

# **STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY DEVELOPMENT 2016- 2020**

## **The way forward**

**ZERO DRAFT  
FOR  
CONSULTATION**

**3<sup>RD</sup> VERSION, NOVEMBER 2015**



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## THE CONTEXT FOR NURSING AND MIDWIFERY

### *Global health*

A competent, well-supported and motivated nursing and midwifery workforce can deliver quality, equitable health services and contribute to the well-being of individuals, families and communities – a basic human right. Based on this recognition, global stakeholders are collectively committed in their efforts to improve the health and well-being of all populations as well as rally their support for the post-2015 development agenda. Action on the social determinants of health, including laws and policies must be established through governance mechanisms that influence risk and access to services. It is imperative that specific measures are taken to ensure that the most marginalized and vulnerable populations have equitable access to quality care. These issues are key in framing future health goals and discussing ways in which Universal Health Coverage (UHC) might be used to bring all programmatic interests under an inclusive umbrella (1). The success of the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 will also depend to a large extent on the health workforce capacities for nurses and midwives included.

### *Universal Health Coverage*

Universal Health Coverage promotes strong, efficient, well-run health systems that meet priority health needs through people-centred integrated care. It can also help to ensure the availability of sufficient capacity of well-educated, motivated health workers to provide the required health services. Through UHC a broad range of interventions are envisaged including health promotion, disease prevention, rehabilitation and palliative care. Universal Health Coverage can make it possible for people to avoid financial hardship when using health services – enabling people to access to essential medicines and technologies including diagnosis and treatment of medical problems (2). This implies provision of a continuum of care throughout the life course. The agenda of UHC places the nursing and midwifery workforce at the core of the health response as crucial health care providers. In most countries, nurses and midwives constitute the largest number of the health workforce and contribute significantly to the delivery of health care services thereby helping to achieve UHC. It is therefore critical to invest in the nursing and midwifery workforce.

### *Nursing and midwifery services*

There is demonstrable evidence substantiating the contribution of nurses and midwives to health improvements such as patient satisfaction, decrease in patient morbidity and mortality, stabilization of financial systems through decreased hospital readmissions, length of stay, and other hospital-acquired infections and conditions (3,4,5). Nurses and midwives are usually first responders to complex humanitarian crises and disasters; protector and advocate for community; communicator and coordinator within team. Nurses' interventions in HIV, Tuberculosis (TB) treatments and other chronic conditions have shown improved patient adherence to treatment and making informed decisions (6,7,8).

Nurses involvement in screening and triage and the organization of appropriate interventions

reduces waiting times, the number of missed appointments at the subsequent physician lead health care clinics (8,9), including case management of TB. Studies show that midwifery, including family planning and interventions for maternal and newborn health, could avert a total of 83% of all maternal deaths, stillbirths, and neonatal deaths (10).

Midwifery practice is the core function of midwives. Limitations in scope of practice for midwives, and gaps in inclusion of maternal health indicators in the national data systems have impeded efforts to scale up programs nationally (11). However, recent studies show that midwives can provide 87% of the needed essential care for women and newborns, when educated and regulated to international standards (12). Substantial reductions in child deaths are possible, but only if intensified efforts to achieve intervention coverage are implemented successfully (13). Midwives must be leaders in the design, implementation, and evaluation of the ongoing change in their care environments. Furthermore, midwives must take leadership roles in building professional and interprofessional partnerships, develop leadership skills and competencies, and work in mutually respectful teams to enhance the quality of the care services (14).

### **Education**

There is also a need to continue to ensure quality nursing and midwifery education and competent practitioners. This is critical for strategic policy planning based on country profiles, including monitoring data and indicators. Knowledge translation will be pivotal and transformative in the implementation of the 2016-2020 SDNMs. Technology is changing and its promotion is an important element for the future. Technology advances can support transformational outcomes of safe, integrated, high-quality knowledge-driven, evidenced-based care and educational approaches.

### **Partnerships and collaboration**

Nursing and midwifery interventions take place in partnership with other professionals. Future approaches should therefore embrace interprofessional education and collaborative practice as was noted in the 2011 WHA64.7 Resolution on Strengthening Nursing and Midwifery. Removing barriers to practice and education can help nurses and midwives practice to the full extent of their education and training (15,16). Nurses and midwives need to address unhealthy lifestyle choices to reduce risk factors, participate in a broad range of interventions and practice conditions such as those required during natural and human-made disasters, emergencies, and particularly in the context of changing patterns of disease, emerging and re-emerging infections and diseases. In order to address these health challenges, governments and relevant stakeholders should ensure that the nursing and midwifery workforce is appropriately prepared and enabled to practice to their full scope. It is on this platform that the WHO Strategic Directions for Nursing and Midwifery (SDNM) 2016-2020 is built.

