Nursing & Midwifery Services

Strategic Directions

2011-2015

World Health Organization

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STRATEGIC DIRECTIONS FOR STRENGTHENING NURSING AND MIDWIFERY SERVICES 2011–2015

World Health Organization

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Contents

Introduction

This document presents the newly updated strategic directions for strengthening nursing and midwifery services (SDNM) for the period 2011–2015.

Complementing and building on the 2002–2008 SDNM, it seeks to provide policy-makers, practitioners and other stakeholders at every level with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives to contribute to:

- universal coverage
- people-centred health care
- policies affecting their practice and working conditions, and the
- scaling up of national health systems to meet global goals and targets.

The SDNM for 2011–2015 draws on several key World Health Assembly resolutions, and are underpinned by the associated global policy recommendations and codes of practice.(*1*,*2*) After two years of extensive research and consultation, a SDNM task force was developed, and a consensus on a range of specific activities revolving around 13 objectives in five interrelated key results areas (KRAs), was achieved:

- health system and service strengthening
- policy and practice
- education, training and career development
- workforce management and
- partnership.

Stakeholders, although free to prioritize certain parts of the framework to meet their own particular needs, are encouraged to adhere to the cornerstone of collaborative action, namely the common goal enshrined in the core SDNM 2011–2015 vision statement:

> improved health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services.

We see a mother suffering complications of labour without access to qualified support, a child missing out on essential vaccinations. These and many other everyday realities of life personify the unacceptable and avoidable shortfalls in the performance of our health systems.

In moving forward, it is important to learn from the past and, in looking back, it is clear that we can do better in the future.

Dr Margaret Chan, Director-General of WHO (*3*)

1. Overview

On 1 January 2011, the world community will have no more than five years left to achieve its Millennium Development Goals (MDGs), among others, and preliminary data on the health-related targets show progress in some areas to be well short of the annual rates needed to meet the deadline. (*4, 5, 6*) Countless lives could be saved, and many life-threatening conditions prevented or managed, through inexpensive, low-tech interventions by skilled health-care providers. Yet by far the largest group of those providers – the nursing and midwifery workforce – remains understaffed, undertrained and poorly deployed. (*7*)

WHO has long acknowledged the crucial contribution of nurses and midwives to improving the health outcomes of individuals, families and communities. In resolution WHA62.12, Primary health care, including health system strengthening,[1] it has furthermore included them among the frontline service providers engaged in its efforts to renew PHC based on the core values of equity, solidarity, social justice, universal access to efficient and affordable services, multisectoral action, decentralization and community participation. (*3*)

Frontline service providers

Acting both as individuals and as members and coordinators of interprofessional teams, nurses and midwives bring people-centred care closer to the communities where they are needed most, thereby helping improve health outcomes and the overall cost-effectiveness of services.

They contribute to disease prevention and control through surveillance, early detection and the promotion of health and healthy lifestyles. (*8*)

They help promote and maintain the health and wellness of an ageing population within the community, in line with the concept of active ageing. Meanwhile, at the other end of the spectrum, they can contribute to reductions in newborn, infant and maternal mortality in their role as skilled birth attendants and providers of maternal and neonatal care.

[1] Adopted by the Sixty-second World Health Assembly in May 2009.

They provide a wide range of services in hospital settings, from accident and emergency through to palliative care.

And as key players in crisis and post-crisis situations, they contribute to the risk communication, response planning and multisectoral participation aspects of emergency preparedness programmes; and provide services ranging from trauma management to mental health and rehabilitation in post-emergency recovery.

In spite of their contribution, nurses and midwives are not often identified as key stakeholders at the health policy table.

With the clock ticking down to 2015, governments, civil society and professional associations must work together with educational institutions, NGOs and a range of international and bilateral organizations to remedy the situation so that the input of nurses and midwives is more actively sought and acknowledged.

The strategic directions set out in this document are designed to provide those stakeholders with an overarching framework for the necessary collaborative action.

2. New strategic directions

These strategic directions for 2011–2015 are the end product of two years of research and extensive consultation led by an SDNM task force comprising representatives of the original SDNM endorsing agencies and others (see Annex 1).

