



REPORT OF THE SIXTH GLOBAL FORUM FOR GOVERNMENT CHIEF NURSES AND MIDWIVES

NURSING AND MIDWIFERY
WORKFORCE AND UNIVERSAL
HEALTH COVERAGE (UHC)



World Health
Organization

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Design & layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

Photos: Irene R. Lengui/L'IV Com Sàrl

Printed by the WHO Document Production Services, Geneva, Switzerland.

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ACKNOWLEDGEMENTS

The Department of Health Workforce of the World Health Organization (WHO) in Geneva, Switzerland, greatly appreciates the contributions of the following individuals for their technical expertise and unfailing support provided during the planning, implementation and evaluation phases of the 2014 Sixth Global Forum for Government Chief Nursing and Midwifery Officers: Her Royal Highness Princess Muna Al-Hussein, President, Jordanian Nursing Council (JNC) and Patron for Nursing and Midwifery, Eastern Mediterranean Region of the World Health Organization (EMRO); Rowaida Ma'Aitah, Advisor for Her Royal Highness Princess Muna Al-Hussein for Health and Development; Chair, Opening Session; Ala Din Abdul Sahib Alwan, Regional Director, WHO Regional Office for the Eastern Mediterranean.

Stephanie L. Ferguson, Facilitator; Alexis Rickford, Rapporteur; Deva-Marie Beck, for the creation of the video: Nursing and midwifery and UHC.

The collaboration with the International Council of Nurses and the International Confederation of Midwives is greatly appreciated.

The Forum was organized and coordinated by Mrs A. Mwansa Nkowane, Technical Officer, Nursing and Midwifery, Health Workforce Department, WHO, Geneva, Switzerland, with the support of Dr Ties Boerma, Director, Health Statistics and Information Systems and Director, a.i., and the WHO Regional Advisors for Nursing and Midwifery and or focal points Human Resources for Health:

- Silvia Cassiani, WHO Regional Office for the Americas.
- Fariba Al Darazi, WHO Regional Office for Eastern Mediterranean.
- Prakin Suchaxaya, WHO Regional Office for Southeast Asia.
- Magdaalene Hilda Awases, Technical Officer, Human resources for Health WHO Regional Office for Africa.
- Galina Perfillieva, Regional Advisor, Human Resources for Health, WHO Regional Office for Europe.

Ms Nimao Amir provided technical support and administrative support was provided by Ms Christine Pasztor. Participation of team members of the Health Workforce Department and the Global Health Workforce and other WHO priority programmes is greatly appreciated.

ACRONYMS

GCNMOs	Government Chief Nursing and Midwifery Officers
ICM	International Confederation of Midwives
ICN	International Council of Nurses
MDG	Millennium Development Goal
NCDs	Noncommunicable diseases
PAHO	Pan American Health Organization
PHC	Primary Health-care
UHC	Universal Health Coverage
WHO	World Health Organization

DAY 1 PROCEEDINGS

FORUM INTRODUCTION AND CONTEXT

The sixth biennial Global Forum for Government Chief Nursing and Midwifery Officers (GCNMOs) was held in Geneva, Switzerland, on 14-15 May 2014. The Forum was organized by the World Health Organization's (WHO) Department of Health Workforce, under the leadership of its Director Dr Ties Boerma, and Technical Officer for Nursing and Midwifery, Mwansa Nkowane. The 2014 Forum theme was Nursing and Midwifery Workforce and Universal Health Coverage (UHC).

Since 2004, several meetings have been organized and have greatly contributed to shaping the global, regional and country agenda on Nursing and Midwifery. Nursing and Midwifery Workforce and Universal Health coverage was identified as the main theme for the 2014 Meetings of the collaborating partners: the WHO, the International Council of Nurses (ICN), and the International Confederation of Midwives (ICM) and also for the TRIAD meeting, which was held 16-17 May 2014.

THE CONTEXT

Nursing and midwifery services are key components of health systems and are essential to society. The contribution of nurses and midwives has long been acknowledged as being crucial to improving the health outcomes of individuals, families and communities. Nurses and midwives being a part of the frontline workers are engaged in efforts to promote health, prevent illness and to renew Primary Health-care (PHC) based on the core values of equity, solidarity, social justice, universal access to efficient and affordable services, multisectoral action, decentralization and community participation.

As the target date for the achievement of the Millennium Development Goals (MDGs) draws closer, there is a need to mobilize collective efforts and draw on lessons learnt and plan beyond 2015. Government Chief Nursing Officers and Midwives, registrars of regulatory bodies and presidents/executives of nursing and midwifery associations are important national and international leaders in health development. They play strategic roles, such as, policy formulation, leadership and management, education, standard setting and regulation. These leaders are key partners with the World Health Organization, International Council of Nurses and the International Confederation of Midwives.

The sixth Forum was in line with the 2011–2015 WHO Strategic Directions for Strengthening Nursing and Midwifery. The three subthemes of the sixth Forum of the WHO GCNMOs with objectives and expected outcomes are outline below. This report summarizes the Forum's deliberations and conclusions.

1. OVERALL AIM

The overall aim of this meeting was to identify ways and mechanisms to set the Nursing and Midwifery Workforce agenda in the context of Universal Health Coverage (UHC). (See Annex 1 for the Forum's agenda and annotated agenda)

2. THE SUBTHEMES AND OBJECTIVES

A. LEADERSHIP AND POLICY DIRECTION FOR UNIVERSAL HEALTH COVERAGE (UHC).

Objective:

To identify effective leadership and policy direction for enhancing Nursing and Midwifery Workforce to support UHC.

B. QUANTITY, QUALITY AND RELEVANCE OF THE NURSING AND MIDWIFERY WORKFORCE.

Objective:

To highlight the issues affecting quantity, quality and preparedness of the future Nursing and Midwifery Workforce including competencies, scopes of practice and work environments.

C. COLLABORATIVE PARTNERSHIPS IN THE CURRENT SOCIAL AND ECONOMIC REALITIES AND BEYOND.

Objective:

To outline potential mechanisms for sustainable and collaborative partnerships between national nursing and midwifery associations, regulators, policy-makers and other stakeholders to address UHC.

3. EXPECTED OUTCOMES

- a. Factors for effective leadership and policy direction for enhancing nursing and midwifery contribution to UHC identified.
- b. Challenges and possible solutions for increasing the numbers, quality and relevance for nursing and midwifery education, practice and work environments shared.
- c. Workable mechanisms for networking and partnerships among nursing and midwifery regulators, associations and policy-makers are identified and sustainable actions are elaborated.

4. PARTICIPANTS

Ninety-one people attended the Forum in the capacity of participants, speakers, chair, facilitator, WHO Directors, Regional advisors, WHO headquarters staff and observers (see Annex 3). The Forum was dynamic and engaging and all present had the opportunity to network, debate, share ideas, concerns, suggest solutions and learn from colleagues around the globe about nursing and midwifery's agenda in the context of UHC.

The goal and objectives of the Forum were achieved and the way forward for Nursing and Midwifery Workforce and UHC was determined. Specifically, this Forum meeting resulted in the formulation of a Forum Statement (see Annex 4) that reflects the discussions over the two days. It is hoped that this Forum Statement will be used as a platform for countries to continue to set a nursing and midwifery agenda for UHC.

OPENING SESSION

WELCOME/INTRODUCTIONS REMARKS

The opening session was chaired by the Honorable Advisor for Her Royal Highness Princess Muna Al Hussein, Dr Rowaida Ma'Aitah. Dr Ma'Aitah is also a faculty member of Nursing at the WHO Collaborating Centre for Nursing at Jordan University of Science and Technology (JUST) in Amman, Jordan.

1. ROWAIDA MA'AITAH, CHAIR

Dr Ma'Aitah welcomed all present at the Forum and declared the session open. She introduced Dr Ties Boerma. Ties Boerma is the Director, Health Statistics and Information Systems and Director, a.i., Health Workforce for the WHO.

2. TIES BOERMA

Dr Ties Boerma welcomed the participants to the Forum and gave an overview of activities undertaken by WHO (headquarters and regions) and other key partners such as the World Bank in relation to UHC. He noted that the goal of UHC is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires:

- a strong, efficient, well-run health system;
- a system for financing health services;
- access to essential medicines and technologies;
- a sufficient capacity of well-trained, motivated health workers.

In summary, the goal of Universal Health Coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. See (http://www.who.int/features/qa/universal_health_coverage/en/)

UHC is for all countries, each country will implement it based on its own situation in terms of economic development and health systems and also in terms of people's expectations. WHO is working to have UHC in the WHO 2015 agenda.

UHC has been the topic of several key international gatherings over the past years— one in Thailand at the Prince Mahidol Award Conference on Global Health Post 2015 (http://www.pmaconference.mahidol.ac.th/index.php?option=com_docman&task=doc_download&gid=994) and in 2013 when health workforce advocates gathered in Recife, Brazil for the third Global Forum on Human Resources for Health (<http://www.who.int/workforcealliance/forum/2013/en/>).

The challenges to UHC's success include ensuring that key stakeholders understand what UHC is, how to measure its success and to determine the nursing and midwifery workforce agenda and determine the nursing and midwifery workforce agenda within UHC.

3. Video: Nursing and Midwifery and UHC: Deva-Marie Beck

Dr Deva-Marie Beck's video focused on what nurses and midwives can do post 2015 to work towards UHC. The 80 photos used throughout the video helped the audience to envision the possibility of UHC for the world, and explain the nurses' and midwives' roles in achieving UHC as a sustainable development goal.

SETTING THE CONTEXT

1. HEALTH WORKFORCE AND UNIVERSAL HEALTH COVERAGE

Dr ALA ALWAN

Dr Ala Alwan is the Director of the WHO Regional Office for the Eastern Mediterranean (EMRO). He noted that the 2008 World Health Report identified UHC as one of the four guiding principles of Primary Health-care reform. Since then the WHO organized a high-level ministerial event in December 2013 to share global and regional experiences. National capacities were developed in the use of the analytical tools necessary to generate required evidence. WHO presented two papers to the WHO Regional Committee for the Eastern Mediterranean to diagnose the challenges facing health system strengthening in order to pursue UHC in the Region, and to devise a vision, a strategy and a roadmap in order to move forward. The principles of equity and fairness are at the heart of the approach and are central to the proposed strategies. The global movement in support of UHC is an opportunity for all countries to develop their own roadmaps to accelerate progress.