## INTRODUCTION

The previous SDNMs (2002-2008)<sup>1</sup> and (2011-2015)<sup>2</sup> have provided policy-makers, practitioners and other stakeholders at every level of the healthcare system with a flexible framework for broad-based, collaborative action to enhance the capacity of nurses and midwives. Developments in the nursing and midwifery workforce are taking place in the context of growing demands for accessible, acceptable and affordable quality care, and the need for improved access to care and universal coverage. WHO has responded to this urgent need, and several resolutions on strengthening nursing and midwifery services have been passed by the World Health Assembly, most recently in 2011, resolution WHA64.7<sup>3</sup> shows commitment to the nursing and midwifery focus in WHO. (Annex 1 annotated WHA resolutions).

Over several decades, WHO continues to incrementally forge ahead to strengthen nursing and midwifery globally as evidenced in the WHO Strategic Directions for Nursing and Midwifery Progress Reports 2008- 2012, and 2013-2015 (in press). WHO has demonstrated great achievements in developing global and regional standards for nursing and midwifery education, built evidence around key health priorities on the contribution of nurses and midwives, held WHO Global Forums for Government Chief Nursing and Midwifery Officers since 2004 and increased capacity building initiatives for nursing and midwifery leaders with great success in collaboration with key partners such as the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) .

The preparation of new Strategic Directions for Strengthening Nursing and Midwifery Development takes advantage of the existence of related strategic documents such as the *Guidelines on Transforming Health Worker Education* (WHO (2013), the *Newborn Action Plan* and current evidence presented in the *State of the World's Midwifery report*, and the *Lancet series on Midwifery* and other global mandates. Above all, the Global Strategy for Human Resources for Health Workforce 2030 paves the way for a systematic approach to HRH development to respond to the continued challenges of health worker shortages, recruitment, deployment and retention, poor quality education and inadequacy of HRH data.

The SDNM 2016-2020 aims to facilitate transition from the past and present into the future as care moves into the community, responding to demographic changes, by planning quality services to meet the needs of mothers, men, children, adolescents, the elderly population, and those people with long term conditions. In addition, more emphasis will be placed on a greater awareness of 'value for money' and budget management in the nursing and midwifery workforce (in most cases it is already in the community but not supported).

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<sup>1</sup> [Strategic Directions for Strengthening Nursing and Midwifery Services 2002 – 2008](#)

<sup>2</sup> [Strategic Directions for Strengthening Nursing and Midwifery Services 2011 – 2015](#)

<sup>3</sup> [World Health Assembly Resolution 64.7](#)

## WHO STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY DEVELOPMENT 2020-2016

WHO is engaging partners to continually determine the way forward to strengthen the nursing and midwifery workforce through the development of the WHO Strategic Directions for Nursing and Midwifery Development (SDNM) 2016-2020. So far, a broad-based consultation process is being applied with inputs coming from various key stakeholders. In 2014, an Options Analysis survey was conducted by WHO and the results confirmed the need for a new SDNM to be developed in line with the Global Strategy on Human Resources for Health Workforce 2030. The SDNM 2016-2020 provides a framework for WHO and various key stakeholders to implement and evaluate nursing and midwifery successes in ensuring available, accessible, acceptable, quality and safe nursing and midwifery interventions at a global, national, regional and country levels. The SDNM makes it possible for all involved to demonstrate commitment, be accountable and report progress on essential elements. Optimizing the leadership, strengthening accountability and governance and mobilizing political will for nursing and midwifery workforce is key for their effective contribution to the SDGs and UHC. The SDNM is presented in four thematic areas.

### Thematic Areas

1. Accessibility, acceptability of safe and cost-effective nursing and midwifery care based on population needs, addressing Universal Health Coverage and the attainment of the Sustainable Development Goals.
2. Optimizing leadership and governance accountability
3. Maximizing capabilities and capacities of nurses and midwives at all levels through collaborative intra and interprofessional partnerships.
4. Mobilizing political will to invest in building effective governance for nursing and midwifery workforce actions founded on evidence.

### Vision

The vision of the 2016-2020 SDNM is to ensure that the nursing and midwifery workforce contributes to Universal Health Coverage and the Sustainable Development Agenda by ensuring equitable access to skilled and motivated nursing and midwifery workforces within performing and responsive health systems.

### Guiding Principles for Implementation

The principles below represent a set of values to guide the implementers of the SDNM on their obligations as collective partners contributing to the improvement of population health outcomes through nursing and midwifery services.

