

Summary report on the

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Expert group meeting on the regional framework for action on strengthening nursing and midwifery in the Eastern Mediterranean Region 2015–2025

Abu Dhabi, United Arab Emirates
25–26 March 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Under the patronage of Her Royal Highness (HRH) Princess Muna Al-Hussein, an expert group meeting was organized to discuss the regional framework for action on strengthening nursing and midwifery in the Eastern Mediterranean Region 2015–2025. The framework is a product of several meetings, including the regional nursing forum on the future of nursing and midwifery in the Eastern Mediterranean Region held in April 2015 that identified key challenges impeding delivery of safe and competent nursing and midwifery care, together with feasible and appropriate solutions. A meeting in Geneva in May 2015 developed a roadmap for addressing the challenges, with short- and long-term actions, and a time frame for implementation. A draft framework for action was then presented at the pre-session to the Sixty-second WHO Regional Committee for the Eastern Mediterranean held in Kuwait in October 2015.

The expert group meeting brought together nursing and midwifery professionals and other stakeholders from the Region, along with international experts and WHO staff. The objectives of the meeting were to:

- finalize the regional framework for action on strengthening nursing and midwifery in the Eastern Mediterranean Region 2016–2025; and
- identify effective ways and action points to operationalize and implement its strategic directions.

Dr Alwan, WHO Regional Director for the Eastern Mediterranean, opened the meeting, expressing his appreciation for the commitment and support given by HRH Princess Muna Al-Hussein in advancing nursing and midwifery in the Region and other international forums. He noted that strengthening nursing and midwifery was critical in

addressing regional health care priorities, such as the burdens of communicable and noncommunicable diseases, and in adequately preparing countries for, and responding to, emergencies. He said that the challenges impeding the progress of nursing and midwifery in the Region included low investment in education and employment, poor governance and performance of health systems, high mobility of nurses and midwives, and the negative impact of conflict on health systems and the health of populations. Dr Alwan encouraged participants to review the framework with a critical eye, taking the current context into consideration, prioritizing those strategies that could make a difference, and identifying specific, realistic and attainable actions, with measureable indicators.

HRH Princess Muna Al-Hussein expressed her pleasure that the framework for action was ready to be reviewed and finalized, and her appreciation of the commitment of nurses and midwives to advancing their professions. She said that the knowledge, experience and roles undertaken by nurses and midwives were critical to quality health care and urged participants to be constructive and to produce a document that could be translated into action. She assured participants of her commitment to supporting and advancing the professions at all levels.

2. Summary of discussions

The meeting started with a presentation on the different components of the framework for action, including the vision and guiding principles, structure, outline and content. A plenary discussion on the overall structure and components of the framework was followed by group work activities focusing on the five domains of the framework, with the results shared in plenary to strengthen and improve the comprehensiveness, consistency and feasibility of the framework. The next steps in finalizing and operationalizing the framework at regional and country levels were then identified.

Vision

Participants felt the vision should remain simple and use accessible language. The majority felt that the vision should remain largely as currently worded, with changes only to shorten it or for the purpose of clarification. It was suggested that the vision needs to refer to the Sustainable Development Goals (SDGs) and universal health coverage. The importance of nurses and midwives functioning as equal partners with other health professionals in service delivery, practising to the full extent of their preparation and leadership, was noted.

Governance

Participants divided action in this domain into: a) governance of nursing and midwifery within the health system; and b) professional governance through regulation. Differences in governance and political structures in the Region mean that there can be no single model of governance. For example, in some countries, especially those showing a significant growth of the private sector, the number of players in the delivery of health care and the magnitude of the services they deliver can be significant, making governance of nursing and midwifery at national level difficult to achieve. WHO can assist countries in shaping effective governance systems by sharing different models of governance and good practices that take these differences into account. Professional regulation plays an essential and important role in promoting quality and safe practice in the delivery of nursing and midwifery services.

It is important to have a chief nurse with sufficient authority to play a major role in formulating national nursing and midwifery policies. WHO's recent publication on the roles and responsibilities of chief nursing and midwifery officers provides valuable and timely information on how this role can be formulated and operated in modern health systems.

Nursing and midwifery workforce

There is a shortage of nurses and midwives. Group I countries (including Gulf Cooperation Council countries), compensate by recruiting heavily from abroad, as they face significant problems in producing, attracting and retaining nationals. For example, in Kuwait only 2% of the nursing and midwifery workforce is national, and recruitment remains low (only 5–6 out of more than 14 000 high school graduates made nursing their first choice). There has been greater success in nationalising the workforce in Bahrain (over 50% of workforce) and Oman (over 60% of workforce and 80% of faculty). Approaches to dealing with these shortages include: facilitating access to education in all geographical, especially rural, areas; working closely with ministries of labour and education; and paying attention to nurses' salary scales and creating career pathways for nurses. Initiatives in Qatar and United Arab Emirates include developing national recruitment and retention plans and a project to increase the attractiveness of nursing using social media to reach potential recruits.