Without a balanced, motivated, well-distributed, and well-managed health workforce, with the appropriate skill mix, it is not possible to ensure population coverage with essential health services. Nurses and midwives are frontline workers. To ensure quality and services and a better contribution to UHC, they must be properly trained and supported.

Improving the quality of education for nurses and midwives cannot be achieved without an adequately prepared faculty. The WHO recognizes the need for educators to provide quality education within an enabling environment supported by appropriate resources. In response to this need the WHO has developed midwifery educator competencies upon which quality education can be built in order to establish and implement programmes, which can increase educator motivation and retention. It is the hope of the WHO that these initiatives are supported by nursing and midwifery leaders.

Numerous strategies have been adopted and a wide range of options must be undertaken in order to be successful in strengthening nursing and midwifery. These strategies include:

- strengthening nurses' involvement in policy-making;
- institutionalizing a regulatory system for both nursing education and practice;
- developing national strategic plans for nursing and midwifery;
- improving pre-service nursing education;
- establishing systems for continuous professional development;
- building up management and leadership capabilities of nurse leaders to strengthen the delivery of nursing services;
- developing evidence-based education and practice; and,
- networking and effective partnerships.

Member States are in great need of a strong, well-prepared and supported nursing and midwifery workforce that can effectively support UHC. (See full speech in Annex 2).

2. KEYNOTE SPEECH

HER ROYAL HIGHNESS PRINCESS MUNA AL-HUSSEIN

Her Royal Highness Princess Muna Al-Hussein opened her speech by reiterating that UHC cannot be achieved without an effective, competent and well-managed health workforce. Her Royal Highness explained that there is a disparity between supply and demand of health workers in general and nurses and midwives in particular that poses a major challenge to policy-makers in all countries.

Her Royal Highness stated that nurses and midwives represent a large proportion of the health-care providers in many health systems and their educational preparation and how they are deployed, managed and utilized seriously affects the quality of services provided and the population covered. She stressed that the task put to the nurses and midwives at this year's forum is to debate, discuss and provide guidance on how best the nursing and midwifery workforce can be prepared and empowered to contribute to and influence policy direction to support UHC, improve quality of health-care and expand access to care.

Her Royal Highness then emphasized that at this conference the nurses and midwives would be revisiting and updating the roles and responsibilities of government chief nursing and midwifery officers. This would be done in line with the Global Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015 in order to enhance the leadership responsibilities of nurses and midwives at the national and subnational levels. As leaders of both the nursing and midwifery professions, she explained that they have a pivotal role in empowering the young nurses and midwives to stay in the profession and grow as future nurses and midwifery leaders by providing supportive supervision, which will increase performance and support the improvement of the health system and access to quality health-care.

Her Royal Highness Princess Muna then explained that she believed that institutionalizing nursing and midwifery regulation is critical to protecting the health of the public and ensuring the delivery of competent care to our communities. Health workforce regulation continues to be a challenge in most developing countries. She concluded by emphasizing that the concern for enhancing nursing and midwifery leadership is global and nurses and midwives must focus their collective efforts to realize the vision of an effective and motivated workforce in their respective countries. (See Annex 2 for HRH Princess Muna's full speech).

3. KEY MESSAGES

The following key messages were generated from the opening session:

- the goal of Universal Health Coverage is to ensure that all people obtain the health services they need without suffering financial hardship.
- UHC cannot be achieved without an effective, competent and well-managed health workforce, which includes nurses and midwives.
- nurses and midwives are critical to the success of UHC in their nation, region, and the world.
- nurses and midwives need to identify leadership and policy directions for enhancing the nursing and midwifery workforce to contribute to the UHC agenda.
- improving the quality of education for nurses and midwives cannot be achieved without an adequately prepared faculty.
- the challenges to UHC's success include ensuring that nurses and midwives:
 - » understand what UHC is;
 - » how to measure UHC success; and,
 - » how to determine the nursing and midwifery workforce agenda and UHC.

TECHNICAL SESSION: GLOBAL FORUM AND STRATEGIC DIRECTIONS OVERVIEW

1. REFLECTIONS ON 2012 FIFTH GLOBAL FORUM: ACHIEVEMENTS MWANSA NKOWANE

The WHO, achievements of the fifth Global Forum, which was convened from 1–17 May 2012 were highlighted. The fifth Forum addressed the role of nursing and midwifery and noncommunicable diseases (NCDs). All aspects of responding to NCDs within the context of health services delivered were discussed. At the conclusion of the Forum the nursing and midwifery leaders made commitments to address NCDs in the following areas:

Policy and advocacy: Advocate with key partners for the promotion of a healthy workforce, integration of NCDs in relevant strategic documents, implementation of evidence-based interventions and generation and maintenance of a pool of nursing experts in NCDs.

Research: to address issues of efficacy, cost effectiveness of interventions, partnerships for innovative research projects and the use of technology.

Education: to promote curricula, which incorporate NCDs, ensure faculty preparedness to facilitate competencies in NCDs, continued education for health promotion, NCDs prevention and care.

For the full report of the fifth Forum see http://www.who.int/hrh/nursing_midwifery/2012_global_forum/en/.

Participants at the sixth Forum were asked to send case studies regarding nurses and midwives' evidence in working with NCDs. Many countries have sent in their NCDs case studies but more are needed. Once the case studies are received WHO will report back on progress achieved in the context of nurses and midwives and NCDs.

2. THE STRATEGIC DIRECTIONS FOR STRENGTHENING NURSING AND MIDWIFERY MWANSA NKOWANE

In this presentation, it was reiterated that the overall nursing and midwifery agenda responds to several World Health Assembly (WHA) resolutions that have been passed. The two most recent being, the Strengthening of Nursing and Midwifery WHA59.27 and WHA64.7.

The Strategic Directions on Strengthening Nursing and Midwifery (2011–2015) is an overarching framework for collaborative action. Its vision statement is to improve health outcomes for individuals, families and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services. The key results areas addressed include:

- strengthening of Health Systems
- nursing and Midwifery Policy and Practice
- education, Training, and Career Development
- nursing and Midwifery Workforce Management
- partnership for Nursing and Midwifery Service.

Progress related to the Strategic Directions has been documented in the Nursing and Midwifery Progress report 2008-2012 see following link for full report: http://www.who.int/hrh/nursing_midwifery/progress_report/en/.

A process for collecting final progress evidence will be forth coming and all present were asked to participate. A new 2016-2020 Strategic Directions will be determined starting 2015.

3. SIXTH GLOBAL FORUM OBJECTIVES AND PROGRAMME

STEPHANIE FERGUSON

Stephanie Ferguson, facilitator for the sixth Forum of GCNMOs, welcomed all present, introduced the participants, thanked the Chair and all the opening session speakers, all WHO officials, and recognized the observers present. She gave an overview of Day 1 and 2 Forum activities, and set the ground rules for participation, including group work. She restated the objectives of the forum as follows:

Objective 1: To identify effective leadership and policy directions for enhancing nursing and midwifery workforce to support UHC.

Objective 2: To highlight the issues affecting quantity, quality, and preparedness of the future nursing and midwifery workforce including competencies, scopes of practice and work environments.

Objective 3: Outline agenda on nursing and midwifery and to address UHC.

She noted that at the end of the Forum there would be a Forum Statement developed and an agenda set for nursing and midwifery to address UHC.

TECHNICAL SESSION:

OBJECTIVE 1: TO IDENTIFY EFFECTIVE LEADERSHIP AND POLICY DIRECTIONS FOR ENHANCING THE NURSING AND MIDWIFERY WORKFORCE TO SUPPORT UHC.

1. Panel: Promising interventions on nursing and midwifery towards UHC: Country experiences (Moderator: Stephanie Ferguson)

Stephanie Ferguson was the moderator for this session. The panel was designed to allow selected participants to share experiences and their countries' commitments to UHC. The discussants offered potential workable strategies for nursing and midwifery leadership in responding to UHC. The participants selected represented the following persons and nations. Summaries of the presentations are as follows:

BAHAMAS

MARCEL JOHNSON: Chief Nursing Officer, Ministry of Health, Bahamas

An overview of the Bahamas was provided, noting that it is an archipelago of 700 islands and 2400 cays; the logistics of providing UHC to such a widely scattered population presents a real challenge to the central government. The goal of the Government of the Bahamas is that UHC ensures that all people can access promotive, preventative, curative, rehabilitative and palliative health-care (WHO, 2014). The Central Government of the Bahamas has been actively taking steps to ensure that UHC is available in the Bahamas.

Nurses and midwives are the single largest group of health-care workers; they have an integral role to play in advancing the UHC agenda. In order to achieve UHC, the education, regulation management, remuneration and continuing development of a quality nursing and midwifery workforce in sufficient numbers must be achieved.

Achievements have been made in the Bahamas in terms of making recommendations, passing the National Health Insurance Plan, and ensuring that the National Prescription Drug Plan provides prescriptive drugs for over 100 000 Bahamians covers major chronic noncommunicable diseases (NCDS) and targets vulnerable groups of the population. Mrs Johnson also explained they face major challenges in terms of unsustainable funding, and the increasing negative effects of the global recession, such as increasing unemployment levels, recurrent expenditure, national debt and cost of living.

A list of strategies that the Bahamas is implementing to enhance the nursing and midwifery workforce to contribute to UHC was shared:

Revise and amend nurses and midwives acts to regulate the practice of nurse practitioners and other advanced-practice nurses.

Make recommendations for legislation that enables nurses and midwives to have the necessary competencies and scope of practice that allows them to advance the UHC agenda.

Recommence the conduct of normal deliveries on the Family Islands for low-risk pregnant women, reducing the cost of pregnancy by facilitating the delivery at home.

Implement practice of nurse practitioners and advanced-practice nurses in more sparsely-populated communities, reducing health-care costs to the population and central government.

