World Health Organization

REGIONAL OFFICE FOR Europe

Meeting of Government Chief Nursing and Midwifery Officers, WHO collaborating centres and the European Forum of National Nursing and Midwifery Associations in the WHO European Region

Athens, Greece, 3–4 October 2018

MEETING REPORT

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Abstract

The overarching theme of the Meeting of Government Chief Nursing and Midwifery Officers (GCNMOs), WHO collaborating centres and the European Forum of National Nursing and Midwifery Associations in the WHO European Region was to review, discuss and accelerate progress in strengthening nursing and midwifery towards achieving the population health objectives of Health 2020. Participants from more than 40 Member States attended the meeting and provided an update on the progress in implementing the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (ESDNM).* The participants contributed to technical sessions oriented around three key themes "include, invest and innovate", themes developed for the 10th anniversary conference of the *Tallinn Charter: Health Systems for Health and Wealth.* The participants attended working groups on "action to accelerate progress", sharing lessons learned in implementing the ESDNM and identifying opportunities to advance progress. A key point was the importance of strengthening national leadership and advocating for the role of GCNMOs in all governments.

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ACRONYMS

EFNNMA	European Forum of National Nursing and Midwifery Associations
GCNMO	Government Chief Nursing and Midwifery Officers
GP	general practitioner
LGBTQ	lesbian, gay, bisexual, transgender and queer
NCD	noncommunicable disease
ORAMMA	Operational Refugee and Migrant Maternal Approach (project)
SDG	(United Nations) Sustainable Development Goal
TB	tuberculosis
UHC	universal health coverage

BACKGROUND

Nurses and midwives in the WHO European Region represent the majority of frontline health workers engaged in actions to promote health and prevent illness. They are essential in the delivery of primary health-care services. The core values of equity, solidarity and social justice; universal access to efficient and affordable people-centred health services; multisectoral cooperation; and community participation underpin the work of nursing and midwifery personnel. Their services are essential to society, and the contribution of nurses and midwives has long been acknowledged as crucial to improving the health outcomes of individuals, families and communities.

The WHO Regional Office for Europe supports Member States in developing and sustaining health policies, health systems and programmes; preventing and overcoming threats to health; preparing for future health challenges; and advocating and implementing public health activities. Strengthening nursing, midwifery and the broader health workforce, and promoting health systems strategies, are priorities of WHO's work with Member States. The important contribution of nurses and midwives towards achieving population health objectives is emphasized in *Health 2020: a European policy framework and strategy for the 21st century (1).*

Based on evidence and extensive consultations with government chief nursing and midwifery officers (GCNMOs), the European Forum of National Nursing and Midwifery Associations (EFNNMA) and all relevant partners and stakeholders, the WHO Regional Office developed and launched in 2015 the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (2).* The publication, which was translated into many European national languages, was accompanied by a compendium of good practices in nursing and midwifery *(3).* The Regional Office is providing technical support to Member States in their efforts to implement the strategic directions, facilitating the exchange of country experiences and monitoring progress towards achieving Health 2020 goals within the context of universal health coverage (UHC).

In recognition of the significant and valuable contribution nurses and midwives make to improving health outcomes, the meeting provided an opportunity to exchange individual and collective experiences in leadership and utilization of the nursing and midwifery workforce to its full potential.

The purpose of the meeting was to review, discuss and accelerate progress in strengthening nursing and midwifery towards achieving the population health objectives of Health 2020 – the need to improve health for all and reduce the health divide, and the need to strengthen leadership and participatory governance for health – and the longer-term health goals for Member States in the WHO European Region.

Specific **objectives** of the meeting were to:

- provide an update on the progress made in implementing the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals* at the national and regional levels;
- discuss current challenges and enable progress in meeting them;
- arrive at a common understanding of the potential and impact of nurses and midwives in the European Region; and
- agree upon actions to accelerate progress towards achieving the objectives of Health 2020 and the United Nations Sustainable Development Goals (SDGs).

The **expected outcomes** of the meeting were to:

- discuss the progress made in nursing and midwifery since the previous WHO regional meeting on nursing and midwifery in 2015, and lessons learned from country experiences;
- consider vital enablers to scale up action and accelerate progress in different policy contexts; and
- identify key actions that can be used to maximize the potential for achieving Health 2020 and the SDGs.

OPENING SESSION

Dr Galina Perfilieva, former Programme Manager, WHO Regional Office for Europe, opened the event, noting that this was the 17th such gathering since the first WHO meeting of chief nursing officers in Sweden 29 years ago. She warmly welcomed the ongoing collaboration between WHO, GCNMOs, EFNNMA and WHO collaborating centres for nursing and midwifery in the WHO European Region. Participants from more than 40 out of 53 Member States of the Region were present, with 34 colleagues representing country chief nursing officers, 30 members from EFNNMA and 11 from WHO collaborating centres.