They provide stakeholders with an overarching framework for collaborative action to achieve the common goal enshrined in the 2011–2015 SDNM vision statement:

> improved health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services.

The newly updated key results areas (KRAs) comprise activities geared to tackling factors hindering the nursing and midwifery professions in their ability to achieve that common goal and, hence, to contribute effectively to the PHC renewal and the WHO global health agenda. Those factors include, poor working conditions, lack of participation in decision-making, limited opportunities for career mobility and excessive workloads, leading to internal and external migration, resulting in shortages of health workers in remote and rural areas, even in high-income countries. (*1*) Furthermore, insufficient investment in pre-service, in-service and post-basic education and training, resulting in understaffed educational institutions and inadequate skills among leaders, managers and practitioners, leading to poor planning and lower quality health services.

Special attention must be paid to the need to build an evidence base of reliable data on the health workforce, especially nurses and midwives. (*7*)

Guiding principles

Stakeholders must ensure that their collaborative action adheres to the guiding principles inherent to the core values of PHC and the WHO global health agenda:

- Ethical action: planning and providing health-care services based on equity, integrity, fairness and respect for gender and human rights;
- Relevance: developing health services and systems guided by health needs, evidence and strategic priorities;

- Ownership: adopting a flexible approach to be implemented with local involvement that is designed to guide action at both the global and national levels; and
- Partnership: working together on common objectives, acting collaboratively and supporting each other's efforts

Nursing and midwifery share a number of characteristics and issues that enhance their potential contributions within the health system, although, they are distinct professions with overlapping but complementary roles and scopes of practice. To contribute effectively to quality health outcomes, each profession should have established standards and appropriate regulations to support high-quality evidence-based practice. Implementation of strategies to strengthen nursing and midwifery services must therefore take into account the realities, and priorities and needs in each country.

Summary of newly updated KRAs

KRA1: Strengthening of health systems and services

Nursing and midwifery services-led models form the basis of PHC reforms, especially in the areas of universal coverage and leadership for health.

Key focus: Contribution of nursing and midwifery to health system performance, service delivery, universal coverage and health outcomes through the active engagement and leadership of nurses and midwives at every level of health policy/programme development and decision-making.

KRA 2: Nursing and midwifery policy and practice

Nurses and midwives play a proactive part in ensuring that the health policies, plans and decisions affecting their professions are country-specific and in keeping with the principles of inclusive leadership, effective governance and regulated practice.

Key focus: Comprehensive strategic planning for nursing and midwifery services, involving all relevant stakeholders in government, civil society, service delivery, education and professional organizations. Policies must consider local health needs, the current state of health services, the provider mix, available resources and production and training capacity. They must focus on the regulation of practitioners, the standardization of educational programmes, support for nursing and midwifery, and the promotion of research within and outside the health sector to address significant gaps in policy development.

KRA 3: Education, training and career development

Institutional capacity enhanced for the intake and production of suitably skilled practitioners to provide comprehensive people-centred services.

Key focus: Continuous monitoring, evaluation and research to provide input for programmes covering pre-service, continuing and post-basic education and training,

not only for nurses and midwives but also for the other categories of health workers delivering a substantial share of nursing and midwifery-related services. A particular emphasis must be maintained on quality improvement and the mobilization of human, material and financial resources.

KRA 4: Nursing and midwifery workforce management

Policy-makers create an enabling environment for the nursing and midwifery workforce to meet changing health needs.

Key focus: Deployment of a nursing and midwifery workforce capable of consistently meeting established standards of care and the expectations of the public. Strategies can draw on evidence-based recommendations and technical support to enhance the skills mix, performance and mobility. National HRH plans must consider costs; cover nursing and midwifery personnel at every level; manage migration; and remain consistent with approaches for internal and interprofessional task-sharing.

KRA 5: Partnership for nursing and midwifery services

Active, systematic collaboration is encouraged among nursing and midwifery organizations and with community-based organizations, health professional groups and governments.