- **Ethical action:** planning and providing nursing and midwifery services based on equity, integrity, fairness and respect for gender and human rights;

- **Relevance:** developing nursing and midwifery services and systems guided by health needs, evidence and strategic priorities;
- **Ownership:** adopting a flexible approach to be implemented with local involvement that is designed to guide actions at both the global, regional and country levels;
- **Partnership:** working respectfully together on common objectives, acting collaboratively and supporting each other's efforts based on interdisciplinary, patient-centred care;
- **Quality:** adopting mechanisms and standards that promote quality education and safe practice and accessible care.

DRAFT

## Strategic Directions

### Theme 1: Accessibility, acceptability, availability of safe and cost-effective nursing and midwifery care based on population needs, addressing Universal Health Coverage and the attainment of the Sustainable Development Goals

In order to recommend and or adapt appropriate interventions that would ensure accessibility to safe and cost-effective nursing and midwifery care, evidence generation is essential especially on cost-effective nursing and midwifery services as well as their impact on health and the health-related MDGs, SDGs and UHC. Investment in attracting and sustaining the nursing and midwifery workforce should involve establishing practical and sustainable approaches for scaling up of nursing and midwifery services. Coordinated strategic planning together with implementation and monitoring and evaluation are central to reaching this objective.

**Objective:** To invest, design or adopt and implement evidence based strategic planning for the nursing and midwifery workforce involving all key stakeholders and taking into account local health needs.

**Strategy:** Produce, recruit, deploy and retain the right skill mix of nurses and midwives with appropriate competencies, and with adequate distribution of necessary resources and effective regulation systems, in the right place with expert coordination within and outside the health sector.

#### STRATEGIC INTERVENTIONS

##### *Headquarters*

- Develop a framework of nursing and midwifery scopes of practice relevant to address UHC and SDGs.
- Work with relevant WHO departments and teams and partners to ensure that data is generated based on minimum data sets and are compiled and disseminated on actual supply, geographical distribution (numbers, skills mix and competencies) and the population's demand for health services.
- Establish a template for assisting countries in developing national nursing and midwifery implementation plans.

##### *Regions*

- Conduct or update data on educational institutions, regulatory bodies and regulatory information on licencing, registration and scopes of practice.
- Determine a minimum data set for the nursing and midwifery work force for regional HRH observatories.
- Develop and adapt service indicators to assess nursing and midwifery care.
- Develop a manual on establishing regulatory and accreditation mechanisms for education and standards of practice based on WHO guidelines on transforming health



worker education.

### *Countries*

- Develop national costed plans for nursing and midwifery with a minimum cycle of 4-5 years and an in-built monitoring and evaluation system.
- Integrate minimum data set into national HRH observatories as a source of evidence based decisions for the nursing and midwifery workforce.
- Develop systematic and transparent strategies to support human resource planning and utilization for nursing and midwifery workforce in line with UHC and SDGs.
- Develop and support quality management systems for nursing and midwifery services.
- Establish and strengthen national accreditation standards for nursing and midwifery education.

### *Partners*

- Work in collaboration with educational and practice institutions, including but not limited to WHO Collaborating Centres (WHOCCs), regulatory bodies and nursing and midwifery associations to monitor and evaluate the quality of education and training programmes and practice in support of WHO's SDNM.

**Theme I:** Accessibility, acceptability, availability of safe and cost-effective nursing and midwifery care based on population needs, addressing UHC, SDGs

