 11.30 – 11.50 Primary Health Care: Now more than ever
Ms Margareta Skold, PHA, WHO, Myanmar
- 11.50 – 12.10 Public Health Education
Dr Than Zaw Myint, Director General, Department of Medical Sciences, Ministry of Health, Myanmar
- 13.00 – 13.30 Public health Nursing Education
Dr Somporn K. Triamchaisri, Head Dept. of Public Health Nursing, Faculty of Public Health Nursing, Mahidol University
- 13.30 – 14.00 Discussion
- 14.00 – 15.00 Group work 1: Actions to strengthen health systems in achieving MDGs through primary health care approach
- 15.20 – 17.00 Emergency and Disaster Preparedness and Response
- 15.20 – 15.40 ➤ Lesson learnt from Myanmar for nursing and midwifery
Prof Dr Khin Mae Ohn, former Director WHO Collaborating Centre for Nursing and Midwifery Development, University of Yangon, Myanmar
- 15.40 – 16.10 ➤ Nursing and midwifery action at the Global and Regional levels
Dr Jean, WHO/HQ and Dr Prakin, RA-NUR, WHO/SEARO
- 16.10 – 16.30 ➤ Core competencies of nurses and midwives in disasters
Mr David Benton, Chief Executive Officer, International Council of Nurses
- 16.30 -17.00 ➤ Discussion on actions of nurses and midwives in SEAR

Day 2 – Wednesday, 29 April 2009

Theme: Improving *quality of education*

Chair Person – Dr Indrajit Walia

Co-Chair – Mrs S G Samaranayake

- 08.30 – 09.30 Panel session of group work 1
- 09.30 – 09.50 Global standards for the initial Education of Professional Nurses and Midwives
Dr Jean Yan, WHO/HQ
- 09.50 – 10.10 Overview of the Regional guidelines on the quality assurance and accreditation of nursing and midwifery educational institutions
Dr Prakin Suchaxaya, RA NUR/WHO/SEARO
- 10.10 – 10.30 Improving quality of nursing and midwifery education: A case study of India
Mr Dileep Kumar, Nursing Adviser, MoH & FW, & President, Indian Nursing Council, India
- 10.50 – 12.30 Group work 2: Application of global standards for the initial education of professional nurses and midwives in South-East Asia
- 13.30 – 14.30 Panel session of group work 2
- 14.30 – 15.00 Draft guidelines on management of nursing and midwifery skill laboratories
Dr Prakin Suchaxaya, RA-NUR, WHO/SEARO
- 15.50 – 16.30 Group work 3: Guidelines on management of nursing and midwifery skill laboratories

Day 3 – Thursday 30 April, 2009

Theme: *Strengthening nursing and midwifery workforce planning and development*

Chair Person – Dr Jariya Wittayasooporn

Co-chair – Mrs Ira Dibra

- 08.30 – 09.00 Panel session of group work 3
- 09.00 – 09.30 Role of ICN in enhancing nursing and midwifery workforce
Mr David Benton, ICN, Geneva
- 09.30 – 10.00 Draft guidelines on nursing and midwifery workforce planning
Dr Prakin Suchaxaya, RA-NUR/WHO/SEARO
- 10.20 – 11.20 Group work 4: Draft guidelines on nursing and midwifery workforce planning
- 11.20 – 12.30 Panel session group work 4
- 13.50 – 14.15 Impacts of climate change on health: Implications to nursing and midwifery education
Dr Shariqua Yunus, National Consultant, WHO India
- 14.15 – 15.00 Report of SEANMEIN work in 2007-2008 and SEANMEIN Bylaw
Dr Indarjit Walia, Director, WHOCC, NINE, Chandigarh, India
- 15.10 – 15.40 SEANMEIN work plan 2008-2009 and collaborative work
- 15.40 – 16.00 Conclusion and closing

Annex 2

List of participants

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The South-East Asia Nursing and Midwifery Educational Institutional Network (SEANMEIN) was established to enhance information and experience sharing among nursing and midwifery schools in the Region to promote the development of nursing and midwifery education, service, research and workforce. The second meeting of the network, held on 28-30 April 2009 in Yangon, Myanmar, focused on three areas: Millennium Development Goals (MDGs) and primary health care (PHC); improving the quality of nursing and midwifery education; and strengthening nursing and midwifery workforce planning and development.

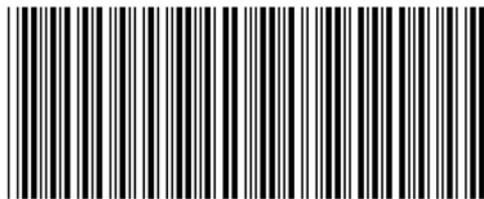
The capacity of nurses and midwives in responding to MDGs and PHC, as well as in emergencies and disasters needs to be strengthened, but evidence in these areas is limited. The meeting agreed that the global standard on initial nursing and midwifery pre-service education could be applied in the Region. The meeting also recommended the adoption of the WHO guidelines for nursing and midwifery workforce planning and the guidelines for management of nursing and midwifery laboratory. It was recommended that WHO should support and promote evidence-based nursing and midwifery development in the area of MDGs and PHC, experience-sharing in the areas of quality and workforce planning and the use of WHO policies, standards and guidelines in the educational institutions, and strengthening of the capacity of educational institutions.



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