Participate in advanced nursing education programmes to adequately prepare these nurses and midwives to provide quality services.

Provide quality-nursing service to all sectors of society.

Remain on the cutting edge of health-care technology to respond to changes in health-care delivery.

Provide the appropriate regulation and environment to enable nurses and midwives to participate in continuing nursing education sessions to update nursing and midwifery education.

Form collaborative partnerships to support and build capacity of nurses and midwives.

Assess current nursing and midwifery workforce and make recommendations to policy-makers as to the appropriate numbers needed to support the UHC agenda.

Revise curricula of nursing and midwifery education to prepare nurses in sufficient quantity, quality and relevance to meet current and future health-care needs.

Ensure that nursing and midwifery education curricula shift to Primary health-care focus and appropriate clinical placement.

Encourage government and employers in the private sector to provide a good work environment, which improves patient safety and results in high-quality patient care.

THAILAND

Kanjana Chunthai: Government Chief Nursing Officer of the Ministry of Public Health in Thailand.

It was noted in this presentation that the focus of UHC is on the accountability of people's health, quality of health services, increased accessibility for remote areas and efficiency on using health resources. Nurses focusing on UHC implementation must focus on nursing service development, primary nursing development, disaster nursing development, and nursing and good governance. The presenter explained that in order to work towards the goal of UHC in a nation, the country must create a national nursing agenda that is hospital based, community based and accessible for all served.

In order for nurses to contribute to UHC they must take priority actions by increasing the nursing workforce and the quality of service they provide. The positive effects of UHC include:

- decreased expenditure on health
- increased health-care accessibility
- increased health Security for low income people and poverty, and
- increased quality of practice.

The presenter labelled the negative effects of UHC as:

- increased workload
- increased resignation of health personnel, and
- increased lawsuits.

The role of succession for nurses in UHC increases accessibility to health-care services, nursing capacity to improve nursing quality and initiate innovation for better services, and provides seamless health services for the population. There are opportunities for improvement on how to keep health personnel in a government system with incentives in compensation, payment and growth within career path and morale, rewarding with nurse awards.

UNITED STATES OF AMERICA (USA)

SYLVIA TRENT-ADAMS: Chief Nursing Officer in the Office of the Surgeon of the USA.

The presentation centred around the Affordable Care Act, (ACA). The Affordable Care Act of 2010 benefited the individual because it:

- created a patients bill of rights
- made health-care more affordable
- provided stronger Medicare
- allowed better access to care
- decreased in cost
- improved quality.

The presenter explained how the ACA increased access to primary care services, invested in the health-care workforce, provided better support for maternal and child health, and increased access to drug discounts. By expanding workforce training, establishing preventive guidelines and creating information and service centres for women and families, the ACA has made the following overall improvements to the US health-care system:

- discriminating of anyone because of pre-existing conditions is illegal;
- insurance companies cannot charge women more than men;
- tax credits make buying insurance more affordable;
- Medicaid as been expanded to up to 133%;
- increased resources for workforce development.

AUSTRALIA

ROSEMARY BRYANT: Chief Nursing and Midwifery Officer of Australia

The federal, state, and territory Governments fund Australia's health system. The presenter explained that the population is entitled to free treatment in the public hospital setting and subsidized treatment in the Primary Health Care Setting. The objectives set in 1984 on Medicare were to make health-care affordable to all, to give access to health-care services with priority according to clinical need, and to provide a high quality of care. The specific health-care issues for Australia relate to the distance and sparse population around the edges and the specific and special needs of the indigenous population.

Bryant further stated that nurses in PHC must:

- provide incentives
- provide wound management
- provide cervical screening
- establish preventative health programmes
- coordinate patient care
- monitor chronic disease
- support self-care and self-management.

The Australian Government faces challenges in terms of:

- low rebates not being financially viable in the private sector;
- the lack of support in "turf wars"; and,
- the fact that the succession planning is established around service needs and not skills or specialties.

In conclusion, she explained that the roles of nurses and midwives must be promoted within the UHC scheme because they possess the means to address many of today's health-care challenges.

IRELAND

Siobhan O'Halloran: Chief Nursing Officer for Ireland

The economic problems within Ireland, which led to strict austerity measures across all public services, reforming the way they govern today were outlined. The vision for Ireland's health-care is a single tier health system supported by universal health insurance, where access is based on need not income. In order to find a way to reform in the midst of the economic troubles, Ireland's goal is to establish a framework by 2016. Within the framework, the goal is to enhance health and well-being, through service reform, structural reform, and financial reform. If the plan is properly implemented it will lead to:

- faster and fairer access to hospitals
- affordability
- free access to general practitioner care
- improved health and well-being
- improved quality and safety
- more people-centred care in their homes
- better management of chronic illnesses.

The presenter explained while there are many system challenges, the overarching one is to answer two questions. First question: "How can health systems accommodate an increase in demand while still improving the quality of health-care services?" Second question: "What roles can nursing assume in driving reform to the boardroom in Ireland? In conclusion the speaker offered the following solutions, Ireland must:

- bridge the gap between access and coverage;
- coordinate increasingly complex care;
- fulfill role as primary caregivers;
- practice to full extent of education;
- full economic return; and,
- change reference point from which the professions are judged.

2. OPEN DISCUSSIONS/INTERVENTIONS/Key Messages

STEPHANIE FERGUSON

SUMMARY OF PANEL DISCUSSIONS

During the open discussions/interventions the following countries responded: The first question came from Jordan and each country was asked to share what was the best intervention/approach in its country to enhance nursing practice and UHC?

The panelist responded as follows:

- USA: To move nursing where they can practise the best, because nurse practitioners do not have the same access in each territory.
- Thailand: Ensure the capacity of the CNO to lead along with other key nursing and midwifery officers in the country. This is why we implemented the International Council of Nurses (ICN) Leadership for Change Programme with our top officials.

- **Bahamas:** Presently we are in the process of doing a brief amendment to our Nursing and Midwifery Act, it is too old, been in place since 1971. We plan to expand scope of practice and get advanced practitioners licensed and regulated. As well, Bahamas will assess our continuing education and relicencing for nurses policies in general.
- **Australia:** the most significant change is since 1992 we have had a bachelor's degree in nursing practice, which is the foundation for any change in moving nursing and midwifery profession towards providing UHC in any area.
- **Ireland:** the most significant intervention is to ensure that the nursing profession harnesses the solutions, they have the ability to change and implement and the voice to speak bravely to the government. We need to speak with one voice.

The second question/comment was from UAE. The participant asked each country to comment on the role of private sectors in countries in relation to UHC. She noted that many countries' health-care used to be universal for the citizens, but what has happened now more often is the private sectors are expanding and the role of providing health-care is no longer just by our governments. We in the UAE for instance have introduced insurance plans that can be UHC but will face challenges, especially in the context of our budgets and citizens' incomes. In most instances, the CNOs are more with governments and government-owned hospitals and clinics. What is the best model and framework that will allow both public and private sectors to work together towards UHC? The following panelists/nations responded:

- **Australia:** Our government subsidizes our primary health-care system but is a private business model, so the general practitioners are self-employed and they do have some self-employed nurse practitioners. Our government also subsidizes for the elderly with our Medicare system.
- **USA:** Insurance across the country is employer based. So having an employed workforce for individuals who need health-care creates a significant gap between those who are employed and unemployed. When individuals become unemployed you can see gaps in coverage at the individual state level. States have flexible models of care so that unemployed can still have access to health-care. But it varies by state, we have learnt that if you provide a public and private partnership model this is effective individuals who have employer-based health coverage are well off and for those unemployed there is a mix between public and private sector health coverage options.

The following countries as noted below made further comments:

- **United Kingdom:** Is UHC necessarily universal access? Need to look at the coverage from a broader perspective to help increase health outcomes for our communities.
- **Ghana:** Context of leadership and where CNOs/CMOs are positioned in governments is critical. Recommended that CNOs/CMOs should be at the highest level of our nations' governments.
- **Bahamas:** Important for nursing leadership to be at ministry level– constant dialogue between ministers and policy-makers– need to help put nursing and midwifery high on the agenda.
- **Ireland:** If there is a split between financial officials and the government, it is critical to have a say in the budget processes.
- **Thailand:** We need to work together with government and discuss funding for target groups to assist in UHC implementation.
- **Jordan:** WHO has been advocating for nurses and midwives at higher posts. It is not happening because nurses and midwives must be fully competent in order to lead at such levels.

TECHNICAL SESSION: GLOBAL FRAMEWORKS AND STRATEGIES

1. 2014 STATE OF THE WORLD'S MIDWIFERY

FRANCES DAY-STIRK: President, International Confederation of Midwives (ICM)

The presenter highlighted the success of the State of the World's Midwifery Conference in 2011 (see Congress report at <http://www.unfpa.org/sowmy/resources/en/main.htm>.)

The State of the World's Midwifery 2014 report was launched at the Thirtieth Triennial Congress of the International Confederation of Midwives - Midwives: Improving Women's Health Globally in Prague, Czech Republic on 3 June 2014. Other national launch events also took place around the world. Day-Stirk invited all to attend the upcoming Triennial Congress.

This second edition of the Report is a joint effort coordinated by UNFPA, the United Nations Population Fund, the World Health Organization (WHO), on behalf of the H4+ (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank), and the International Confederation of Midwives (ICM), to describe the state of the midwifery workforce, including its challenges and progresses. This effort will facilitate and support the national dialogue on investing in human resources for the health of women and children and will engage international, regional, national, and local partners supporting the United Nations Secretary-General's Every Woman, Every Child campaign.

2. THE ESSENTIAL NEWBORN ACTION PLAN

BERNADETTE DAELMANS

In concert with Frances Day-Stirk's presentation, Bernadette Daelmans, Coordinator, Policy and Planning and Programmes, WHO, presented an overview of the Essential Newborn Action Plan. She specifically discussed:

What is the Newborn Action Plan?

- roadmap for change in countries;
- platform for harmonized action by all partners;
- sets out a clear vision with morality, goals, strategic objectives, innovative actions within the continuum of care;
- supported by new evidence;
- inputs from more than 2000 individuals; and,
- a movement for greater action and accountability.