	Interventions	Years					Indicators
		2016	2017	2018	2019	2020	
<b>Headquarters</b>	<ol style="list-style-type: none"> <li>Review, revise and update existing SOPs to establish relevant matrix to address UHC and SDGs</li> <li>Generate, compile and disseminate minimum evidence-based data sets within regions on actual supply and demand for health services, geographical distribution, skill mix and competencies with relevant WHO departments and teams and partners</li> <li>Establish and disseminate a template for assisting countries in developing and implementing national nursing and midwifery strategic plans relevant to UHC and SDGs</li> <li>Provide technical support to regional and national stakeholders for development and implementation of matrices, data sets, and strategic plans, with priority given to countries in need to ensure equity</li> <li>Develop a comparative table (ISCO) ICM &amp; ICN definitions on scopes of practice</li> <li>Work with relevant WHO headquarters, teams and partners in regions and countries, to develop and agree a minimum datasets and disseminate. To include actual supply, geographical distribution, (numbers, skills mix and competencies) population demand for health services (using minimum data set and ensure that the data is sex disaggregated)</li> <li>To develop composite indicators for measuring overall development of nursing and midwifery in each country, making comparison, tracking progress</li> <li>Establish a template for assisting countries in developing national nursing and midwifery implementation plans drawing on existing frameworks</li> </ol>	1, 2, 3, 5, 6, 8,	2, 4, 8	2, 4, 8	2, 4, 8	2, 5, 6, 8	<ol style="list-style-type: none"> <li>Number of countries with SOPs on nursing and midwifery contribution to UHC</li> <li>Number of countries with Minimum Data Sets (MDS)</li> <li>Number of countries with an implementation template</li> <li>Number of countries systematically collecting and using MDS by 2018 and by 2020</li> <li>Number of countries with developed scopes of practice</li> <li>Number of countries with published MDS</li> <li>Number of countries using composite indicators to track progress</li> <li>Number of countries with national implementation plans</li> </ol>
<b>Regions</b>	<ol style="list-style-type: none"> <li>Establish minimum data set relevant to UHC and SDGs for regional HRH observatories and support and ensure countries have relevant mechanism for data collection</li> <li>Provide technical support to countries to develop key service indicators (KPIs) to assess nursing and midwifery care aligned with UHC and SDGs</li> <li>Provide support to countries for development and adaptation of guidelines on establishing regulatory and accreditation mechanisms for education, scope and standards of practice</li> </ol>	1, 2, 3,	1, 2, 3	3	3	3	<ol style="list-style-type: none"> <li>Number of countries with available MDS by 2018 and by 2020</li> <li>Number of countries with KPIs/service indicators by 2017</li> <li>Number of countries with regulatory and accreditation mechanisms by end of 2017</li> </ol>
<b>Countries</b>	<ol style="list-style-type: none"> <li>Establish a minimum dataset and database on nursing and midwifery workforce for evidence based decision making and integrate minimum data set into national HRH observatories</li> <li>Develop systematic and transparent strategies to support HRH planning and utilization for nursing and midwifery in line with UHC and SDGs</li> <li>Develop or adopt, support and monitor quality management systems for nursing and midwifery services (QMNC framework Lancet series)</li> <li>Conduct a task analysis of the various nursing and midwifery cadres</li> <li>Secure adequate investment in nursing and midwifery to meet interventions and population needs</li> <li>Establish or strengthen national accreditation for nursing and midwifery education</li> </ol>	3, 6, 7, 8, 13	3, 4, 5, 6	1, 3, 5, 6	2, 3, 6	3, 6	<ol style="list-style-type: none"> <li>Number of countries with at least 80% of nursing and midwifery workforce plans reflecting utilization of data</li> <li>Number of countries with at least 80% of the nursing and midwifery workforce utilized according to prioritized health services needs</li> <li>Number of countries with yearly reports on quality management outcomes</li> <li>Number of countries with completed Task Analysis</li> <li>The % of health care (domestic budget) dedicated to nursing and midwifery</li> <li>Number of countries with accreditation in place</li> </ol>
<b>Partners</b>	<ol style="list-style-type: none"> <li>Work in collaboration with educational and practice institutions, including but not limited to WHO CCs</li> <li>regulatory bodies and nursing and midwifery associations to monitor and evaluate quality education and training programmes and practice in support of WHO's SDNM</li> </ol>	1	1	1	1	1	<ol style="list-style-type: none"> <li>Number of countries with evidence of appropriate and acceptable support collaboration and partnership</li> <li>% of partners supporting regulatory bodies to monitor and evaluate training programmes in countries.</li> </ol>

## Theme 2: Optimize and institutionalize leadership and accountability

National, regional and global labour markets have implications on nursing and midwifery development. Nursing and midwifery leaders are key change agents. Sustaining national investments in nursing and midwifery leadership is essential in critical areas of the nursing and midwifery workforce such as pre-service and continuous education programme standardization, development and access, and regulation and policy legislation. Optimizing faculty development, better use of communication and technology to disseminate best practices, and enhancing of collaborative and sustainable relationships is also important.

**Objective:** To engage nursing and midwifery leadership at every level of health policy, programme development, decision-making and evidence generation in response to the labour markets.

**Strategy:** Develop and utilize mechanisms to translate and share best practices, cost effective interventions, including technology and innovative models of nursing and midwifery care. Utilize resources appropriately to ensure return on investment, especially in education and practice in response to the health and social care priorities and labour market dynamics.

### STRATEGIC INTERVENTIONS

#### *Headquarters*

- Sustain the WHO Global Forum for Government Chief Nursing and Midwifery Officers to enhance leadership capacity of the nursing and midwifery workforce in countries.
- Engage governments through the WHO Global Forum on Government Chief Nursing and Midwifery Officers to share the evidence in support of nursing and midwifery workforce development.
- Develop models for enhancing governments' chief nursing and midwifery roles
- Develop model programmes for leadership capacity building for faculty and clinical instructors, regulatory bodies and nursing and midwifery professional organizations.
- Develop tools for assessing and evaluating governance activities.
- Develop model programmes on educator training programmes for nursing and midwifery.