Dr Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe, explained that the meeting had been oriented around three key themes: include, invest and innovate, referred to as the "three i's" *(4).* These were developed for the 10th anniversary conference of the *Tallinn Charter: Health Systems for Health and Wealth,* which was held earlier in 2018, and reflect the changed environment 10 years after signing the Charter. The three i's should be pursued in tandem, making sure they serve the Tallinn Charter's values of solidarity, equity and participation, values that have long underpinned the work of nurses and midwives throughout the Region.

Include is about ensuring health systems reach and serve everyone, a key principle of UHC and a focus of global attention. WHO has made UHC a priority agenda item under the 13th Global Programme of Work, and it is central to SDG 3.

Invest is important in its own right for sustained strategic health system investment and spending, but also to ensure that the health system is inclusive. The health system is a driver both for individual and population health and societal well-being, and for wealth and economic growth. The evidence is available and needs to be communicated better.

Innovate is necessary to meet changes in disease profiles and demography, challenges around sustainable financing, demand for new technologies and medicines, and potential new health and financial crises. These all put pressure on systems: innovative responses are necessary to ensure resilience. Innovation is not easy, but we should not shy away from it because it makes us feel uncomfortable.

Participants of the meeting were invited to reflect on the progress made in implementing the *European strategic directions for strengthening nursing and midwifery,* and to explore and discuss actions to accelerate progress to achieve Health 2020 and the SDGs in relation to the three i's.

Ms Valentina Sarkisova, EFNNMA Chair, welcomed participants on behalf of EFNNMA, thanking WHO for the ongoing collaboration. A lot has happened since the last meeting of GCNMOs in 2015 in Riga, Latvia, where the *European strategic directions for strengthening nursing and midwifery and the European compendium of good practices in nursing and midwifery towards Health 2020 goals* were finalized. The strategic directions publication sets out the relevance that nurses and midwives have in achieving the SDGs, UHC and tackling noncommunicable diseases (NCDs) through outreach, screening, prevention and health promotion programmes in the most efficient and cost-effective way.

Ms Sarkisova highlighted the importance of regular meetings and ongoing collaboration that allow further discussion on the best policies to support human resources for health, to strengthen education and evidence-based practice, and to transform services and advanced practice. As such, EFNNMA is part of the Primary Health Care Advisory Group and represents its members at technical high-level events, such as the WHO high-level meeting on Health Systems Respond to NCDs in Sitges, Spain, in April 2018 and the meeting Health Systems for Prosperity and Solidarity: leaving no one behind, in Tallinn, Estonia, in June 2018. EFNNMA now also participates at WHO Regional Committee for Europe meetings, contributing on nursing and midwifery issues.

TECHNICAL SESSION 1. STRENGTHENING NURSING AND MIDWIFERY – REGIONAL AND GLOBAL CONTEXTS

Ms Gabrielle Jacob, Programme Manager, Human Resources for Health, WHO Regional Office for Europe, opened the session, reflecting on the 30th anniversary of the Vienna Declaration on Nursing and how nursing has continued to evolve. The Vienna Declaration started a journey that progressed through the Munich Declaration: Nurses and Midwives: a Force for Health, 2000 that very much emphasized the role of nursing and midwives in policy development and implementation. In the years that followed, collaborations were enhanced, and relationships built, leading to the network of connections seen in Europe today.

She then introduced the meeting, noting that the objectives were to review, discuss and accelerate progress in relation to implementation of the *European strategic directions for strengthening nursing and midwifery towards Health 2020*; identify lessons learned from across the Region; and agree on how to scale up actions in the context of the 2030 Agenda for Sustainable Development.

A pre-recorded message from Ms Elizabeth Iro, WHO Chief Nursing Officer, was then played. Over 20 million nurses and midwives globally deliver a vast array of health interventions in incredibly diverse settings, but there is a current global shortfall of 9 million. Investment means not only training more nurses and midwives, but also creating environments in which they can be employed under fair working conditions. Quality education and access to ongoing professional development are also vital to ensuring that nurses and midwives are prepared to face the challenges of the 21st century.

Working with the International Council of Nurses and the Nursing Now campaign, WHO is preparing the first State of the World's Nursing report to be launched in 2020, the year of the 200th anniversary of Florence Nightingale's birth. The third State of the World's Midwifery report will also be released around that time. So, the year 2020 will be a key year for nurses and midwives everywhere.

Truly universal health systems require a shift in health-care design from diseases and health institutions towards systems that are designed for people, with people. A renewed focus on service delivery through integrated and people-centred care means that primary health care is critical to achieving UHC, particularly for underserved and marginalized populations, to ensure that no one is left behind. In this respect, nurses and midwives have a critical role to play – people-centred care has always been fundamental to nursing and midwifery's theoretical and ethical core. Successful adoption of this across health systems will require more inclusive ways of decision-making, with a greater focus on patient/caregiver voices and experience.

