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Promoting nursing and midwifery development in the Eastern Mediterranean Region

Accessibility to, and coverage of health services, are to a great extent, dependent on nurses and midwives, particularly as they constitute the first point of contact with communities in rural and underserved areas. The roles and status accorded to the nursing profession continue to present challenges to the efficiency and effectiveness of health systems in the Region. Member States are requested to consider the need for revision of the current regional strategy for nursing and midwifery.

A draft resolution is attached for consideration by the Regional Committee.

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Executive summary

Nurses and midwives are the main professional component of the "front line" workforce in most health systems, and their contribution is recognized as essential to meeting health and development goals, including the Millennium Development Goals, and delivering safe and effective care. Accessibility to, and coverage of health care services are, to a great extent, dependent on nurses and midwives, particularly as they constitute the first point of contact with communities in rural and underserved areas. Accordingly, health indicators and mortality and morbidity dynamics are directly linked to nursing practice, in addition to medical and other levels of health services. Within the context of the health system, nurses and midwives comprise the main group of human resources for health, providing care through all national programmes, often under very difficult conditions. Health systems face an increasing number of challenges while governments remain dedicated to searching for cost-effective options to enhance the capacity of national systems to perform well.

While the Region continues to invest in the development of nursing and midwifery resources as a critical component of the health system and health services development, several gaps remain in the provision of well trained and motivated health workforces as a whole and in nursing and midwifery in particular. Efforts are being made to manage the crisis related to shortage in nursing and midwifery while trying to improve the quality of education of nursing and allied health personnel in general.

Since the first meeting of the Regional Advisory Panel on Nursing in 1990, tremendous progress has been achieved in nursing and midwifery development, both at the national and regional levels. During the past 18 years, WHO's collaborative programme in nursing and midwifery with Member States of the Region has focused primarily on establishing and reforming basic nursing education, developing post-basic specialty programmes, strengthening nursing structures in ministries of health, establishing national strategic plans for nursing and midwifery development, building national capacity for disaster preparedness, mitigation, response and recovery, assisting countries in developing and strengthening nursing and midwifery regulation, and supporting countries in complex emergencies and conflict to build and rehabilitate their nursing and midwifery education and services within the overall development of the health system.

In order to ensure continuing development in quality and coverage of health care, there is an urgent need to re-examine the regional strategy for nursing and midwifery adopted by the Regional Committee in 1998, especially in terms of scaling up the nursing workforce, provision of incentives and development of career structures. Focus now needs to be placed on workforce planning, educational reform with establishment of family health nursing education and services within the primary health care context and advanced practice nursing, development of strong committed leadership, maximum utilization of roles, creation of positive practice environments with specific strategies for rapid scaling–up of the nursing and midwifery workforce in countries in conflict and complex emergencies and strategies to retain nurses and midwives and manage nurse out-migration.

1. Introduction

"The most critical issue facing health care systems is the shortage of people who make them work" [1].

Health systems face an increasing number of challenges while governments continue to search for cost-effective options to enhance the capacity of national systems to perform well. Today, the practice of nursing and midwifery is taking place within a context of globalization, heightened public demand and expectation for better health care services, advanced research and technology, rising health care costs, limited financial resources, and a global shortage of health workers.

Nurses and midwives are the main professional component of the "front line" workforce in most health systems, and their contribution is recognised as essential to meeting health and development goals, including the Millennium Development Goals, and delivering safe and effective care. Accessibility to, and coverage of health care services are to a great extent, dependent on nurses and midwives, particularly as they constitute the first point of contact with communities in rural and underserved areas. Accordingly, health indicators and mortality and morbidity dynamics are directly linked to nursing practice, in addition to medical and other levels of health services. For many countries, one of the most problematic current human resource challenges is a shortage of nurses. In most countries, 90% or more of the nursing workforce is female [2]. Nurses and midwives in the Region provide leadership, manage and supervise community workers and play a major role in training and scaling up competency levels of other health workers. If health system performance is to be improved and progress towards meeting the Millennium Development Goals accelerated, urgent action is needed to overcome the problems that seriously undermine the contribution nursing and midwifery services can make to the vision of better health for our communities.

The health workforce in crisis, as the theme of the 2006 World Health Day, marked the beginning of a decade 2006–2015 devoted to addressing human resources development. WHO and Member States made commitments to make human resources for health and its nursing backbone a strategic priority across the globe [3]. The purpose of this paper is to review the present nursing and midwifery situation in the Region and propose new strategic directions for nursing and midwifery development.