#### *Regions*

- Invest in nursing and midwifery workforce, including building capacity, ensuring appropriate skills and strategies for developing positive practice environments (PPE).
- Review regulatory systems and establish capacity building mechanisms.
- Develop or disseminate competency-based prototype curricula.

### *Countries*

- Establish and implement mechanisms for involvement of nurses and midwives at all levels of decision- making.
- Review and implement competency based curricula for educators and student nurses and student midwives taking into account quantity, quality and relevance of the nursing and midwifery workforce to meet the local and national changing health needs.

### *Partners*

- Seek and participate in monitoring and evaluation of nursing and midwifery implementation plans and activities based on a mutually agreed upon schedule.
- Support the dissemination of lessons learned to various partners including politicians.

**Theme II: Optimize and institutionalize leadership and accountability**

	Interventions	Years					Indicators
		2016	2017	2018	2019	2020	
<b>Headquarters</b>	<ol style="list-style-type: none"> <li>Sustain or expand GCNMO forums for enhancing the leadership capacity and opportunities of nursing and midwifery leaders</li> <li>Develop and provide technical support to expand and implement model programmes for nursing and midwifery leaders</li> <li>Provide assistance to develop tools for assessing and evaluating effective governance</li> <li>Implement model transformative education programmes for nursing &amp; midwifery</li> <li>Increase and make visible nurse &amp; midwife representation and positions in WHO Structure</li> <li>Develop framework for reporting on SDNM achievements</li> </ol>	1, 2, 3, 4, 5, 6,	1, 2, 3, 5	1, 5	5	1, 5	<ol style="list-style-type: none"> <li>Number of countries participating in global forums for leadership development</li> <li>Number of countries that have documented support from headquarters to optimize leadership capacity</li> <li>Number of countries that have documented support from headquarters to develop tools for assessment and evaluation</li> <li>Number of countries with model programmes in place</li> <li>Increase in % of nurses and midwives represented in positions in WHO structure</li> <li>SDNM achievement reporting framework</li> </ol>
<b>Regions</b>	<ol style="list-style-type: none"> <li>Collate, evaluate and disseminate regional data</li> <li>Promote nursing and midwifery professions, including recruitment and retention</li> <li>Provide technical assistance for development and dissemination of competency-based prototype curricula relevant to SDGS and UHC</li> <li>Carry out regional capacity development activities</li> <li>Develop capacity of the faculty of the Member States to implement the new curricula in collaboration with the WHOCCs</li> </ol>	2, 3	1, 2, 3, 4, 5	1, 2, 3, 4	1, 2, 3, 4	1, 2, 3, 4	<ol style="list-style-type: none"> <li>Yearly reports produced on regional data</li> <li>Yearly activities reported</li> <li>Number of countries building curricula based on prototypes</li> <li>Number of regions that have carried out the programme</li> <li>Number of countries implementing faculty training curricula</li> </ol>
<b>Countries</b>	<ol style="list-style-type: none"> <li>Establish, implement and monitor involvement of nurses and midwifery at all levels of leadership and accountability of national cost plan with the minimum cycle of 4-5 years</li> <li>Design, implement, and monitor national capacity-building programs for nurse and midwife educators</li> <li>Review and revise regulation and the scopes of practice for nurses and midwives to meet global standards</li> <li>Establish/strengthen a national forum to share experience between the nursing and midwifery partners</li> <li>Adapt and implement national curricula</li> <li>Extract and document lessons learned and best practices</li> </ol>	1, 2, 3	1, 2, 3, 4, 5, 6	1, 2, 4, 5, 6	1, 2, 4, 5, 6	1, 2, 4, 5, 6	<ol style="list-style-type: none"> <li>Number of nurses and midwives involved in leadership and decision-making at all levels of the health care system</li> <li>Number of nurse and midwife educators that have completed capacity-building programs by 2020</li> <li>Number of countries with reviewed and revised regulation</li> <li>Number of countries with established or strengthened national forums</li> <li>Number of countries with national curriculum endorsed by a regulatory body or institution.</li> <li>Number of countries with best practice reports (reflect at all levels)</li> </ol>
<b>Partners</b>	<ol style="list-style-type: none"> <li>Involve partners in strategies to maximize and facilitate inclusion of nurses and midwives in leadership positions at global, regional and country levels and in monitoring and evaluation activities</li> <li>Support the dissemination of lessons learned</li> </ol>	1, 2	1, 2	1, 2	1, 2	1, 2	<ol style="list-style-type: none"> <li>Number of countries with models of collaborative practices at policy-level reported to regional offices</li> <li>% of partners supporting the dissemination of lessons learned</li> </ol>

## Theme 3: Maximizing capabilities and capacities through intra and interprofessional collaborative partnerships

The nursing and midwifery professions has continued to evolve as their roles are influenced by local, national, regional 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 the reduction of morbidity and mortality, resulting from emerging and re-emerging health problems. Nurses and midwives use an integrated and comprehensive approach including health promotion, disease prevention, treatment, rehabilitation and palliative care.