Key focus: Encouraging governments to partner with other key stakeholders in the development of sound health systems, stewardship and governance. Multi-year work plans must be devised to guide SDNM implementation and monitoring. Supporting mechanisms should include formal/informal networks and communities of practice, utilizing electronic means of communication.

3. Implementation

Partnership and alliances

Successful implementation of the SDNM calls for multisectoral, interprofessional teamwork among all stakeholders at the global, regional, national and grass-roots levels. WHO will coordinate implementation efforts, with policy advice from GAGNM and the support of key partners sharing a commitment to – and interest in – the strengthening of national health systems with a renewed emphasis on PHC.

Country and regional needs

The SDNM are designed to provide an overall framework within which countries and regions can choose the objectives and activities to prioritize in order to meet its own health-care needs, priorities and challenges. Countries must be encouraged to take the SDNM into account in their national health and HRH planning and policy-making. WHO headquarters and regional offices, in conjunction with partners,[2] will:

- respond to requests for technical assistance, advice and capacity-building;
- seek to strengthen the ability of regional institutions to support efforts to improve nursing and midwifery services at the country level; and
- lead joint efforts in specific areas of work within the SDNM framework.

Immediate action

Priority areas for 2011 include the development of:

- a global programme of work to support SDNM implementation;
- tools and templates for the collection, storage and updating of baseline data for the monitoring and evaluation of SDNM implementation;
- action plans to mobilize resources for the strengthening of nursing and midwifery services at every level of the health sector;
- PHC renewal-based strategies to improve access to nursing and midwifery services;
- policies for interprofessional collaboration in education and practice;
- SDNM-related items for inclusion on the agendas of national, regional and global meetings and conferences.

[2] Including GNWHOCC, ICM, ICN, ILO, STTI, UNFPA.

4. Monitoring and evaluation

A commitment to monitoring and evaluation is crucial once implementation is under way in order to assess the effectiveness of action taken, to inform decision-makers of any obstacles and, hence, to allow them to make the necessary policy and programme adjustments.

It also helps identify lessons learnt and best practices to add to the evidence base and support stakeholders in their efforts to strengthen overall services. This is especially important in view of the major drawbacks stemming from the severe lack of reliable baseline data on the health-care workforce, especially nurses and midwives, at the country, regional and global levels. (*7*)[3]

[3] Sample indicators are included in Annex 2.

5. Communication

A dynamic communication strategy will be implemented in order to ensure that the SDNM for 2011–2015 are made available and used at every level of the health system in every region.

This strategy should include activities at all WHO levels working in collaboration with countries, stakeholders and partners:

- translating the SDNM and related documents into the six official languages of WHO;
- producing and disseminating CDs, PowerPoint presentations, flyers and posters featuring advocacy materials targeting stakeholders at the national, regional and global levels;
- including SDNM-related items on the agendas of national, regional and global meetings and conferences organized by SDNM partners in 2011;
- holding regular meetings to keep track of SDNM implementation and to produce progress reports for general release;
- maintaining regular contact to share information and report on progress via teleconferencing, e-mail, websites, web-based communities of practice and other electronic communications platforms.

Key results areas 2011-2015

for strengthening nursing & midwifery services

KEY RESULTS AREA 1

Contribution to the strengthening of health systems and services

Nursing and midwifery services-led models form the basis of PHC reforms, especially in the areas of universal coverage and leadership for health.