2. Global context

The global strategic directions for nursing and midwifery services 2002–2008 outlined five key areas in the nursing and midwifery sector where urgent attention is required: human resources planning and capacity building, management of personnel, evidence-based practice, education and stewardship [4].

In May 2006, the Fifty-ninth World Health Assembly passed resolutions on rapid scaling up of health human resources and on strengthening nursing and midwifery. Among other things, the Assembly called on Member States to affirm their commitment to the training of more health workers by promoting training in accredited institutions of a full spectrum of quality health professionals (WHA59.23) and to establish comprehensive programmes for the development of human resources which support the recruitment and retention, while ensuring equitable geographical distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce (WHA59.27). The Assembly requested the Director-General of WHO to ensure the involvement of nurses and midwives in the integrated planning of human resources for health particularly with respect to strategies for maintaining adequate numbers of competent nursing and midwifery personnel (WHA59.27).

In 2007 the Global Consultation on Strengthening the Nursing and Midwifery Services, a collaborative effort between the Government of Pakistan, World Health Organization, International Confederation of Midwives and International Council of Nurses, culminated in the Islamabad Declaration. The declaration affirmed that a coordinated, integrated, collaborative, sustainable approach to planning, policy and health care delivery is necessary to further strengthen nursing and midwifery and acknowledged that countries in crisis or conflict have unique needs. The declaration

addressed three critical elements for strengthening nursing and midwifery capacity to ensure availability of quality nursing and midwifery services: a) determining the appropriate skill mix; b) scaling up nursing and midwifery capacity; and c) identifying measures to create positive workplace environments for nursing and midwifery. The Islamabad Declaration has proved an essential tool in advocacy and programme development [5].

3. Current status of nursing and midwifery in the Region

3.1 Developments since 1994

In 1994 the Regional Committee affirmed the need for national planning for nursing and midwifery through strengthening nursing units at the ministries of health, enacting the necessary regulatory mechanisms to support nursing and midwifery practice, improving the public image of the nursing profession, and formulating national strategic plans for nursing and midwifery development (EM/RC41/R.10). In 1998, the Regional Committee endorsed a regional strategy to improve the quality of nursing and midwifery in the Region (EM/RC45/R.12) and use of the guidelines on future directions for nursing education in developing curricula. This strategy [7] has been used as a guiding framework to support countries to establish nursing structures at the central level in ministries of health, to direct national nursing policy and to develop national strategic plans for nursing and midwifery development to meet the health services needs. However, these plans need to be incorporated into national health plans. Regional standards for technical and professional nursing education, regional priority areas for nursing specialization, and core curricula for technical nursing education and university nursing education, respectively were also developed [8].

Since the first meeting of the Regional Advisory Panel on Nursing in 1990, tremendous progress has been achieved in nursing and midwifery development, both at the national and regional levels. Countries have initiated work on integration of disaster nursing and preparedness into nursing curricula through adoption of a set of core competencies for nurses in emergency and disaster preparedness, developed by WHO [9]. Her Royal Highness Princess Muna Al Hussein has been WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region since March 2003 and is playing an important role regionally and globally in promoting nursing and midwifery. The Regional Office has continued its support to the Gulf Cooperation Council (GCC) nursing technical committee as a sub-regional forum since its inception in 1992, and to the Arab Advisory Nursing Committee which was established by the League of Arab States in 2001. Another development has been the establishment of the Gulf Nursing Specialization Board.

3.2 What has the strategy achieved?

The regional strategy has guided Member States in the development of nursing and midwifery in four key areas: national planning for nursing and midwifery, reform of education, regulation and leadership development. WHO has provided support to all Member States to implement one or more of these components.

Using the regional strategy, most countries have initiated a process of educational reform at both the basic and post-basic levels, which involves community orientation, competency-based education, self-directed learning, evidence-based practice and development of national standards of nursing education. In Pakistan, a strategic plan for nursing, midwifery and lady health visitor education reform has been developed. Building and rehabilitating nursing and midwifery education and services within the overall development of the health system in countries in complex emergencies and conflict has been a major goal for the Regional Office. The GCC nursing technical committee has been instrumental in moving forward the nursing agenda. It has developed a strategy to guide the development of nursing in the seven countries concerned including development of minimum educational standards and guidelines for nursing and midwifery regulation based on the regional strategy. The committee has also developed guidelines for nursing human resources planning, and a framework for evidence-based practice. A plan for improving the UNWRA nursing and midwifery services was also developed using the strategy.