**Objective:** To optimize nursing and midwifery impact on health systems at all levels through intra and interprofessional collaboration and partnerships.

**Strategy:** Delineate, monitor and evaluate roles, functions and responsibilities of the nursing and midwifery workforce in support of collaborative education and practice for nursing and midwifery.

### STRATEGIC INTERVENTIONS

#### *Headquarters*

- Identify key partners including service users through the development of a database of experts to support and build the capacity of the nursing and midwifery workforce to contribute to UHC and SDGs.
- Develop tools and mechanisms for interprofessional and multisectoral social dialogue and collaboration facilitated between governments, employers and employees and partners.
- Develop models for joint planning, implementation, monitoring and evaluation of sustainable nursing and midwifery services and partnerships.
- Disseminate models of good and sustainable partnerships.

#### *Regions*

- Develop tools to improve partnerships among health services, departments of health, professional associations, research, educational institutions and communities.
- Develop a research agenda responding to the needs of the region in collaboration with WHOCCs, government nursing and midwifery leadership, nursing and midwifery associations, regulators and nursing and midwifery educational institutions.
- Conduct a task analysis of the various nursing and midwifery cadres.

#### *Countries*

- Formulate interdisciplinary and multisectoral technical working groups on various thematic areas pertaining to education, practice, and management of nursing and midwifery workforce.

- Establish mechanisms to enable nurses and midwives to acquire policy-making skills and to partner with government departments in multisectoral efforts to integrate health into all policy-making relevant to the health and safety of individuals, families and communities.
- Build capacity to strengthen national nursing and midwifery strategies on interprofessional education and collaborative practice.
- Create networks facilitated through web-based communities of practice and other mechanisms to improve the quality and safety of nursing and midwifery education and practice.

### *Partners*

- In support of the WHO SDNM and with a view towards strengthening nursing and midwifery services, mobilize financial, human and material resources and increase awareness and advocacy on priority issues.
- Implement multi-year plans for strengthening the capacity of nursing and midwifery services developed for each region, coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan.

**Theme III: Maximizing capabilities and capacities through intra and interprofessional collaborative partnerships**

	Interventions	Years					Indicators
		2016	2017	2018	2019	2020	
<b>Headquarters</b>	<ol style="list-style-type: none"> <li>Develop and disseminate a database of key inter-professional and intra-professional experts and partners to collaborate in capacity-building of nursing and midwifery workforces</li> <li>Support regional office in development of or adaption of WHO(ILO) tools and mechanisms for inter-professional and intra-professional collaboration to maximize capabilities and capacities of nursing and midwifery workforces</li> <li>Prepare models and for joint planning, implementation, monitoring and evaluation of sustainable nursing and midwifery services and partnerships, giving examples of strong partnerships</li> </ol>	1, 2	1, 2		3	3	<ol style="list-style-type: none"> <li>Data base to all regional offices</li> <li>Number of requests handled by WHO HQ</li> <li>Number of guidelines/models developed</li> </ol>
<b>Regions</b>	<ol style="list-style-type: none"> <li>Provide technical support to countries to develop and implement tools and mechanisms based on global guidelines to strengthen partnerships</li> <li>Develop research agenda</li> </ol>			1, 2			<ol style="list-style-type: none"> <li>Number of countries supported to implement partnership strengthening tools</li> <li>Research agenda</li> </ol>
<b>Countries</b>	<ol style="list-style-type: none"> <li>Strengthen and reinvigorate interdisciplinary and multi-sectoral technical working groups in relation to education, practice and management of nursing and midwifery workforce</li> <li>Strengthen collaborative practices at policy level to maximize effective nursing and midwifery input on healthcare</li> <li>Build capacity to strengthen national nursing and midwifery strategies on inter-professional education and collaborative practice</li> <li>Create inter-professional networks facilitated through web-based communities of practice to improve quality of education, safety of practice and capacities of nursing and midwifery workforce</li> </ol>			1, 2, 3, 4			<ol style="list-style-type: none"> <li>Number of countries that have implemented tools to strengthen TWGs</li> <li>Number of countries that have models of collaborative practices at policy-level reported to regional offices</li> <li>Number of countries that have models of inter-professional education and collaborative practice reported to regional offices</li> <li>Number of countries that have inter-professional web-based communities of practice</li> </ol>
<b>Partners</b>	<ol style="list-style-type: none"> <li>Mobilize financial, human and material resources and increase awareness and advocacy on priority issues of the WHO SDNM and with a view towards strengthening nursing and midwifery services practice</li> <li>Implement multi-year plans for strengthening the capacity of nursing and midwifery services developed for each region, coordinated by WHO with partner organizations taking the lead on specific objectives and activities identified in the plan.</li> </ol>	1, 2	1	1	1	1	<ol style="list-style-type: none"> <li>Reports on the number and types of resources have been mobilized and utilized</li> <li>% of partners implementing multi-year plans for strengthening country capacities</li> </ol>