Objectives	Expected results/activities
Contribution to people-centred care	
1.1 To give nurses and midwives a greater role in ensuring that the design, delivery and performance of health systems tally with the needs of the people and the social determinants of health.	1.1.1 Innovative approaches identified, adapted and disseminated to bridge gaps between the health system and the needs of the community so that people have the care they require throughout the life course. 1.1.2 Strategies developed to encourage individuals, families and communities to play a more proactive part in assessing health-care needs and the effectiveness of service provision. 1.1.3 Evidence base further developed with partners on cost-effective nursing and midwifery services as well as on their impact on health and the health-related MDGs. 1.1.4 Recommendations generated for improving health outcomes through the deployment and effective utilization of nurses and midwives, including within service networks and interprofessional teams. 1.1.5 Models identified, adapted and disseminated for regulating, monitoring and evaluating nursing and midwifery services. 1.1.6 Nursing and midwifery standards of practice for people-centred care incorporated into quality health service delivery.
Leadership for health	
1.2 To empower nurses and midwives to provide leadership at every level of the health system.	1.2.1 Inclusive, transparent and accountable leadership models developed to optimize the input of nursing and midwifery expertise. 1.2.2 Effective approaches devised to build the leadership capacity of nurses and midwives and to further the development of health policies and programmes. 1.2.3 Tools and mechanisms developed and implemented to ensure that nursing and midwifery contribute to – and have their scope reflected in – health policies. 1.2.4 Experiences documented and shared on the development and implementation of PHC models led by nurses and midwives. 1.2.5 HRH observatories utilized to support evidence-based policy development with regard to the nursing and midwifery workforce.

KEY RESULTS AREA 2

Nursing and midwifery policy and practice

Nurses and midwives play a proactive part in ensuring that the health policies, plans and decisions affecting their professions are country-specific and in keeping with the principles of inclusive leadership, effective governance and regulated practice.

Objectives	Expected results/activities
Nursing and midwifery policies	
2.1 To ensure that nursing and midwifery policies are an integral part of overall health policy-making.	2.1.1 Models developed and shared for plans and policies designed to strengthen nursing and midwifery services, research and education.
	2.1.2 Templates and standards established for effective, reliable and valid nursing and midwifery regulations/legislation to ensure the quality of service provision.
	2.1.3 Strategies devised to strengthen the capacity of nurses and midwives to develop policies, regulations and legislation.
	2.1.4 Support provided to set and implement standards for nursing and midwifery practice.
	2.1.5 Tools and models developed to improve the quality of nursing and midwifery practice, especially within the context of PHC.
Nursing and midwifery professions	
2.2 To enhance the professional standing of nursing and midwifery.	2.2.1 Collaboration with nursing and midwifery associations, networks and organizations enhanced in order to improve education, working conditions, standards of practice and quality of care.
	2.2.2 Experiences shared on the protection of health-care practitioners reporting serious departures from standards of care and/or ethical practice.
	2.2.3 Guidelines developed, enhanced and implemented for the recognition of excellence in nursing and midwifery practice.
Nursing and midwifery evidence base	
2.3 To build up the evidence base for nursing and midwifery practice through research, and to make sure it is used when changing the practice.	2.3.1 Mechanisms developed to build, implement, update and promote the evidence base for nursing and midwifery practice.
	2.3.2 A sustained research agenda developed to strengthen nursing and midwifery services.
	2.3.3 Case studies generated and disseminated of research-based changes in nursing and midwifery practice.
	2.3.4 A range of approaches developed to help stakeholders make proper use of research findings.
	2.3.5 Research capacity of nurses and midwives enhanced to improve health services and outcomes.
	2.3.6 Nurses and midwives empowered to compete for the resources needed to conduct research on health systems and services.

KEY RESULTS AREA 3

Nursing and midwifery education, training and career development

Institutional capacity enhanced for the intake and production of suitably skilled practitioners to provide comprehensive people-centred services.

Objectives	Expected results/activities
Nursing and midwifery workforce supply **3.1 To ensure that pre-service and continuing education programmes at every level of nursing and midwifery produce an adequate supply of competent practitioners to meet the country's need.**	3.1.1 National plans developed, including investments, for the scaling up of competency-based education/training programmes to meet workforce shortages and new health-service needs. 3.1.2 Strategies developed to ensure enrolment of sufficient numbers of suitably qualified candidates into nursing and midwifery programmes. 3.1.3 Policy-makers seek to provide equitable access to education, especially for underrepresented groups. 3.1.4 Models based on established standards developed for continuous quality improvement in pre-service nursing and midwifery programmes. 3.1.5 Models developed to provide nurses and midwives with continuing education and learning. 3.1.6 Mechanisms developed and promoted to underpin interprofessional collaboration in the fields of education and practice. 3.1.7 Models developed and promoted to measure the cost-effectiveness of education and training for nurses and midwives.
Teaching resources **3.2 To ensure that nursing and midwifery education/training programmes are equipped with adequate teaching resources.**	3.2.1 Capacity assessment tools and mechanisms developed to determine programme requirements in terms of faculty, teaching materials, infrastructure and funding. 3.2.2 Innovative approaches developed, evaluated and disseminated on all aspects of education, with a particular emphasis on optimizing the use of technology. 3.2.3 Teaching capacity enhanced, with a focus on methodologies linking theory to practice. 3.2.4 Financial resources mobilized to increase investment in educational institutions. 3.2.5 Successful models generated of practice settings experienced in preparing competent and confident practitioners, cultivating close collaboration with academic institutions and maintaining high standards of clinical expertise among faculty.