The International Council of Nurses has been in a strategic collaborative partnership with the Regional Office to strengthen the leadership and management capacity of nurses and improve health care and nursing and allied health since 2002. This leadership and management action–oriented training programme has been implemented in Bahrain, Jordan, Saudi Arabia, Yemen and United Arab Emirates, and is scheduled to start in Pakistan, Sudan and Syrian Arab Republic. Many significant projects have been undertaken by the participants and graduates of the programme in the Region to improve the quality of nursing and midwifery services.

3.3 Nursing and midwifery workforce

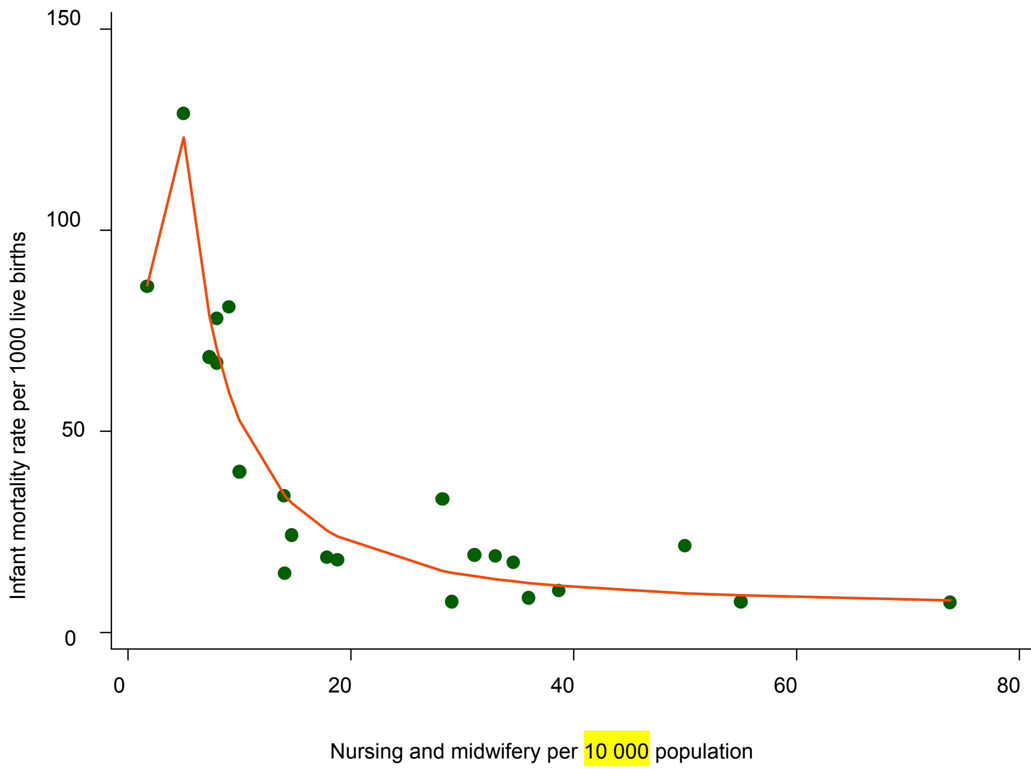
There is a strong correlation between the availability of human resources for health and health outcomes. There is evidence that as the density of nurses and midwives increases infant mortality and maternal mortality decrease [3], as illustrated in Figure 1 and 2.

Nurse understaffing has been linked to negative outcomes, including increased mortality rates, patient falls, increased cross infection rates, medication errors, absenteeism and burn out among nurses, longer hospital stays and increased incidence of violence against staff [2].

In the Eastern Mediterranean Region, currently there are more than 2 million health workers. However, in order to raise the regional average number of workers per 1000 population from 4.6 to reach the current global average of 9.3, the immediate need exceeds another 2 million. The regional average for nursing and midwifery personnel is 14.8 per 10 000 population, ranging from 0.7 to 73.8 (see Figure 3). The human resources for health mapping that was carried out in 2005 and 2006 in 15 countries of the Region illustrates the variation in nurse/population ratio in different countries of the Region. Nurse/population ratios in high-income countries are at least 100 times greater than those in low-income countries, reflecting the level of health funding. A low nurse/population ratio in a country means fewer nurses to care for a higher number of patients.