## Theme 4: Mobilizing political will to invest in building effective governance for sustainable nursing and midwifery workforce actions

Building effective governance for nursing and midwifery services and generating political commitment will require the involvement of governments, civil society and other allied professions to ensure high-quality education and safe care. Both individually and collectively, health-care practitioners can play a major role in regulating health care professions and setting standards for education and practice. As responsible and accountable stakeholders in the delivery of care, health personnel including nurses and midwives must engage with the forces that drive health care and become more involved in policy-making.

**Objective:** To establish enabling structures that allow effective engagement and contribution to health policy planning and service delivery for UHC and SDGs.

**Strategy:** Build political support at the highest level of the health systems to ensure continuity in the pursuit of UHC and the SDGs and formulate, implement and evaluate nursing and midwifery policies that encapsulate the vision for UHC and SDGs to ensure integrated people-centred services.

### STRATEGIC INTERVENTIONS

#### *Headquarters*

- Disseminate global mandate and frameworks as foundation for regional and country actions.
- Develop framework for reporting on SDNM achievements.
- Support governments in capacity building efforts for government chief nursing and midwifery officers.

#### *Regions*

- Engage ministries of health through the regional committees to make commitments to support nursing and midwifery in their countries.
- Follow up on the commitments made i.e. periodic reviewing and reporting.

#### *Countries*

- Formulate and implement nursing and midwifery policies that encapsulate the vision for UHC and the SDGs to ensure integrated people-centred services.
- Establish a multisectoral group to support the planning and implementation of nursing and midwifery policies and interventions.
- Develop and support nursing and midwifery interventions that lead to improved access to health-care services through the creation of links between public, nongovernmental and private sectors to minimize barriers of access to health services in rural and remote or hard to reach areas.
- Update the curriculum on nursing and midwifery education to include opportunities for

students to learn effective leadership skills including negotiation skills and how to develop and influence policy and actions.

- Develop and implement an advocacy plan to be targeted at policy makers and organizations

### *Partners*

- Support governments to familiarize and understand global mandates and regional committees' resolutions.
- Support the ministry to disseminate the commitments government make during the regional committee meetings and the WHA at the various levels of the health care systems.
- Develop an engagement framework with politicians and other key decision makers on a continuous basis, ensuring that new politicians are kept informed.

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**Theme IV: Mobilizing political will to invest in building effective governance for sustainable nursing and midwifery workforce actions**