Daelmans further explained that the Newborn Action Plan is important for all to know and utilize because of the:

- huge burden, yet huge potential for rapid change with high impact, and feasible interventions.
- country demand for guidance and action to accelerate progress towards MDGs 4 and 5, UHC, and towards ending preventable deaths among women and children; and,
- for greater effectiveness we must accelerate and harmonize global response and link to existing initiatives for reproductive, maternal, child and adolescent care.

The three main causes of mortality are preterm birth, birth complications and neonatal infections. In order to make a difference, the Newborn Action Plan relies on five guiding principles: country leadership, integration, equity, accountability, and innovation. The five strategic objectives of the Action Plan are:

- strengthen and invest in care during labour, birth, and the first day and week of life;
- improve the quality of maternal and newborn care;
- reach every woman and newborn; reduce inequities;
- harness the power of parents' families and communities;
- count every newborn- measurement, tracking, and accountability.

She concluded by sharing that the long-term goals of the Action Plan are to end preventable maternal, newborn and child deaths, and stillbirths. The short-term goal is to include the Plan in the post-2015 framework. The critical roles of nursing and midwifery personnel for maternal and newborn care are in: legislation and regulation, and to invest in the education of nurses and midwives using international standards.

3. HEALTH FINANCING AND UHC

DAVID EVANS: Director, Health Systems Governance and Financing Department of the World Health Organization

The concept and aspiration of UHC has been picked up in a major way by many countries and has become increasingly important. In order to move towards UHC, health financing is only one part of the movement; health workers must also be available, trained and motivated. Health workers, medicine, equipment, and infrastructure are needed in addition to financing in order to move countries towards UHC. In order to decrease out of pocket health-care, the governments must raise money and use it efficiently.

He was thoughtful and posed several questions to the GCNMOs. Namely, "What part of the financing work plan would work better for your country"? It is necessary to set plans and strategies, generate the intelligence and info required to develop and implement strategies and build partnerships within health sectors that enable CNOs and CMOs to move forward and establish systems of accountability. In order to do this the country must answer four questions: (1) What brings a country closer to UHC? (2) Which part of governance is most relevant to your country? (3) What part of financing is most relevant to your country? (4) Where does nursing and midwifery fit and what tools and mechanisms do you need to measure success in your practice, education, regulation?

Dr Evans encouraged all to stay in touch with him and let him know what is needed to ensure success is measurable with UHC.

4. GLOBAL COMMITMENTS TO HUMAN RESOURCES FOR HEALTH

MARYLIN A. DELUCA: Member of the Global Workforce Alliance, discussed the global commitments established at the Third Global Forum in Recife in 2013.

The leadership roles needed for advocating and creating policy and the opportunity to form partnerships were highlighted in this presentation. At the Recife Conference in 2013, seven general commitments were established, now they need to be locally adopted and implemented. All organizations made commitments and were asked to indicate specifics about how and when they will be implemented. Deluca further explained that it is important to track at a country level activities in each area in order to take credit on a country level and share best practices. The seven commitments established were:

1. develop and support policies to advance equity
2. quality clinical practice and person centred
3. excellence and education- competency based
4. promote recruitment and retention
5. practice collaboration with professions
6. advance knowledge inquiry and research
7. support country workforce analytics.

See (<http://www.who.int/workforcealliance/forum/2013/en/>) for more information regarding the Human Resources for Health (HRH) commitments.

Deluca concluded her presentation by stressing the need to advocate for issues in terms of HRH and partnership and that this advocacy must go beyond journals. GCNMO must advocate for: local adoption and implementation, assigning specific metrics/targets and data sources, and tracking and reporting achievements towards 2020.

TECHNICAL SESSION:

OBJECTIVE 2: TO HIGHLIGHT THE ISSUES AFFECTING QUANTITY, QUALITY AND PREPAREDNESS OF THE FUTURE NURSING AND MIDWIFERY WORKFORCE, INCLUDING COMPETENCIES, SCOPES OF PRACTICE AND WORK ENVIRONMENTS.

1. PREPARING THE WORKFORCE

A. PANEL DISCUSSION- REGIONAL ADVISORS FOR NURSING AND MIDWIFERY (AMRO, EMRO, EURO, SEARO, AFRO)

AMRO

SILVIA CASSIANI: Advisor, Nursing and Allied Health Personnel Development, Region of the Americas (AMRO/PAHO),

It was noted that in the Region of the Americas there is low unemployment, a reduction in poverty and extreme poverty, improved literacy, reduction in inequalities and a demographic bonus. The Toronto Call to Action highlights five critical challenges of the AMRO Region. These challenges include:

- improving the quality within the increasing number of schools of nursing and midwifery;
- increasing faculty development;
- teacher-centred approaches;
- use of technology in the curriculum;
- settling conflicts between nursing and midwifery professionals;
- improving low graduation rates.

She further noted mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals are critical.

In response to these challenges, Cassiani stressed that innovations such as the competency or outcomes-based curriculum model and increased collaboration between education and practice partners in nursing and midwifery education have been implemented.

EMRO

FARIBA A. AL-DAZARI: Coordinator for Health Workforce Development and Acting Nursing and Midwifery Advisory for WHO Regional Office for the Eastern Mediterranean (EMRO)

Fariba Al-Darazi explained the nursing and midwifery challenges within the Eastern Mediterranean Region are as follows:

- numerical shortages
- quality and performance concerns
- deployment and retention issues
- health workforce policy and strategic planning issues.

The situation in the Region requires more educated nurses and midwives with expanded skill sets, and those that are capable of responding to change, greater demands and new priorities in health-care and the social realities in the places in which they live. In order to strengthen the nursing and midwifery workforce each country must:

- scale up production
- have effective deployment policy including incentive packages
- improve governance strategic planning, regulation, and leadership
- improve quality of education, practice and service.

The WHO, United Nation Population Fund (UNFPA) & United Nations Children's Fund (UNICEF) created a joint initiative called the Dubai Declaration in January of 2013 with seven key components that work towards a high-level commitment to save lives of mothers and children in the Region. The strategy was implemented to respond to the ever-changing human needs, with the goals of assisting in the development of efficient and effective nursing and midwifery services. The strategy also provides strategic direction for policy-makers and monitors the progress at a national and regional level.

The Regional Updated Strategy of 2012–2020 addresses: planning, education reform, the roles/ family health/ advanced practice, and practice environments. The vision remains for countries to provide quality people-centred nursing and midwifery services where nurses and midwives practise within the health-care team or as autonomous practitioners contributing to improved health outcomes and the well-being of society.

The six Directions of the Dubai Declaration are:

- nursing and midwifery human resources
- positive practice environments
- access and quality of education
- scaling up capacity of nursing and midwifery
- strengthening regulatory capacity
- research.

EURO

GALIANA PERFILIEVA: Regional Adviser, Human Resources for Health, WHO EURO,

The Health 2020 is a new European policy framework with a shared goal to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and high quality. The strategic objectives are to work to improve health for all, reduce the health divide, and improve leadership and participatory governance for health. In order to make progress, it is crucial to achieve a sustainable and competent workforce. Nurses and midwives are the largest professional group and national workforce in all countries. In order to provide better quality and access to health-care services the roles, competencies and practices of nurses and midwives must be reviewed. Through regulation, research, partnerships and management the nursing and midwifery services must work on the priority areas of action.

Key priorities in Europe:

- scaling up and transforming education
- workforce planning and optimizing skill mix
- ensuring positive work environment
- promoting evidence-based practice and innovation.

In conclusion, Perfilieva stressed that nurses and midwives play a key role in achieving the Health 2020 goals. In order to transform education to support Health 2020, education needs adequate planning and health professional education must work within societal and academic contexts and be responsive to changing health needs. These changing health needs require innovative approaches. In order to be efficient and effective, nurses and midwives must also work collaboratively with partners and networks.

SEARO

PRAKIN SUCHAXAYA: Regional Adviser for Nursing and Midwifery and Human Resources for Health in WHO Regional Office for South-East Asia (SEARO).

The World Health Assembly resolution 66.23, on transforming health workforce education in support of UHC in the Regional Committee resolution in 2013 were discussed. The purpose is to develop a tool for assessment and support countries to conduct comprehensive assessment of medicine, nursing-midwifery and public health. She further explained that planned production, adequate number of nurses and midwives and proper distribution are all essential in workforce planning.

In order to strengthen the educational programme:

- the curriculum must respond to health needs, health systems, balance of disease protection, health promotion and treatment, rehabilitation, and palliative care.
- director/teacher: capacity building.
- infrastructure: educational aides, mannequin/model, computer.
- meeting of deans/directors: South-East Asia Nursing and Midwifery Educational Institutions (SEANMEIN).

In order to ensure the quality of education, the WHO/SEARO guidelines on quality assurance and accreditation of educational institutions must be reinforced. The role of the regulatory body in education by the Nursing and Midwifery Council must also be strengthened.

Nursing and midwifery and UHC must be accessible, available, affordable, and acceptable and revolve around quality people-centred care. In order to face challenges, nursing and midwifery must build evidence of its contribution, establish a vision and implement action of leaders, and renew its commitment towards UHC.

In conclusion, Suchaxaya challenged the GCNMOs when she said as nursing and midwifery professionals must answer the following questions as we move forward with UHC:

- what types of nurses are needed?
- how will you employ them?
- how will you educate them?

AFRO

MAGDA AWASES: Senior Officer on Human Resources in WHO Regional Office for Africa (AFRO)

AFRO's work on nursing midwifery which is guided by the Strategic Action Framework for Nursing and Midwifery adapted from the Global Strategic Direction on Strengthening Nursing and Midwifery was shared. The Officer further explained that evidence has revealed that the three prototype nursing/midwifery curricula are most effective and can address the needs of the varying educational gaps and needs of each respective African country in the Region. The need to strengthen the quality of education in countries in a harmonized and consistent manner with flexibility of country adaptations is relevant to the choice in curricula.