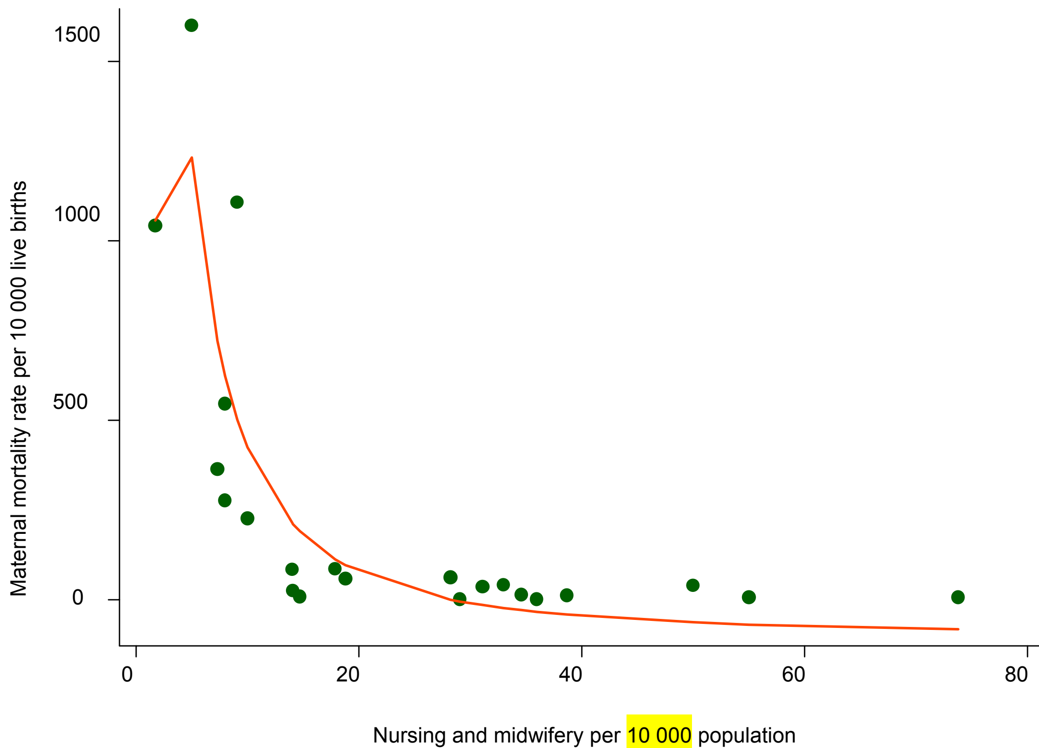
There is a growing health workforce crisis in many parts of the world. Across the developing world, health workers are facing economic hardship, deteriorating health infrastructure and social unrest. In the industrialized countries, as people live longer and chronic diseases increase, there is a need for ever more members in the health worker teams, further fuelling the migration of scarce health workers from developing countries.

In the Eastern Mediterranean Region, the gap between supply and demand, the geographic mal-distribution between urban and rural settings and the imbalance in the number of different categories of professionals represent another dimension of the crisis. Furthermore, even in countries where the ratio of health worker to population is high, the number of expatriate workers exceeds that of nationals. The percentage of national nurses in the six founder member countries of the Gulf Cooperation Council ranges from 4% to 55% (Bahrain 55%, Kuwait 10% Oman 52%, Qatar 8%, Saudi Arabia 27%, and United Arab Emirates 4%).This situation deprives these countries of a sustainable national capacity, an issue which will have to be addressed in the long run.



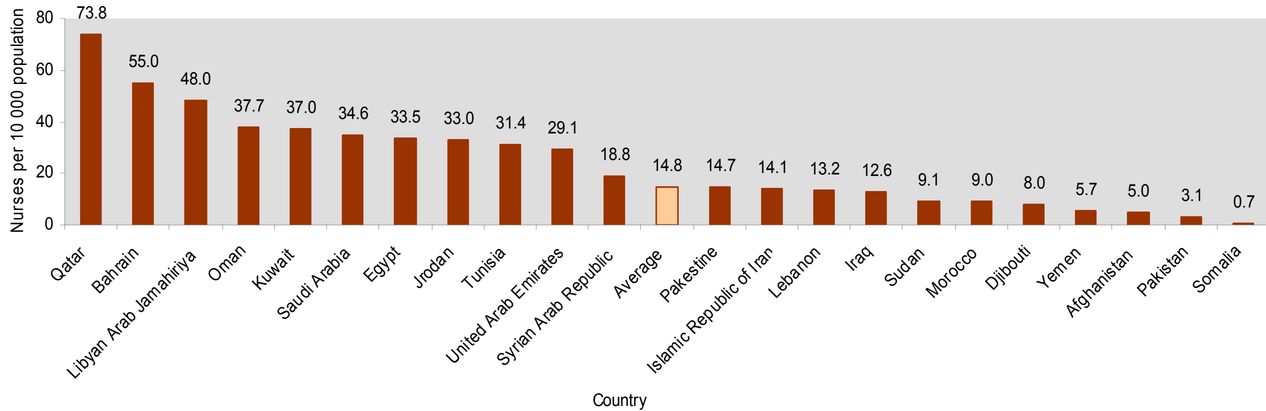
Source: WHO Regional Office for the Eastern Mediterranean