Although remuneration is an important factor in attracting and retaining nurses and midwives, research shows that more is required to reduce turnover and increase attractiveness. The working environment is also a critical element, with many factors contributing to poor workplace environments including poor management practices, managing foreign-educated nurses and midwives, low recognition of the contribution and capabilities of nurses and midwives, lack of support when conflicts arise, a punitive culture when mistakes are made and a paucity of continuous professional development programmes. Attention was drawn to the positive practice campaign launched by the World Health Professions Alliance, which has valuable information and resources, strategies, guidelines and tools designed to assist in improving practice environments for all health professionals.

Other issues include the need to pay attention to the skill-mix in nursing and midwifery planning and deployment, and the barriers that impede nurses and midwives from practicing to the full extent of their education and capabilities. The need for research to better understand the labour market and its implications for nursing and midwifery production, recruitment and retention was also noted, as was the lack of reliable data and systems to manage the nursing and midwifery workforce and the need to improve the management of nursing and midwifery services, including capacity-building for managers. The uniqueness of each country was emphasised. Countries may choose similar strategies, but the implementation plan will be different to meet the specific needs of their context.

Nursing and midwifery practice and services

Participants highlighted the importance of identifying, developing and using available evidence to highlight the positive impact of nursing and midwifery services on the outcomes of health systems, especially when deployed in a manner to increase access to essential primary care services, particularly in underserved rural and remote communities and with vulnerable populations with higher needs for health care services. Measuring the cost-effectiveness of nursing and midwifery services is also important, as is developing and supporting clinical nursing leadership.

There is a need to create, introduce and nurture models of advanced practice nursing and to evaluate their impact, especially with regards to cost-effectiveness. While higher-income countries have established advanced nurse practice roles, low- and middle-income countries need to introduce these roles, especially if they are to attain universal health coverage. Scopes of practice, where they exist, should be revisited to establish their current relevance, especially in the promotion of the

SDGs and universal health coverage. Where scopes of practice are absent, action should be taken to remedy this situation as a priority.

Other key challenges include improving, monitoring, and evaluating the quality of nursing and midwifery services, increasing access to continuing professional development, addressing the impact of large numbers of foreign-educated nurses practicing in a country, and preparing and training nurses and midwives to manage and respond in emergency and disaster situations.

Access to quality education

While there is diversity in the Region with respect to the financial, material and human resources available for nursing and midwifery education (especially in the use of technology), the Region as a whole needs to significantly increase investment if it is improve access to quality nursing and midwifery education.

If the SDGs and universal health coverage are to be achieved, curricula need to be reformed so that graduates have the competencies required to contribute to these goals. Entry requirements and current educational approaches were discussed, as were the shortcomings of current educational programmes in preparing nurses and midwives for primary health care practice and community-based services. Clinical practice training should be expanded to encompass non-hospital settings to make education more relevant to the needs of communities. More interprofessional education should be introduced.

Teacher shortages and capacity also need to be addressed. Current faculty members may require capacity-building in the necessary skills and capabilities to develop, manage and deliver reformed educational programmes. There is a need to review policies that prevent the recognition of qualifications obtained through distance and online

learning. WHO's important work and resources on transforming health professional, including nursing and midwifery, education were acknowledged.

Research

Participants discussed the importance of strengthening nursing and midwifery research in the Region. They highlighted several challenges, including scarcity of resources and inadequate sharing of information and collaboration, and the need to capitalize on existing resources and activities. The first step is to carry out a situation analysis. Other suggestions included setting a research agenda for nursing and midwifery, identifying nursing and midwifery researchers, adopting a multidisciplinary approach to researching clinical problems and needs, and being strategic in accessing financial support for research.

3. The way forward and next steps

The feedback and recommendations made during the meeting need to be integrated into the framework. For the purpose of clarification, some editing, re-ordering and removal of duplication are needed. The final document should include: a short introduction; a description of why the framework is necessary; a situation analysis and description of the challenges of nursing and midwifery in countries; a description of the components of the strategic directions; and reference to key guiding documents and tools relevant to the topics included in the framework. More work is needed to establish indicators that can be used by WHO to monitor implementation. It will be important to involve interested parties beyond policy- and decision-makers and to use intercountry meetings to launch the framework and discuss how to develop national strategic plans in line with it.

The immediate next steps are:

- revision of the document by WHO before sending it to meeting participants for final comments;
- presentation of the final framework to the ministerial meeting in May 2016; and
- dissemination of the framework to ministers of health, WHO country representatives and other stakeholders as part of efforts to promote their engagement in its implementation.



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