AFRO has developed a three-prototype, competency-based curriculum for pre-service nursing, midwifery, which integrates nursing, and midwifery education curricula. The process for the development of the curricula has gone through three phases; preparatory (review), developmental (consultative), and advocacy and dissemination and implementation (sharing and advocacy of document). The model for nursing and midwifery education is a model for other regions to consider.

B. MIDWIFERY EDUCATOR COMPETENCIES

MWANSA NKOWANE: Technical Officer Nursing and Midwifery, WHO Health Workforce Department

In this presentation it was explained that improvements can be made by adapting professional competencies to a specific context while drawing on global knowledge. By looking at a country's health needs, health systems in the context of human resources can adapt the numbers, skill mix, distribution and working conditions necessary to be efficient and effective.

Midwifery education or educators can ultimately make a contribution to the well-being of mothers and their children. Education is seen as a pipeline and uses a life span approach. The development process has identified midwifery educators' competencies as:

- ethical and legal principles of midwifery
- midwifery practice
- theoretical learning
- learning in clinical area
- assessment and evaluation of students
- organization and management
- communication and leadership advocacy
- research.

Midwives trained on country health needs and deployed in appropriate locations can contribute to acceptable and affordable health services. Availability of midwives can have a direct effect on coverage and health outcomes. Teamwork among all stakeholders at the global, regional, national, and grass-roots levels help build support for competencies generated through partnerships.

C. ROLE OF PROFESSIONAL ASSOCIATIONS IN TRANSFORMING LEADERSHIP FOR UHC

DAVID BENTON: CEO, International Council of Nurses (ICN)

Universal Health Coverage is seen as a unifying agenda for all, not just for developing countries opening access. UHC is also about moving forward access in a way that also delivers quality. In order to effectively do so, nurses and midwives must be aware of broader policy documents. Nurses must try to influence policy and financing, while also trying to shift the access curve in a way that is positive for all.

Being “part of the orchestra” is extremely important as a nurse and midwife. Having access and influence over regulatory bodies, progressive associations, trade unions, educational institutions, and service and delivery organizations is necessary to work towards UHC. By bringing stakeholders together and investigating in the problems more thoroughly, nurses and midwives are able to help influence a cohesive agenda that is more effective.

David Benton concluded by stating that action-oriented leadership is a necessary skill for nurses and midwives. Programmes must be underpinned by evidence, be focused on competences and have driven outcomes. By creating synergy, nurses and midwives are able to improve the health and well-being of populations.

2. Summary of discussions

There was a lively discussion about the differences between public and private education and the challenges in different sectors of education for nursing and midwifery. Below are the summary points:

- private sector education institutions are important, but the private programmes have to follow the same curriculum as the public. Private sectors can help produce more

numbers of health workers. However, regulatory bodies must approve curriculum.

- Some countries are trying to have accreditation- possibly as one solution- not just public but private schools too.
- health-care services changing from acute care services to more community services and continual care services. Nurses' curricula don't have competencies for work in community and nurses are not prepared to work independently at the same time.
- need to work with francophone speaking nations to develop regulatory and educational frameworks similar to those anglophone speaking African nations.
- education programmes should be competency based and there is a need to establish more and more schools of nursing and midwifery with more clinical sites- currently clinical placement areas are overwhelmed.
- nursing office or directorate can be effective if linked to the ministry of health.

3. KEY MESSAGES

- UHC is a unifying agenda for all, not just for developing countries;
- nurses must try to influence policy and financing, while also trying to shift the access curve in a way that is positive for all;
- being “part of the orchestra” is extremely important as a nurse and midwife;
- action-oriented leadership is a necessary skill for all nurses and midwives.

4. INTRODUCTION TO GROUP WORK STEPHANIE FERGUSON

As the facilitator, Stephanie Ferguson, explained the purpose of the group work to the participants. Group work allows the participants to exchange ideas, share experiences and develop contributions to the objectives of the Forum. Participants were divided into six groups and their peers selected a group team leader and rapporteur within each group. The group work comprised of two sessions during Day 1 meeting activities.

The themes for the group work for Day 1 activities were:

- identify effective leadership and policy directions for enhancing midwifery workforce to support UHC.
- determine factors for effective leadership and challenges and possible solutions for increasing the numbers, quality and relevance for nursing and midwifery education.
- the facilitator gave summaries of the group work deliberations during the Day 2 Recap. See Day 2 reported activities for more information.

5. REVIEW OF GCNMO RESPONSIBILITIES

FATIMA AL-RIFAI: Director of the Department of Nursing and Ministry of Health in the United Arab Emirates (UAE)

Preliminary work on the GCNMO roles and responsibilities for group reaction and suggestions for future revisions were presented. Michele Rumsey, Director of Operations and Development WHO Collaborating Centres (WHOCC) for Nursing, Midwifery and Health Development, Sydney, Australia, also presented work completed in WHO Regional Office for the Western Pacific (WPRO) and a draft document of roles and responsibilities including assessment tools, which were originally created by Dr Jill White. In conclusion key responsibilities noted included:

- advice on nursing and midwifery's contribution to meeting population health goals and development of national health.
- timely and accurate data-informed advice in relation to nursing and midwifery workforce, workforce capacity and skill-mix (including the maintenance of a minimum data set which is internationally comparable).

- crisis response and emergency preparedness, planning and implementation.
- professional regulation and policy in relation to nursing and midwifery and their inter-professional intersections.
- service/care delivery quality, standards and patient safety.
- intersectoral liaison, collaboration and networking.
- educational programme standards, accreditation and funding.

The areas of influence and action are in policy (advice, input, influence, implement), process and planning (health systems, service delivery, improvement), and programmes (health status improvement, framework of PHC). Once again, Al-Rifai asked the group for feedback as WHO will begin a process for the creation of the GCNMO roles and responsibilities in the near future.

6. SUMMARY OF PRIORITIES AND KEY INTERVENTIONS (NURSING AND MIDWIFERY AND UHC)

STEPHANIE FERGUSON

The GCNMOs were asked to reflect on their roles and responsibilities for further group work discussions on Day 2 and also to review the draft Forum Statement for final revision and agreement.

KEY MESSAGES

The key messages that emerged from Day 1 of the proceedings are presented below.

- nursing and midwifery workforce is key for UHC success.
- orchestra concept for collaborations and partnerships among nurses and midwives is a must.
- action-oriented leadership development is a core competency skill need for nurses and midwives in leadership roles.
- team-based concept for practice and education with nurses, midwives and other health professionals is required in today and tomorrow's health environments.
- deployment of the right nurse or midwife to the right places to care for populations is essential in UHC.
- improvement in quality of care in health systems has to be achieved.
- build and prepare future leaders, succession planning necessary.
- specialization and regulation a must.
- political commitment needed.
- strategic position of CNOs and CMOs must be at the highest levels of governments.
- WHO needs to convene a high-level meeting of country leaders to convey the importance of nurses and CNOs and CMOs in policy development.
- establishment of evidence-based nursing and midwifery practice and policy development is critical for UHC success.
- sensitivity to the unique needs of women is still at the forefront to ensure health for all and UHC.
- nursing competencies and curriculum revision needed.
- educational reform for nursing and midwifery must be achieved.

DAY 2 PROCEEDINGS

RECAP OF DAY 1 PROCEEDINGS

PAULINE TAN: Chief Nursing Officer, Office of the Director of Medical Services, Ministry of Health, Singapore

Pauline Tan opened Day 2 proceedings of the Forum with a recap of Day 1 activities. Key issues discussed on Day 1 are summarized below:

Keynote Speakers' highlights:

- video demonstrates the various ways nurses and midwives could contribute to Universal Health Coverage. Participants were urged to reflect on the video and consider how they can use it as a tool in their nation/region/or other organizations.
- there is need to accelerate progress in the context of UHC to strengthen HRH ensuring well-managed and skilled nursing and midwifery workforce and faculty.
- UHC– requires competent workforce – which includes nurses and midwives at the centre of UHC success.
- GCNMOs at this Forum urged to debate, discuss and provide guidance on how best the nursing and midwifery workforce can be prepared and empowered to contribute to and influence policy direction to support UHC, improve quality of health-care and expand access to care.
- GCNMOs were called to action. More case studies /evidence of achievements related to NCDs are needed to finish the final case study report, and progress completed from 2012 related to the current Strategic Directions for Strengthening Nursing and Midwifery (SDNM) is needed for final progress report.
- importance of revisiting at the current SDNM in order to update it (SDNM for 2016–2020).
- GCNMOs were challenged to address these questions:
 - » Which parts of governance are most relevant to you?
 - » Which part of financing is most relevant to you as CNOs and CMOs in the context of UHC?

Summaries of Day 1 Group Work: factors for effective leadership and, challenges and possible solutions for increasing the numbers, quality and relevance for nursing and midwifery education etc.

- political commitment.
- strategically position CNOs and CMOs at the government level.
- evidence-based practice.
- sensitivity to unique needs of women.
- nursing competencies & curriculum development.
- effective recruitment, retention, deployment of nurses and midwives.
- put the right nurses and midwives in the right place.
- produce more advanced-practice nurses/nurse practitioners.
- quality infrastructure- training needed.
- retention Strategies.
- support nursing educator in health-care setting.
- leadership development action oriented.
- data management.
- information management system a data analysis and utilization for evidence-based decision-making and policy development and evaluation.
- transform education process for nurses and midwives to become more responsive to health-care needs and change.
- develop a framework of interprofessional training to improve interdisciplinary team-based practice.
- capacity building.
- continuing professional development and education.
- develop specialties.
- focus on future issues, including NCDs-post 2015 and MDGs

TECHNICAL SESSION:

OBJECTIVE 3: OUTLINE AGENDA ON NURSING AND MIDWIFERY AND ADDRESS UHC

1. ROLES AND RESPONSIBILITIES OF GCNMO

SUMMARY OF DISCUSSIONS

SELF-ASSESSMENT TOOL

Following the work in the production of roles and responsibilities, a self-assessment tool was developed globally and regionally for CNOs and CMOs to review their skills set. The tool looks at aspects of the roles and responsibility documents and performance for specific subjects of importance and is cross-referenced on a grid. From this tool, the CNOs and CMOs can determine what areas they need to work on.