Figure 1. Linkage between density of nurses and midwives and infant mortality in the Eastern Mediterranean Region



Source: WHO Regional Office for the Eastern Mediterranean

Figure 2. Linkage between density of nurses and midwives and maternal mortality in the Eastern Mediterranean Region



Source: [10, 11]

Figure 3. Nurses per 10 000 population in the Eastern Mediterranean Region

4. Current challenges

The disparity between supply and demand poses a major challenge to policy-makers. Shortage of qualified nurses and midwives, high work load, poor working environment, low job satisfaction, inadequate remuneration and lack of nursing workforce plans seriously affect the quality of nursing and midwifery services in the Region. More work is needed in the area of strengthening regulation, leadership development, development of national strategic plans, establishment and strengthening of directorates of nursing at the central and provincial levels (see Table 1). One of the main achievements of recent years has been the raising of the entry level into nursing to completion of secondary education. Nursing directors and their staff need continuing support to become active participants in health and nursing policy-making and planning, including a proper level of authority and sufficient resources, both financial and human, to implement action to strengthen the roles of nurses and midwives and improve the nursing and midwifery services.

Nurse migration and retention is a pressing challenge for national health systems and to initiatives to improve their performance. Almost one-third of countries are going through complex and unstable situations and several countries are suffering from severe shortages in the health workforce exacerbated by emigration. The mass migration of the best qualified health workers, especially nurses, to other countries has severely affected the performance of health systems. Iraq and other countries in crisis have, for example, gradually lost their most educated health workers, in many cases on a permanent basis. Another characteristic of the Region is demand for health workers in some countries compared with the oversupply in others but without well-coordinated policies at the national or regional level to tackle this problem.

Table 1. Gaps between adopted regional nursing strategy and implementation in the countries of the Region

Country	Nursing unit in the Ministry of Health	Regulations	National strategy	Secondary school completion for entry into practice	Nursing education reform	Leadership development programmes
Afghanistan	X	–	–	–	X	–
Bahrain	●	X	X	X	X	X
Djibouti	–	–	–	X	X	–
Egypt	X	–	–	–	X	–
Iran, Islamic Republic of	X	X	–	X	X	–
Iraq	X	–	X	–	X	–
Jordan	●	X	X	X	X	X
Kuwait	X	X	–	–	X	–
Lebanon	●	X	–	X	X	–
Libyan Arab Jamahiriya	–	–	–	X	–	–
Morocco	–	X	–	X	X	–
Oman	X	X	–	X	X	X
Pakistan	●	X	–	X	–	–
occupied Palestinian territory	X	X	–	X	X	–
Qatar	●	–	–	X	X	–
Saudi Arabia	X	–	X	X	–	X
Somalia	–	–	–	X	X	–
Sudan	●	–	–	X	X	–
Syrian Arab Republic	X	–	X	X	X	–
Tunisia	–	X	X	X	X	–
United Arab Emirates	X	–	X	X	X	X
Yemen	●	–	X	X	–	X

● No approved structure for nursing at the central level and/or only one professional incumbent in the post.

X In place

– Not implemented in full

Country experiences and studies have shown that nurses move because of “push” factors which encourage nurses to leave the source country. These factors include poor working conditions, lack of career development and promotion opportunities, low pay, lack of professional development opportunities, lack of support from supervisors, lack of involvement in decision-making at different levels of the health care delivery system, political instability and violence [2].