Objectives	Expected results/activities
	3.2.6 Institutional capacity strengthened through the twinning of nursing and midwifery schools and partnerships with WHO Collaborating Centres; South-South and North-South cooperation; and faculty development for sustained academic quality improvement.
Career development **3.3 To develop nursing and midwifery expertise through post-basic education, mentoring and other career development activities.**	3.3.1 Successful approaches documented to show how nurses and midwives can build on their qualifications and experience to become effective leaders and managers. 3.3.2 Tertiary education developed for nurses and midwives, together with opportunities for them to advance their education through undergraduate and postgraduate bridging courses. 3.3.3 Programmes institutionalized for continuous professional development, including leadership training, advanced clinical practice, mentoring and talent management. 3.3.4 Core competency and best practice guidelines developed and disseminated at post-basic level. 3.3.5 Successful approaches documented to promote career advancement in clinical practice for the retention of qualified nurses and midwives in close-to-the-client services.

KEY RESULTS AREA 4

Nursing and midwifery workforce management

Policy-makers create an enabling environment for the nursing and midwifery workforce to meet changing health needs.

Objectives	Expected results/activities
Workforce management **4.1 To ensure that national development plans include appropriate HRH strategies and promote equitable access to nursing and midwifery services.**	4.1.1 Models developed for forecasting workforce needs, including in education and leadership roles. 4.1.2 Trends monitored to keep track of the recruitment, distribution, deployment and mobility of nursing and midwifery personnel. 4.1.3 Examples of good practice evaluated, disseminated and replicated, with a particular focus on appropriate skill mixes, task-sharing, supportive supervision and overall management performance. 4.1.4 Models developed, disseminated and implemented to measure and manage migration for nursing and midwifery workforce sustainability at the country level. 4.1.5 Nurses and midwives in HRH units trained to lead and coordinate national HRH planning and development.
Performance enhancement **4.2 To foster a positive work environment, with supportive supervision, for optimal nursing and midwifery workforce performance.**	4.2.1 Information collected and disseminated on the impact of employment policies on the performance of nursing and midwifery personnel. 4.2.2 Innovative strategies developed for equitable, gender-sensitive working conditions with appropriate levels of compensation, social protection and health and safety. 4.2.3 Recognition and rewards for clinical excellence introduced to promote the sharing of expertise and people-centred care. 4.2.4 Programmes and activities developed to raise awareness of workers' rights and other labour issues, and to foster social dialogue between workers, unions, employers and governments. 4.2.5 Tools developed to measure the performance, productivity and health and safety of the nursing and midwifery workforce.

KEY RESULTS AREA 5

Partnership for nursing and midwifery services

Active, systematic collaboration is encouraged among nursing and midwifery organizations and with community-based organizations, health professional groups and governments.