IMPROVEMENTS FOR THE DOCUMENT “ROLES AND RESPONSIBILITIES OF GCNMOs”

There should be more specifically defined areas in the context of policy- and decision-making, critical and financial management skills and administrative oversight, collaboration within team, fostering collaboration, including interdisciplinary team work. There is also a need to identify core concepts and strategic activities in order to know consistently directions towards goals. Strategic talent management to identify core skills of nurses and midwives to move them along a core trajectory as well as an administrative skill that is set over time to gain core competencies to become a CNO need to be added. There is also a need for credible as well as having credible and authentic leaders who are able to influence decision-making. Also, leveraging the business and finance communities as well as the health-care team is key.

An overarching statement is required. One suggestion is to include in the statement concepts such as conceptualize influence, action and professional leadership in four main areas: policy, process and planning, programme, and specific professional leadership (to accommodate issues in some regions where the word leadership would be difficult on its own). UHC should be included in the initial statement and operationalize this under health service. The current list is problematic. It contains both abilities and actions. There should be separate lists and abilities should be picked up in competencies work.

Suggested core considerations include utilization of epidemiology and everything on list to establish health needs, develop national health strategies to meet needs (nursing and midwifery strategy need to stop being seen separately and start being seen as fundamental.) All GCNMOs should be involved in the design, and in developing national policy on workforce and workforce employment. Put into place strategic drivers that would immediately link with delivering on UHC.

General leadership skills are necessary and the need to be sophisticated internally and externally with negotiation and advocacy skills. Leadership roles should be integrated at all levels of the health-care system. Build capacity through identification of nurse leaders and create succession-planning frameworks early. All health-care should be gender sensitive. Include key clinical people in leadership training, health-care planning and policy development. Integration between academics and health systems leaders is critical and incorporate a focus on UHC.

Roles and responsibilities should including developing strategies to motivate the workforce, process and planning, and monitoring and evaluation of critical roles for CNOs/CMOs. It should also comprise competencies for service programmes, operations, succession planning and collaboration with agencies to implement UHC.

Cautioned for need to be politically sensitive, smart and advocate for the roles. Many ministers come to WHO asking what is so special about the roles and responsibilities of CNOs/CMOs? What are the benefits? If we develop a wish list, how we can help, and what evidence might be useful? We should review competencies and be smart about what to include and also give examples of what other governments are doing and their successes. What the benefits are for health services will be critical to justify the positions? This is the only way to convince them, using this evidence and language. If we come up with a document/publication indicating how many governments have GCNMOs, and what their functions are and benefits, this evidence might have an impact.

It is important for the document to be used as a powerful guide for advocacy and capacity building, not just with ministers of health. Given that the UHC is a challenging model, it is very important for both developing and developed countries to get this model right. The input of nurses and midwives must be a part of it.

2. CONTRIBUTIONS OF THE GLOBAL NETWORK TO STRENGTHENING NURSING AND MIDWIFERY THROUGH COLLABORATION

CARLA VENTURA

The Global Network of WHO Collaborating Centres for Nursing and Midwifery Development's mission statement is to "maximize the contribution of nursing and midwifery in order to advance Health for All in partnership with WHO, its Member States, and others interested in promoting the health of populations". The collaborating centre is an elected collaborative body; the global network consists of 42 collaborating centres across six WHO Regions. The network cultivates partnerships, establishes collaborating strategies, exchanges information among Members and politically articulates through joint actions.

The Collaborating Centres and the Global Network make practical contributions towards UHC through:

- human Resource training and development in nursing in midwifery emphasizes UHC principles and dimensions.
- political role at national, state and municipal levels.
- building evidence-based research on the contribution that nurses and midwives have made and are making towards UHC.
- strengthen interprofessional partnerships to maximize dialogue about UHC and the contribution of different professionals.

In order to contribute and increase the visibility of the critical role nurses and midwives perform, working towards and achieving UHC, it is invaluable that we continue to think together about different possibilities of collaboration.

3. KEY MESSAGES

- the current draft of the CNOs/CMOs roles and responsibilities that were crafted about 12 years ago with the WHO Regional Office for the Western Pacific (WPRO) and others needs to be revised in a high-level document in the context of current global and health challenges.
- partnerships are necessary to move UHC forward, including nurses, midwives and other key stakeholders, such as financial and business entities.
- GCNMOs need to collaborate more with the WHO country offices, regional offices and WHO Collaborating Centers to ensure successful implementation of UHC.
- the Collaborating Centres and the WHO Global Network for Collaborating Centres make practical contributions towards UHC through:
 - » Human resource training and development in nursing in midwifery and emphasizes UHC principles and dimensions.
 - » Political role at national, state and municipal levels.

- » build evidence-based research on the contribution that nurses and midwives have made and are making towards UHC.
- » strengthen interprofessional partnerships to maximize dialogue about UHC and the contribution of different professionals.

4. DAY 2 GROUP WORK PRESENTATIONS

Setting an agenda on nursing and midwifery and to address UHC.

The groups addressed the following question:

- What are the workable mechanisms for networking and partnerships and strategies for enhanced nursing and midwifery's contribution to UHC (leadership, education, and practice)?

SUMMARIES OF THE DELIBERATIONS

LEADERSHIP

- integrate strong leadership skills at all levels within organization/service.
- create public and private partnerships to best utilize resources to support leadership development for nurses and midwives.
- increase visibility of nursing and midwifery activities, outcomes, and successes, by using the power of the media and social networking methodologies.
- build capacity through the identification of potential emerging nurse leaders.

EDUCATION

- interprofessional education that is integrated across professions along career path trajectories; continuing professional development, including other key stakeholders (e.g. Business, educational institutions and regulatory bodies).
- back to basics for nursing and midwifery education.
- change the focus of the current curriculum to incorporate UHC.
- curriculum should be relevant to future needs of population.
- clinical placement to include sufficient and relevant community-based practice sites.
- integrate classroom and clinical teaching. Academics should be currently practising and competent to teach in both areas.

COLLABORATION

- include key clinical people in leadership training, health-care planning and policy development initiatives.
- integrate academics/ clinicians in all future health systems and services planning, implementation and evaluation activities.
- include practising nurses and midwives in all curricula reviews.
- collaborate with all health professionals, governmental and nongovernmental entities, business and financial institutions, consumers, and other key stakeholders.

Examples of partners: ministries of health, hospitals, educational institutions, health professional regulators, international organizations such as the World Bank/ IMF/ ILO, WHO Collaborating Centres, International Council for Nurses, International Confederation of Midwives and other key ministerial-level agencies working on UHC.

TECHNICAL SESSION: STRATEGIC DIRECTIONS FOR STRENGTHENING NURSING AND MIDWIFERY (SDNM)POST 2015 PRAKIN SUCHAXAYA

Dr Suchaxaya summarized the current SDNMs and its key result areas:

- strengthening of health system
- nursing and midwifery policy and practice
- education, training, and career development
- nursing and midwifery workforce management.

GCNMOs worked in their groups to discuss the way forward for the SDNMs and provided the following feedback and suggestions for WHO to consider as they begin to develop the new SDNMs for 2016-2020 in 2015.

1. SUMMARY OF DISCUSSIONS

- there should be no mission statement and vision in the updated SDNM but rather it should demonstrate what nursing and midwifery should look like during the years of the strategy.
- the title of the document will be critical to position it in a health context– not just nursing or midwifery– but rather whatever a person's role is in the health sector.
- Set key ambitions for nursing and midwifery, it is not just about education and policy, but also what we will achieve.
- the document needs to be bold and brave. WE are government chief nurses/midwives, so we should have the confidence and courage to say this is what we deliver.
- whatever our ambitions are, they are set out as action areas, so we can come back to this with some measurement around what we have achieved.
- strengthening of Health systems remains relevant in MDGs as it moves towards UHC.
- nursing and midwifery policy has to be retained because it supports practices of nursing and midwifery.
- strengthening the leadership component of that area to build capacity and political astuteness; there has to be an increase in the investment in education and nursing and midwifery education.
- the issue of supporting everyday practices of nurses and midwifery should also be highlighted.
- in the area of nursing and midwifery workforce management emphasize positive environment, promotion of quality of care.
- address recruitment of students and retaining them in the profession. Identify base for motivation.
- in the aspect of partnerships for nursing and midwifery services, retention requires improving partnership, collaborating with civil societies, UN agencies, syndicates, and other key stakeholders.
- there is a need to ensure that demographic data is used to dictate service delivery systems, take into context the model of Primary Health Care and the model's needs to serve the community and populations.
- review model of care which is changing all care services, especially with the UHC. These services will change based on countries' requirements. It is therefore difficult to have a universal model of care.

- education training and career development requires to have processes in place for career development, as well as inter and intradevelopment.
- programmes to include tracks of management and clinical services in education.
- emphasis should be placed on education and competencies even for higher education of nurses beyond bachelors and there should be options for continuing education. This should apply to nursing and midwifery specializations in health-care and for example have a midwifery specialization framework because for regulation it is important to have standards.
- nurses with advanced degrees other than nursing need to focus on how they are being used in the health-care delivery system and workforce and a mechanism to qualify this. The updated SDNM title of the document needs to be more holistic.
- modify the title, for example, “Nursing and Midwifery Strategic Directions in an Integrated Health System”, the title should be broadened, and one of the recommendations should be to have a key result area for research and monitoring.
- preventative health services can improve long-term outcome, therefore a focus on preventative health-care and the role of nurses within that is essential.
- in terms of policy and practice, nurses and midwives should be equal partners in policy, strategic direction and governance.
- for education and career development this component should include career advancement as well as the strengthening of theoretical and critical learning.
- linking education with changing needs of community curricula need to reflect changing health needs of the community. It is important also to develop minimum standards of education globally.

2. KEY MESSAGES

Through open discussions and commentaries, the following key messages were generated.

Need to revise the SDNMs to be more strategic, more bold, and more research- and evidence-based, oriented in the context of key policies needing implementation and success, such as the UHC, PHC and post 2015 MDGs.

Need to have more time and a strategic thinking and planning process to develop the new SDNMs for 2016–2020.