“Pull” factors, which are exerted by receiving countries, include better pay and other financial benefits, career development opportunities, educational opportunities, personal security and stability, better educational opportunities for children and aggressive recruitment [12]. Low- income countries and countries in crisis, in particular, are losing their future nursing leaders through this process. Another challenge is internal migration from rural to urban areas, from the public sector to the private sector, and from nursing to other types of employment or to no employment.

A recent study on the migration of Lebanese nurses [13] estimated that one in five of the nurses that receive a bachelor of science in nursing migrates out of Lebanon within one or two years of graduation. They migrate to the GCC countries especially Kuwait, Saudi Arabia and the United Arab Emirates, to Europe, especially to the United Kingdom, France and Sweden, and to the United States of America and Canada. The pull factors for the Lebanese nurses were identified as: high nurse to patient ratios, autonomy in decision-making, working in a supportive environment, being valued by other health professionals, career development, salary levels, equality with other professional careers, being treated as a valued health professional, a permanent position, commitment to excellent nursing care, employer educational support, safe working environment and programme for recognition of excellence. The study concluded that nurse migration is a result of poor management and lack of effective retention strategies and sufficient knowledge about the context, needs and challenges facing nurses. In the Islamic Republic of Iran, one of the strategies implemented to retain

nurses is adjusting the working hours whereby nurses with longer years of service are entitled to work shorter hours.

The opening up of trade in health services has created challenges for human resources for health. One of the modes of supplying services that is addressed by the General Agreement on Trade in Services (GATS) is the movement of natural persons or expatriate workforce [14, 15]. Strengthening regulatory systems for health professionals in countries of the Region recruiting externally is a necessary intervention to protect the public from practice by inappropriately qualified health professionals. World Health Assembly resolution WHA57.19 urged Member States to develop strategies to mitigate the adverse effects of migration of health personnel, and to frame and implement policies and strategies that could enhance effective retention of health personnel.

Other challenges include the need to strengthen collaboration between nursing education and nursing services in the Region, and to strengthen clinical learning, both at the community and hospital level, as part of nursing and midwifery education reform. There is also an urgent need to improve students' preparedness for nursing services needs. In view of the changing nature of the health care scene, it is important to share and disseminate positive examples of how nurses have successfully demonstrated ways of bridging the education–service gap [16]. Accreditation of nursing education programmes to assess the quality of the educational process and ensure graduation of competent practitioners is a major area of concern in most countries. In 1994, the Regional Office launched a health professions education accreditation initiative which aims at supporting countries to establish national accreditation systems for all health professions, including nursing.

In some countries, the nursing profession suffers from a poor image and there is lack of support and respect for nurses. In a few countries of the Region there is a lack of control over nursing education by nurses, while some schools of nursing lack the appropriate infrastructure, faculty and governance to fulfil their educational roles.

5. The way forward

Urgent attention is needed in the Region to four key areas: nursing and midwifery capacity; positive practice environments; nursing leadership; and development of new roles such as family health nursing and advanced nursing practice. This will promote nursing and midwifery development and help to achieve the Millennium Development Goals and the goals of national priority programmes including integrated primary health care, and to strengthen health systems generally.

Scaling up nursing and midwifery capacity

Although some small countries have a large ratio of nurses to population, most countries in the Region are deficient in nurses, both male and female. This is particularly true in low-income countries, where roughly half the regional population lives. This shortage is due in part to lack of nursing schools and teachers. In addition to establishing more nursing schools, programmes need to be developed to train graduate nurses to teach nursing, in order to build up a cadre of nurse and midwifery teachers. More nurses and midwives need to be developed as leaders, to head nursing schools and colleges, to work in ministries of health, raise the visibility of the nursing and midwifery profession and to help ensure strategic planning and development with regard to nursing and midwifery and the health workforce.

Image is one of the most important constraints to scaling up nursing practice in the Region. While the titles and educational requirements of nurses vary among countries, their status is generally low in all countries. Low pay scales compound this situation, discouraging the retention of trained nurses and midwives, who may migrate to other countries or move to administrative positions or to non-nursing employment. Incentives are needed to retain nurses and midwives and should reflect the level of complexity of the work. In most countries of the Region, there is a shortage of male nurses, and more efforts are needed to develop a gender balanced nursing workforce. Programmes are also needed to provide refresher training to older nurses returning to the workforce, for example after raising a family. Nursing is one of the few careers where the graduates are ensured a position after graduation; this can be used to attract students.