Objectives	Expected results/activities
Stewardship and governance	
5.1 To help governments support the strengthening of health systems through the development of sound stewardship and governance, especially in nursing and midwifery services.	5.1.1 Investments increased to strengthen national HRH governance capacity. 5.1.2 Mechanisms established to enable nurses and midwives to acquire policy-making skills and to partner government departments in multisectoral efforts to integrate health into all policy-making relevant to the health and safety of individuals, families and communities. 5.1.3 Interprofessional and multisectoral collaboration strengthened to maximize the contribution of nurses and midwives to health and development goals. 5.1.4 Tools developed to improve partnerships among health services, departments of health, professional associations, research/educational institutions and communities. 5.1.5 Interprofessional and multisectoral social dialogue and collaboration facilitated between governments, employers and employees.
Implementation and monitoring of SDNM	
5.2 To encourage stakeholders to participate in the implementation and monitoring of the SDNM with a view to the strengthening of nursing and midwifery services through resource mobilization, awareness-raising and advocacy on priority issues.	5.2.1 Multi-year plans for strengthening the capacity of nursing and midwifery services developed for each region, coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan. 5.2.2 Models developed for the joint planning, implementation, monitoring and evaluation of sustainable nursing and midwifery services. 5.2.3 Monitoring and evaluation frameworks established for the refinement of regional and country-level action plans in line with the SDNM.

Objectives	Expected results/activities
Effective networking and partnerships **5.3 To improve nursing and midwifery services through effective networking and partnerships with organizations and communities of practice, making use of new technologies and other mechanisms.**	5.3.1 Examples of successful models documented to show the value of collaboration between nursing and midwifery services and other disciplines. 5.3.2 Networks and organizations developed and/or strengthened to foster close working relations between governments, professional associations, unions and educational institutions for the ongoing development of nursing and midwifery services, as well as for the design and implementation of health programmes capable of meeting new and future challenges. 5.3.3 Networking facilitated through communities of practice and other mechanisms that help improve the quality of nursing and midwifery services. 5.3.4 Interprofessional collaboration promoted in education, research and practice, especially at postgraduate level or within the framework of continuing education.

References

1. *Increasing access to health workers in remote and rural areas through improved retention*. Geneva, World Health Organization, 2010.

2. Resolution WHA63.16. WHO global code of practice on the international recruitment of health personnel. In: *Sixty-third World Health Assembly, Geneva, 17–21 May 2010. Volume 1. Resolutions and decisions, Annexes*. Geneva, World Health Organization, 2010 (WHA63/2010//REC/1), Annex 5:111–117.

3. *Primary health care: Now more than ever. World Health Report 2008*. Geneva, World Health Organization, 2008.

4. AbouZahr C, Boerma T. Five years to go and counting: Progress towards the Millennium Development Goals. *Bulletin of the World Health Organization*, 2010, 88(5):324

5. Stuckler D, Basu S, McKee M. Drivers of inequality in Millennium Development Goal progress: A statistical analysis. *PLoS Medicine*, 2010, 7(3):e1000241

6. *We can end poverty: The Millennium Development Goals Report 2010*. New York, United Nations, 2010.

7. *A global survey monitoring progress in nursing and midwifery*. Geneva, World Health Organization, 2010

8. Huicho L et al. How much does quality of child care vary between health workers with differing durations of training? An observational multicountry study. *The Lancet*, 2008, 13;372(9642):910-6.

Annex 1

The SDNM process and contributors

In 2007, an SDNM task force was set up to take stock of progress under the 2002–2008 SDNM and to update the objectives, activities and expected results.

Backed by an "environmental scan", it spent two years conducting extensive face-to-face and teleconference-based consultations with stakeholders at every level, while presenting proposals to constituents for feedback and adapting them accordingly every step of the way. As a result a consensus was reached on:

- a new framework for collective action in 2011–2015
- a unifying vision statement and
- a set of indicators for monitoring and evaluation.