SUGGESTED IMMEDIATE ACTION POINTS FOR POST FORUM

1. Disseminate and use the Forum products to advocate for concerted efforts on NCDs/ post MDGs as a useful resource for promoting the quality and quantity of nursing and midwifery education and practice.
2. Share and disseminate prototype curricula in a series of stakeholder meetings globally, regionally and within Member States.
3. Finalize the teacher’s guide to facilitate the adaptation process for midwifery competencies.
4. Support countries/training institutions to review and update nursing and midwifery curricula.
5. Keep the momentum going—build infrastructure (web-based) for ongoing networking for CNOs and CMOs at WHO headquarters level.
6. Establish a core group for the to update the SDNM.
7. Revise the NCD template to gather more case studies.
8. Finalize the current draft country case studies on NCDs.

CLOSING SESSION

1. Forum Statement

Tandin Pemo

Tandin Pemo is the Nurse Superintendent and Focal Point for Nursing Services in Bhutan. She presented the final Forum Statement: (See in Annex 4). The action areas for the forum are:

- leadership and management
- education and training
- collaborative partnerships.

2. AGENDA ON NURSING AND MIDWIFERY AND UHC

Silvia Cassiani

Dr Cassiani in collaboration with Dr Al-Darazi presented the Agenda on Nursing Midwifery and UHC.

It is critical for GCNMOs to understand what UHC means for nursing and midwifery at all levels and with all key stakeholders/partners. They need to promote, share and advocate for UHC at the national, regional and, local levels and advocate for Primary Health-care within the context of the UHC Agenda.

Strengthen nurses, midwives, and all health workers should use evidenced-based health interventions/services/care modalities that meet the health needs.

Dr Al Darazi and Cassiani recommended that the GCNMOs take back the Forum Statement and share it with nurses and midwives at a country level to determine ways for implementation and success. They asked that all GCNMOs provide WHO examples and case studies on how UHC is being implemented by next year to continue sharing progress achieved.

3. CLOSING REMARKS: THE WAY FORWARD

TIES BOERMA

On behalf of Human Resources for Health, Department for Health Systems Policies and Workforce, WHO headquarters, Dr Boerma closed the meeting by thanking participants and presenters for their contribution to a stimulating and informative meeting that culminated in the formulation of a strong position paper, the Forum Statement. WHO looks forward to a continued partnership with Government Chief Nurses and Midwives to move forward the Forum Statement and the agenda on nursing and midwifery and UHC at national and regional levels.

ANNEX 1: AGENDA

DAY 1: 14 MAY 2014

TIME	ACTIVITY	SPEAKERS/PRESENTERS
08:30–09:00	Registration	
OPENING SESSION (Chair: Rowaida Al Maaitah)		
09:00–09:15	Welcome and introductions	Ties Boerma
09:15–09:20	Video: Nursing and Midwifery and UHC	Deva-Marie Beck
09:20–09:40	Health workforce and Universal Health Coverage	Ala Alwan
09:40–10:00	Key Note Address	Her Royal Highness Princess Muna Al-Hussein
10:00–10:30	BREAK	
10:30–10:40	Reflections on 2012 Fifth Global Forum: Achievements The Strategic Directions for Strengthening Nursing and Midwifery	Mwansa Nkowane
10:40–10:50	Global Forum objectives and programme, introduction of participants and Chairpersons	Stephanie Ferguson
Objective 1: To identify effective leadership and policy directions for enhancing nursing and midwifery workforce to support UHC		
10:50–11:50	Panel: Promising interventions on nursing and midwifery towards UHC: Country experiences (Stephanie Ferguson)	Bahamas, Thailand, USA, Australia, Ireland
11:50–12:10	OPEN DISCUSSIONS/INTERVENTIONS Facilitator (Stephanie Ferguson)	
12:10–13:00	Global frameworks and strategies: <ul style="list-style-type: none"> • 2014 State of the World's Midwifery • The Essential Newborn Action Plan • Health financing and UHC • Global commitments to HRH Moderator: Stephanie Ferguson	Frances Day-Stirk Bernadette Daelmans David Evans Marilyn A. DeLuca
13:00–14:00	LUNCH BREAK	
Objective 2: To highlight the issues affecting quantity, quality and preparedness of the future nursing and midwifery workforce including competencies, scopes of practice and work environments		
14:00–14:35	Preparing the workforce: <ul style="list-style-type: none"> • Innovations in nursing and midwifery education: regional experiences (Panel) • Midwifery educator competencies Moderator: Stephanie Ferguson	Regional Advisers for Nursing and Midwifery (AMRO, EMRO, EURO, SEARO, AFRO) Mwansa Nkowane
14:35–14:50	OPEN DISCUSSIONS/INTERVENTIONS Facilitator (Stephanie Ferguson)	
14:50–15:00	Role of professional Associations in transforming leadership for Universal Health Coverage	David Benton
15:00–15:30	Introduction to group work Facilitator (Stephanie Ferguson) Group work: factors for effective leadership and, challenges and possible solutions for increasing the numbers, quality and relevance for nursing and midwifery education etc.	WHO resource persons

TIME	ACTIVITY	SPEAKERS/PRESENTERS
15:30–15:45	BREAK	
15:45–16:00	Group presentations	Group leaders
16:00–16:20	OPEN DISCUSSIONS/INTERVENTIONS Facilitator: Stephanie Ferguson	
16:20–16:35	Review of GCNMO responsibilities	Fatima Al-Rifai
16:35–17:00	Summary of priorities and key interventions (Nursing and Midwifery and UHC) Facilitator (Stephanie Ferguson)	
17:00	END OF DAY ONE	

DAY 2: 15 MAY 2014

TIME	ACTIVITY	SPEAKERS/PRESENTERS
09:00–09:10	Recap of day 1	
Objective 3: Outline agenda on nursing and midwifery and to address UHC		
09:10–09:30	Open discussion on roles and responsibilities of CNMOs	
09:30–09:40	Contributions of the Global Network to Strengthening Nursing and Midwifery through collaboration	Carla Ventura
09:40–10:10	Group work: workable mechanisms for networking and partnerships and strategies for enhanced nursing and midwifery contribution to UHC (leadership, education and practice)	Stephanie Ferguson and other resources persons
10:10–10:30	Group presentations OPEN DISCUSSIONS/INTERVENTIONS Facilitator: Stephanie Ferguson	Group presenters
10:30–10:45	BREAK	
10:45–11:45	Group work: agenda on nursing/midwifery and UHC	
11:45–12:05	Facilitated presentations	
12:05–12:30	Drafting of agenda on nursing/midwifery and UHC	Stephanie Ferguson and other resources persons
12:30–13:00	Review of Forum Statement	George Kumi Kyeremeh
13:00–14:00	LUNCH BREAK	
14:00–14:45	Presentation of agenda on nursing/midwifery and UHC	Silvia Cassiani
14:45–16:00	OPEN DISCUSSIONS/INTERVENTIONS	GCNMO (TBD)
16:00–16:30	Strategic Directions for Strengthening Nursing and Midwifery (post 2015) OPEN DISCUSSIONS/INTERVENTIONS	Prakin Suchaxaya
16:30–16:45	BREAK	
CLOSING SESSION		
16:45–17:10	Presentation of Forum Statement Presentation of agenda and way forward	Tandi Pemo Fariba Al Darazi and Silvia
17:10–17:20	Closing remarks	Ties Boerma
17:20	END OF FORUM	

ANNEX 2: THE KEYNOTE SPEECHES

In the Name of God, the Compassionate, the Merciful

Address by
DR Ala Alwan
Regional Director
WHO Eastern Mediterranean Region

WHO GLOBAL FORUM FOR GOVERNMENT CHIEF NURSING
AND MIDWIFERY OFFICERS, Geneva, Switzerland, 14–15 May 2014

Your Royal Highness, Distinguished Participants, Ladies and Gentlemen, Dear Colleagues,

I am delighted to welcome you to the WHO Global Forum for Government Chief Nursing and Midwifery Officers. It is a great honour and privilege to have present with us Her Royal Highness Princess Muna Al Hussein, WHO Patron for Nursing and Midwifery.

I would like to acknowledge your Royal Highness's role in advocating for nursing and midwifery development, not only in the WHO Eastern Mediterranean Region, but globally. Your sincere devotion and continued support to health, nursing and midwifery issues is greatly appreciated and valued.

Ladies and Gentlemen,

Universal Health Coverage has been high on the international agenda since the launch of the World Health Report 2010. The aspiration to move towards Universal Health Coverage is not new. It is articulated in WHO's constitution of 1948 and is integral to the Alma-Ata Declaration of 1978 and Health for All. Furthermore, the World Health Report 2008 identified Universal Health Coverage as one of the four guiding principles of Primary Health-Care reform.

Responding to countries' requests to prepare the way to pursuing the goal of Universal Health Coverage, WHO organized a high-level ministerial event in December 2013 to share global and regional experiences. National capacities were developed in the use of the analytical tools necessary to generate the required evidence. WHO presented two papers to the WHO Regional Committee for the Eastern Mediterranean to diagnose the challenges facing health system strengthening in order to pursue Universal Health Coverage in the Region, and to devise a vision, a strategy and a roadmap in order to move forward. Technical support is consistently being provided to countries to craft a vision, strategy and roadmap for Universal Health Coverage. The principle of equity and fairness is at the heart of the approach and central to the proposed strategies. The global movement in support of Universal Health coverage is an opportunity for all of us to support countries to develop their own roadmaps to accelerate progress.

Without a balanced, motivated, well-distributed and well-managed health workforce, with the appropriate skills mix, it is not possible to ensure population coverage with essential health services. Nurses and midwives are frontline workers. To ensure quality services and a better contribution to Universal Health Coverage, they must be properly trained and supported.

Dear Colleagues,

The development of the health workforce has consistently been a vital area for WHO's collaborative work with Member States.

In this important and timely meeting, you will review and study the key issues relevant to the role of nurses and midwives for Universal Health Coverage, including leadership, education and training and partnerships. These elements will be key in responding to the call for Universal Health Coverage.