The Regional Office is supporting creation of human resources for health observatories in countries. These observatories involve networks of all stakeholders in health workforce development and are a resource for producing, sharing and utilizing information and evidence to support development of policies and strategies and monitor policy implementation. Observatories have been launched so far in Oman, Sudan and Syrian Arab Republic and other countries are in the process of developing observatories. Development of national observatories is crucial for nursing and midwifery workforce planning as they provide a platform data collection and dissemination on the workforce.

Creating positive practice environments

In 2006, national nurses associations across the globe celebrated International Nurses Day under the theme “Safe staffing saves lives”. The toolkit developed for this by the International Council of Nurses provided evidence that staffing levels have an impact on morbidity and mortality outcomes and that there is a relationship between nurse and midwife staffing levels and patient outcomes [17]. Evidence has also been gathered that positive practice environments, i.e. settings where nurses and midwives can use their skills to best effect, save lives, reduce unsafe practice and risks to patients and staff and improve the quality of care. Positive practice environments are characterized by: policies that enhance recruitment and retention of the nursing and midwifery workforce; strategies for continuous professional development; adequate employee compensation; recognition programmes; sufficient equipment and supplies; support and respect; and safe working environments. Determining staffing levels using workforce planning tools and models has a positive impact on the working conditions of nurses. Conversely shortages of nurses and midwives, increase in nurses’ workloads, and poor staffing patterns and skill mix all have a negative impact and need to be addressed.

Developing strong committed nursing leadership

Well developed national nursing and midwifery plans cannot be moved forward if there is lack of nursing leadership at the national level and lack of progress in this area affects the morale of the nursing workforce. If there is strong, committed nursing leadership at the central level, with a vision that is shared with the nursing workforce, progress can be tremendous.

Development and enactment of regulatory mechanisms to protect the public, improve the standard of care and enhance the contribution of nurses to improving the health and quality of life of people is a major challenge for most of the countries of the Region. To meet this challenge, the Regional Office has been heavily involved in supporting countries to develop regulatory systems for nursing and midwifery and to establish and strengthen nursing councils, such as those in Oman, Jordan and Pakistan. Support has been provided to the Order of Nurses in Lebanon and Ministries of Health in Bahrain, Islamic Republic of Iran and Syrian Arab Republic to strengthen nursing and midwifery regulation. Other countries need to address this area [18].

Advocating for development of new roles

All people should have access to competent nurses and midwives who provide care, supervision and support in all settings. The support of nurses and midwives to individuals, families and communities during the various stages of the life cycle is an important social determinant of health. The hospital has been the main centre for the education of health personnel including nurses and the centre of health services provision. Most of nursing students’ clinical experience is centred on the hospital setting with minimum experience in the community, and a very narrowly focused and limited acute care clinical experience in health centres.

There is a discrepancy between nursing and midwifery education and community needs for service. The hospital population, which represents the smallest proportion of the populace, receives the highest proportion of the nursing service, whereas rural communities, health centres and health posts receive the smallest proportion of nursing and midwifery services. The predominant activities of nurses are curative in nature, with an emphasis on physical and medical care within hospitals. Nursing interventions that contribute to health promotion and disease prevention are carried out on a limited scale. This is very clear in activities which are delivered in non-hospital settings, such as

schools, industry and health centres, or where the focus is on the sick and injured rather than on maintaining a healthy environment, promoting healthy behaviour and empowering the various population groups to be health advocates [19–22].

Misuse of the nursing workforce exacerbates the shortage of nurses in the Region. In this respect the need for support staff must be recognized, along with the potential roles that nurses can play in delivery of health services, for example in the growing trend of nurse prescribing. Opportunities for advanced practice nursing should be examined from a primary health care perspective to determine where use of well prepared nurses could facilitate timely access to health services. Both technical nurses who have completed a minimum 2½-year programme with a requirement of 12 years of general education, and professional nurses who have completed a 4-year university programme are needed to deliver health services in many countries. It is important that nursing curricula are oriented towards community health needs.

Two roles are worthy of greater consideration in the Region.

a) Family health nursing

Family health nursing arose in response to changing health patterns and needs and changes in health policy directions. In family health nursing, the health needs and problems of the family are considered as a whole and the individual health problems of the family members are dealt with within the framework of a comprehensive family health programme at the primary health care level. Family health nursing can be viewed as a way to deliver comprehensive clinical nursing care to the family and the individual members within the family unit. The family health approach allows incorporation of social determinants in health promotion activities and improves integrated health services at community level.