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Annex 2

Sample indicators for assessment and evaluation

KRAs	Sample indicators
KRA 1: Contribution to the strengthening of health systems and services	Percentage of births attended by skilled nurse-midwives and/or midwives. Percentage of one-year-old children immunized against measles. Number of nurses and midwives in leadership positions at all levels.
KRA 2: Nursing and midwifery policy and practice	Number of countries that have implemented national policies for strengthening nursing and midwifery education, practice and research. Number of countries that have updated their nursing and midwifery regulations to meet the changing health needs of the population. Number of networks established for improving practice and quality of care. Number of nursing and midwifery professional associations.
KRA 3: Nursing and midwifery education, training and career development	Number of nurse and midwife graduates to support the delivery of national health programmes. Number of nursing and midwifery educators involved in scaling up the production of nurses, midwives and associated health workers.
KRA 4: Nursing and midwifery workforce management	Number of HRH crisis countries showing an increase in competent nurses and midwives to meet population health needs. Number of countries that have ratified the ILO Nursing Personnel Convention, 1977 (No. 149). Number of countries that have enacted policies addressing terms and conditions of work for health workforce, especially nurses and midwives.
KRA 5: Partnership for nursing and midwifery services	Number of countries that have incorporated the SDNM into their national health plan. Number of countries with reliable standardized data on the health workforce. Biennial implementation plans developed in line with the WHO global programme of work. Number of WHO Collaborating Centres involved in work specifically contributing to SDNM implementation. Number of partnerships and alliances established to support health system strengthening within the context of PHC. Number of programmes involving collaborative action with professional nursing and midwifery associations.

Individual countries may develop their own indicators based on their own particular priorities and resources. In order to monitor progress at the global and regional levels, however, baseline data will need to be collected in a standardized format.

The list above provides a few examples that might form the basis for routine monitoring and evaluation in 2015.

Annex 3

Resolution WHA 59.27
Strengthening nursing and midwifery

The Fifty-ninth World Health Assembly,

Having considered the progress report on strengthening nursing and midwifery;[1]

Recognizing the centrality of human resources for health to the effective operation of country health systems as highlighted in *The world health report 2006*;[2]

Recognizing the crucial contribution of the nursing and midwifery professions to health systems, to the health of the people they serve, and to efforts to achieve the internationally agreed health-related development goals, including those contained in the Millennium Declaration, and those of WHO's priority programmes;

Recalling resolution WHA57.19 on the challenge posed by the international migration of health personnel;

Recognizing the impact of "push" and "pull" factors in the countries concerned;

Concerned at continuing shortage of nurses and midwives in many countries, and its impact on health care, and more widely;

Mindful of previous resolutions to strengthen nursing and midwifery, including resolutions WHA42.27, WHA45.5, WHA49.1 and WHA54.12, and the strategic directions for nursing and midwifery services in place for the years 2002–2008;[3]

Concerned that some Member States do not yet give full recognition to the contribution of nursing and midwifery in their programmes and practices;

1. URGES Member States to confirm their commitment to strengthen nursing and midwifery by:

(1) establishing comprehensive programmes for the development of human resources which support the recruitment and retention, while ensuring equitable geographical

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[1] Document A59/23.

[2] *The world health report 2006*. Working together for health. Geneva, World Health Organization, 2006.

[3] *Nursing and midwifery services; strategic directions 2002–2008*. Geneva, World Health Organization, 2002.

distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services;

(2) actively involving nurses and midwives in the development of their health systems and in the framing, planning and implementation of health policy at all levels, including ensuring that nursing and midwifery is represented at all appropriate governmental levels, and have real influence;

(3) ensuring continued progress toward implementation at country level of WHO's strategic directions for nursing and midwifery;

(4) regularly reviewing legislation and regulatory processes relating to nursing and midwifery in order to ensure that they enable nurses and midwives to make their optimum contribution in the light of changing conditions and requirements;

(5) to provide support for the collection and use of nursing and midwifery core data as part of national health information systems;

(6) to support the development and implementation of ethical recruitment of national and international nursing and midwifery staff.

2. REQUESTS the Director-General:

(1) to ensure the involvement of nurses and midwives in the integrated planning of human resources for health, particularly with respect to strategies for maintaining adequate numbers of competent nursing and midwifery personnel;

(2) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to recruit nurses and midwives in all relevant WHO programmes to ensure the contribution of nursing and midwifery in the development and implementation of WHO's policy and programmes;

(3) to provide support to Member States, in collaboration with local and global partners to strengthen the application of ethical recruitment guidelines;

(4) to provide support to Member States in optimizing the contribution of nursing and midwifery to meeting national health policies and the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

(5) to encourage and support Member States in the provision of workplace environments that are safe and support the retention of nurses and midwives;

(6) to report to the Sixty-first and Sixty-third World Health Assembly in 2008 and 2010 on progress made in the implementation of this resolution.