I would like to bring to your attention the Resolution of the World Health Assembly at its Sixty-fourth Session, in 2011, on Strengthening Nursing and Midwifery. Similarly, in May 2013, the Sixty-sixth Session of the World Health Assembly passed a Resolution on Transforming Health Workforce Education in Support of Universal Health Coverage. That resolution calls on Member States to strengthen policies, strategies and plans through intersectoral policy dialogue among the relevant ministries, including ministries of higher education, health and finance, to ensure that health workforce education contributes to achieving Universal Health Coverage.

Improving the quality of education for nurses and midwives cannot be achieved without an adequately prepared faculty. Educators can provide quality education within an enabling environment supported by appropriate resources, effective policy and governance. In response to this need, WHO has developed midwifery educator competencies. The core competencies are standards upon which quality education can be built. They can also be used in continuing professional education programmes which, if properly implemented, can contribute to educator motivation and retention. This work is ongoing and will be expanded to nurse educators. It is our hope that you, as nursing and midwifery leaders, will help to support such initiatives to ensure effective implementation in your respective countries.

Your Royal Highness, Dear Colleagues,

We need to work intensively on different fronts. Among the lessons we have learned through our work with countries in recent years, is that numerous strategies have to be adopted and a wide range of options undertaken if we are to be successful in strengthening nursing and midwifery. These strategies include: strengthening nurses' involvement in policy-making; institutionalizing a regulatory system for both nursing education and practice; developing national strategic plans for nursing and midwifery; improving pre-service nursing education; establishing systems for continuous professional development; building up management and leadership capabilities of nurse leaders to strengthen the delivery of nursing services; and developing evidence-based education and practice. Above all these, networking and effective partnerships are crucial. Much more can be achieved through collaboration. For example, institutions with the know-how can work and twin with those that have limited resources, by sharing knowledge and skills in specific nursing and midwifery domains.

In conclusion, let me emphasize that Member States are in great need of a strong, well-prepared and supported nursing and midwifery workforce that can effectively support Universal Health Coverage. I am aware that nurses and midwives attending the 2013 Third Global Forum on Human Resources for Health in Recife, Brazil, made commitments to advance Universal Health Coverage. I urge the group gathered here, to also reflect on these commitments as you develop your agenda on universal health coverage.

I wish you all every success in the meeting and the challenges ahead of you. I look forward to receiving your recommendations and the final outcome of the meeting. I am sure that your stay in Geneva will be enjoyable.

Thank you.

In the Name of God, the Compassionate, the Merciful

Address by
HER ROYAL HIGHNESS PRINCESS MUNA AL-HUSSEIN
WHO PATRON FOR NURSING AND MIDWIFERY IN THE
EASTERN MEDITERRANEAN REGION

WHO GLOBAL FORUM FOR GOVERNMENT CHIEF NURSING
AND MIDWIFERY OFFICERS, Geneva, 14–15 May 2014

Distinguished Participants, Chief Nursing and Midwifery Officers, Ladies and Gentlemen,

It is a great pleasure for me to be with you today and to address this distinguished forum of nursing and midwifery leaders.

I would like to congratulate you on the theme of this year's forum, "Nursing and Midwifery Workforce and Universal Health Coverage," which addresses growing global momentum towards providing all people with access to affordable, quality health-care services. It is well known that universal health coverage cannot be achieved without an effective, competent and well-managed health workforce. The disparity between supply and demand of health workers in general, and nurses and midwives in particular, poses a major challenge to policy-makers in all our countries.

The World Health Report 2010 refers to Universal Health Coverage as providing all people with access to needed health services (including prevention, promotion, treatment and rehabilitation) that is of sufficient quality, while ensuring that the use of these services does not expose the user to financial hardship.

Nurses and midwives represent a large proportion of the health-care providers in many health systems and their educational preparation and how they are deployed, managed and utilized seriously affects the quality of services provided and the population covered. The task put to you in this year's forum is to debate, discuss and provide guidance on how best the nursing and midwifery workforce can be prepared and empowered to contribute to and influence policy direction to support Universal Health Coverage, improve quality of health-care and expand access to care. The results of new research published recently in *The Lancet* show that patients experiencing complications after surgery are more likely to live if treated in hospitals with adequate nurse staffing levels and higher numbers of nurses prepared at the baccalaureate degree level.

Let me acknowledge the contribution made by this forum in 2012 in addressing an important area of work where nurses and midwives can make significant contributions either independently or as members of a multidisciplinary team: in the prevention, treatment and management of noncommunicable diseases. I was very pleased to see that as an outcome of your deliberations in the forum, WHO published the document *Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases*. I hope that this publication will stimulate action at the country level to develop the capacity of nurses and midwives as members of a multidisciplinary health workforce and as autonomous practitioners to respond to noncommunicable diseases effectively.

In this respect, I would like to draw your attention to an item on the agenda of next week's 67th World Health Assembly: *strengthening of palliative care as a component of integrated treatment throughout the life course*. As nurses, you are in a position to contribute as full partners within multidisciplinary teams to expand this type of care.

Distinguished Participants,

In 2010, in response to requests from Member States, this forum developed the roles and responsibilities of government chief nursing and midwifery officers. During this meeting, you will be revisiting this work and updating these roles in line with the Global Strategic Directions for Strengthening Nursing and Midwifery Services 2011–2015 in order to enhance the leadership responsibilities of nurses and midwives at the national and subnational levels.

As leaders of both the nursing and midwifery professions, you have a pivotal role in empowering the young nurses and midwives to stay in the profession and grow as future nursing and midwifery leaders by providing supportive supervision which will no doubt improve their performance and support improvement of the health system and access to quality health-care. I am confident that through your deliberations in these two days you will examine and identify ways to transform the education of nurses and midwives at the pre-service level to ensure provision of people-centred health-care. We must also not forget to address the continuous professional development of the existing workforce which our health services are dependent on.

Ladies and Gentlemen,

Member States are looking for options and best practices to maximize the role of midwives and nurses in providing underserved populations with access to quality health-care. I believe that institutionalizing nursing and midwifery regulation is critical to protecting the health of the public and ensuring the delivery of competent care to our communities. Health workforce regulation continues to be a challenge in most developing countries.

In conclusion, I wish to emphasize that the concern for enhancing nursing and midwifery leadership development is global. Government chief nursing and midwifery officers, educational institutions, WHO collaborating centres for nursing and midwifery and professional associations need to work together and adopt a strategic approach to developing the leadership capabilities of nurses and midwives to support universal health coverage. We need to focus our collective efforts to realize the vision of an effective and motivated workforce in our countries.

I take this opportunity to assure you of my personal commitment to advancing nursing and midwifery, not only in the Eastern Mediterranean Region but also globally. I believe that nurses and midwives have an important contribution to make towards improving health-care and providing timely and accessible service, especially to the more vulnerable members of the community.

I wish you every success in your deliberations and look forward to receiving your recommendations. I am sure that your stay in Geneva will be both productive and enjoyable.

ANNEX 3: THE PARTICIPANTS AND FACILITATOR

PROVISIONAL LIST OF PARTICIPANTS

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ANNEX 4: FORUM STATEMENT

WHO Global Forum for Government Chief Nursing and

Midwifery Officers, 14–15 May 2014, Geneva, Switzerland:

Nursing and Midwifery Workforce and Universal Health

Coverage

Forum Statement

Universal Health Coverage (UHC) encompasses principles of equity and social justice, arising from the ‘Health for All’ movement of the 1970s, and enshrined in the Alma Ata Declaration on Primary Health-care in 1978. The Government Chief Nursing and Midwifery Officers (GCNMOs) participating in the 2014 Global Forum recognizes that to achieve UHC, several factors must be in place. In particular, a functioning and efficient health system that meets population health needs through people-centred integrated care is essential. Such a system should ensure that people seeking health services do not suffer financial hardship when using and accessing health-care services. Above all, there should be appropriately educated, regulated, and motivated health workers to provide the services.

The nursing and midwifery professions continue to evolve and their roles are influenced by local and global challenges. Nurses and midwives are prepared to respond and manage health-care needs across the life span. Within the context of Primary health-care and UHC, nursing and midwifery services contribute to reduction of morbidity and mortality, resulting from emerging and re-emerging health problems. Nurses and midwives are frontline professionals who use an integrated and comprehensive approach including health promotion, disease prevention, treatment, rehabilitation and palliative care.

The GCNMOs support global commitments that call for governments to work towards universal access to affordable and quality health-care services. We are committed to lead in the development of a competent nursing and midwifery workforce at all levels of the health-care delivery system. Universal Health Coverage takes into account the critical role played by all sectors, therefore as GCNMOs, we further commit ourselves to take a holistic approach in the implementation of strategies towards UHC in our own countries as follows:

1. LEADERSHIP AND MANAGEMENT

- a. Build political support at the highest level of the health system to ensure continuity in the pursuit of UHC.
- b. Formulate nursing and midwifery policies that encapsulate the vision for UHC to ensure integrated people-centred services.
- c. Develop and or strengthen policies for improving the quality of education and training, recruitment, retention and deployment.
- d. Develop evidence-based policies for effective and efficient nursing and midwifery workforce management.

2. EDUCATION AND TRAINING

- a. Support educational institutions to develop and implement curricula that take into account the quantity, quality and relevance of the nursing and midwifery workforce to meet the local and national changing health needs.
- b. Build and sustain the technical capacity to ensure quality education and practice through continuing professional development programmes.
- d. Work and support partners' effort to assess the gap between the need for a health workforce, actual supply, geographical distribution (stock, skills mix and competencies) and the population's demand for health services.

3. COLLABORATIVE PARTNERSHIPS


- a. Identify key partners including service users to support and build the capacity of the nursing and midwifery workforce to contribute to UHC.
- b. Develop and support nursing and midwifery interventions that lead to improved access to health-care services.
- c. Develop strategies that support the creation of links between public, nongovernmental and private sector to minimize barriers of access to health services in rural and remote or hard to reach areas.



2014 GLOBAL FORUM
FOR GOVERNMENT
CHIEF NURSING AND
MIDWIFERY OFFICERS



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