Family health nursing is based on the concept of the family as a unit and is directed towards meeting the health needs and concerns of the family by encouraging it to use its own resources, both human and material, and by indicating the best way to use available health services. In many countries, the shortage of health personnel limits the wider use of home visiting services intended to reach all families needing care; such visits often have to be reserved for selected families only. Thus, other methods must be employed to provide family health care. Possible approaches are to work with small groups of families and to organize consultations in a family-centered clinic [23].

Development of family health nursing in the Region can enhance efforts directed at improving the quality of nursing practice. Nurses have a major role to play in ensuring equitable access, promoting and protecting health, and preventing and controlling specific health problems in the Region. Establishing the roles, educational programmes and structures in which qualified and competent family health nurses can perform in collaboration with family physicians in the Region will improve the quality of nursing and midwifery services and improve access to quality health care [24].

b) Advanced practice nursing

Governments are examining ways and means to optimize human resources for health, including physicians and nurses [25]. Historically, nurses have been recognized as an instrumental part of public health and community health. Advanced practice nursing is an area that deserves attention in the Region. The educational standards for nursing specialization had been set at the regional level as a result of advice and efforts of the Advisory Panel on Nursing. However, the scope of professional roles and responsibilities and regulation of advanced nursing practice need to be studied and agreed upon. The second challenge is determining ways to provide timely and accessible service to clients, especially the more vulnerable members of the community, such as the elderly, the terminally ill, the mentally ill, the disabled and the poor.

A major component of advanced practice nursing is the prescribing of medicines. Clear definition of the role of nurses in prescribing, specifying the conditions to be treated, end points and mechanisms for referral, as well the general professional relationships between the nurse prescriber and the other members of the health team, including the physician and the pharmacist, is necessary to ensure

access to quality health care. Other issues requiring national consensus are the legal provisions for nurse prescribing, changes needed in the curricula and referral systems.

According to the regional standards for nursing education [8], specialist nurses function as advanced practitioners and care managers in primary care settings as well as specialized hospital units. They have advanced knowledge and skills in a specific area of nursing practice, which includes in-depth understanding of health problems in the context of changing health care delivery. They can identify complex or critical problems and respond immediately to varying patient needs and environmental change. The six priorities for nursing specialization in the Region are: midwifery, mental health nursing, community health nursing, critical care nursing, oncology nursing and gerontological nursing.

6. Conclusion

There is a need to review and update the present regional strategy for nursing and midwifery development to focus on new directions for scaling up nursing and midwifery capacity, creating positive practice environments, developing strong committed nursing leadership, and advocating for development of new roles, such as family health nursing within the primary health context and advanced practice nursing. The updated strategy should also address nursing and midwifery workforce planning, education, maximum utilization of roles, positive practice environments with specific strategies for rapid scaling-up of the nursing and midwifery workforce in countries in conflict and complex emergencies, and strategies to retain nurses and midwives and manage nurse out-migration.

Recruitment and retention of a competent, motivated nursing and midwifery workforce is critical to a well functioning health system. However, without allocation of adequate resources to the nursing and midwifery services in the countries of the Region, it will be impossible to move this agenda forward. The Regional Office will support Member States in addressing these issues to improve quality of care and ensure equitable access to health care services. If health systems are to respond adequately to the needs of populations and communities, Member States will need to address the role and status of nurses and midwives in society in general, and in the health system in particular.

7. Recommendations to Member States

1. Support a review and update of the regional strategy for nursing and midwifery to address emerging issues including governance, education, practice and regulation.
2. Develop strategies for rapid scaling up of the nursing workforce to address disparities in supply and demand, including the low proportion of nationals in some nursing workforces.
3. Establish family health nursing, including educational programmes and service delivery structures.
4. Establish nursing and midwifery regulatory systems based on the regional guidelines, including establishment of nursing and midwifery councils.
5. Encourage development of advanced practice nursing at the primary, secondary and tertiary level of care.
6. Develop nursing workforce plans as part of a comprehensive health human resources plan at the national level.
7. Take the necessary measures to scale up nursing and midwifery capacity and production in countries suffering from a crisis in health human resources.
8. Develop bilateral agreements to manage the mobility of health workers and to promote cooperation between countries in the production and recruitment of nurses and midwives.
9. Build the management and leadership capacity of nurses and midwives in collaboration with partners.

10. Implement measures to ensure that the contribution of nursing and midwifery services and national nursing strategic plans are reflected in the overall health policies and plans.

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