	Interventions	Years					Indicators
		2016	2017	2018	2019	2020	
<b>Headquarters</b>	<ol style="list-style-type: none"> <li>Disseminate global mandate and frameworks of SDGs and frameworks to regional and national levels</li> <li>Recommend to governments strong investment and commitment to nursing and midwifery development and leadership through the GCNMO and WHA to achieve UHC and SDGs</li> <li>Provide frameworks for reporting on SDNM achievements</li> <li>Ensure sufficient investment in nursing and midwifery</li> </ol>	1, 2, 4	3, 4	4	4	4	<ol style="list-style-type: none"> <li>Available global mandate and framework</li> <li>Number of Multi-media and publicity initiatives recorded</li> <li>Developed reporting framework</li> <li>Amount of funds raised to support nursing and midwifery development</li> </ol>
<b>Regions</b>	<ol style="list-style-type: none"> <li>Engage ministries of health through Regional Committee to be committed to maximize nursing and midwifery active involvement in their countries and in the region at all levels of the healthcare system</li> <li>Encourage the member states to include nurses and midwives in the delegation to the regional committee meetings</li> <li>Encourage the Member States to include nursing and midwifery issues are reflected in the agenda of the regional committee</li> <li>Follow up on the implementation of the SDNM</li> </ol>	1, 2, 3, 4	2, 3, 4	2, 3, 4	2, 3, 4	2, 3, 4	<ol style="list-style-type: none"> <li>Number of countries with yearly evidence based report about involvement of nurses and midwives at all levels of the health care delivery system</li> <li>Number of nurses and midwives attending regional committee meetings</li> <li>Number of relevant nursing and midwifery issues included in the agenda of regional committee meetings</li> <li>Updated information are available and accessible</li> </ol>
<b>Countries</b>	<ol style="list-style-type: none"> <li>Review, formulate, and implement nursing and midwifery policies and interventions that encapsulate the vision for UHC and SDGs to ensure integrated people-centred services</li> <li>Create and strengthen links between public, nongovernmental and private sectors to minimize barriers of access to health services in all areas</li> <li>Support nurses and midwives as part of country delegations, regional and global ( to UN fora meetings (WHA, UNGA, ILC)</li> <li>Nursing and Midwifery interventions are reflected throughout the structures at all levels of the Health care system</li> </ol>		1, 2, 3	3, 4	3, 4	3, 4	<ol style="list-style-type: none"> <li>Number of countries that have completed policies</li> <li>Number of countries that have improved links</li> <li>% increase in the number of participating nurses and midwives</li> <li>Nursing and midwifery interventions are recognized and addressed at all levels of the health care system</li> </ol>
<b>Partners</b>	<ol style="list-style-type: none"> <li>Assist governments in the implementation of global mandates and Regional Committees' resolutions</li> <li>Develop an engagement framework with government representatives on a regular basis to ensure updated information and orientation of new officials</li> </ol>	1, 2					<ol style="list-style-type: none"> <li>Number of partners sharing success stories of collaboration between government and partners</li> <li>Number of partners that have active engagement framework with government representatives</li> </ol>

## Implementation of the SDNM 2016-2020

WHO is working with partners to delineate priorities and define country specific interventions to build the capacity level and enhance readiness for the effective implementation of the SDNM 2016-2020.

### Country and regional needs

Using the four thematic areas as a guide, the SDNM 2016-2030 will provide an overall framework within which Member States, WHO and partners can follow laid down objectives and activities to prioritize in order to meet its own health-care needs, priorities and challenges. Countries must be encouraged to take the SDNM into account in their national health and Human Resources for Health (HRH) planning and policy-making.

WHO headquarters and regional offices, in conjunction with partners will provide technical support to countries in need as requested. It will strengthen the ability of regional institutions to support efforts to improve nursing and midwifery services at the country level as well as lead joint efforts in specific areas of work within the SDNM framework.

### Areas for expedited action

WHO will work with experts and stakeholders to prioritize areas of intervention in the four thematic areas that require immediate action based on needs. Priority areas for the implementation of the SDNM 2016-2020 includes:

- development of a global programme of work to support SDNM implementation
- development of tools and templates for the collection, storage and updating of baseline data for the monitoring and evaluation of SDNM implementation;
- action plans to mobilize resources for the strengthening of nursing and midwifery services at every level of the health sector;
- regional policies for interprofessional collaboration in education and practice;

### Partnership and Alliances

Through partnership and alliances, WHO will ensure the successful implementation of the SDNM 2016-2020 by promoting multisectoral, interprofessional teamwork among all stakeholders at the global, regional, national and local levels. WHO will coordinate implementation efforts, with the support of key partners to strengthen capacity of nursing and midwifery frameworks in countries to deliver on the SDNM.

### Monitoring and Evaluation

The SDNM 2016-2020 needs a strong monitoring and evaluation framework to ensure effective assessment of its implementation. WHO alongside its partners, will work with Member States to foster a shared ownership as well as ensure a joint sense of responsibility towards achieving the vision of the SDNM 2016-2020. A good monitoring and evaluation plan will also ensure that progress can be monitored and adjustments made to programmes where necessary. This plan will be incorporated into instruments such as the minimum datasets and the template reporting documents to be developed at respective levels.

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**Annex 1: WHA Nursing and Midwifery resolutions**

<b>Year</b>	<b>Resolution</b>
2011	WHA64.7:Strengthening nursing and midwifery
2006	WHA59:27: Strengthening nursing and midwifery
2001	WHA54.12: Strengthening nursing and midwifery
1996	WHA49.1 : Strengthening nursing and midwifery
1992	WHA45: Strengthening nursing and midwifery in support of strategies for health for all
1989	WHA42:27 Strengthening nursing/midwifery in support of the strategy for health for all
1983	WHA36.11 The role of nursing/midwifery personnel in the Strategy for Health for All
1977	WHA30.48 The role of nursing/midwifery personnel in primary health care Teams
1950	WHA 3.67 Increasing and improving the supply and use of nurses
1949	WHA 2.77. Expert Committee on Nursing