In this context, nurses and midwives should be appropriately prepared, regulated and enabled to practise to their full scope.

Dr Carey McCarthy, Technical Officer, WHO headquarters, provided further information regarding developments, including the first State of the World's Nursing report.

Support within WHO is at the highest level, reflecting the Director-General's commitment to strengthening nursing and midwifery in support of the SDGs in areas such as mental health, the Health Emergencies Programme and NCDs; these areas will also be considered throughout the report development and publication process. Regional focal points for nursing and midwifery – including GCNMOs, human resources for health advisers, WHO collaborating centres and others – will play a key part in strengthening data collection and promoting policy dialogue.

It is anticipated that the report will be launched before the Seventy-third World Health Assembly and WHO regional committee meetings in 2020. The report, together with preparation for the third State of the World's Midwifery report, aims to catalyse investment in the nursing and midwifery workforce and set nursing and midwifery on the right path to the 2030 Agenda by underscoring how nurses and midwives are key drivers of progress in achieving UHC and the SDGs.

TECHNICAL SESSION 2. INCLUDE – IMPROVING COVERAGE AND ACCESS FOR EVERYONE

Facilitator: Professor Jean White, Chief Nursing Officer, United Kingdom (Wales)

This session was split into two panels, one looking at the contribution of midwives for improved coverage and access, and the other on the contribution of nurses.

Introducing the session, **Professor White** stated that nurses and midwives make up around 50% of health-care workers globally, equating to around 20 million workers. Despite this large number, some countries still experience a shortage of nurses and midwives. The challenge is to ensure sufficient numbers of nurses and midwives who are trained with the right skills and competencies to meet populations' changing needs. Retention of nurses and midwives is another challenge, as far too many leave the professions early because they feel burnt out and despondent about the pressures they face.

The health system and workforce should be designed to meet the needs of people in different countries. Populations in many countries are ageing, and many people are finding it difficult to stay healthy as they age. Keeping people well and living independently into old age is now a priority for many health systems. Sadly, inequalities exist in many countries, which impacts on overall life expectancy and quality of life, with significant parts of the population not having access to the services they need. People living in socioeconomically depressed areas often make poorer lifestyle choices in areas such as smoking, alcohol consumption, diet and physical activity, all of which harms their health and well-being. Nurses and midwives have a key role in providing health education information and in supporting individuals to make healthy lifestyle choices.

It is well understood that investing in the first 1000 days of life gives lifelong benefits to the individual. Research indicates that adverse childhood experiences harm children's developing brains, which in turn affects how they respond to stress and form relationships, and damages their immune systems so profoundly that effects show up decades later. Providing support to families from the antenatal period through the child's important early years of life is clearly essential and, in the longer term, has great benefits for individuals and the wider society in which they live.

PANEL 1. MIDWIVES SUPPORTING IMPROVED COVERAGE AND ACCESS

Facilitator: Professor Billie Hunter, Cardiff University, United Kingdom (Wales)

Professor Hunter set the scene for the midwifery panel by emphasizing the importance of midwifery in Europe. Each year across the world, 300 000 women die of pregnancy complications. Ninety-nine per cent are in low- and middle-income countries, some of which are in the WHO European Region. Ninety per cent of these deaths are preventable. Additionally, millions of women globally suffer physical, emotional and psychological disabilities because of experiences around pregnancy.

The 2014 Lancet Series on Midwifery provided strong evidence of the contribution midwives can make to improving maternity care. The Lancet Series on Midwifery found that high-quality skilled midwifery can avert more than 80% of maternal and newborn deaths. There is much good midwifery practice across the Region, but midwifery preparation, practice, regulation, status and levels of autonomy vary between countries. These disparities mean that women's experiences across the Region are not equal; and care delivered may not be as evidence-based, person-centred or indeed compassionate as midwives would wish it to be.

Ms Lauren Marie Grech, midwifery student, University of Malta, spoke of her experience as a midwifery student who is just about to graduate. Ms Grech was attracted to study midwifery because of its unique position of helping mothers at such a vulnerable but also precious time of their lives. It is not about caring for sick people – it is about supporting women who are going through a natural process, and that is very special. Moving away from midwifery care delivered in hospitals and institutions towards care delivered in more natural surroundings would be a positive change.

As new graduates, Ms Grech and her colleagues want to use their new knowledge and research awareness to work with senior colleagues to promote midwifery's potential and to enhance community and primary health-care services – enabling midwives to reach out more effectively to women in communities and reducing the burden on tertiary services. She also values the role of the multidisciplinary team – working hand in hand with other health professionals to deliver the best outcomes for women and babies.

Professor Hora Soltani, Professor of Maternal and Infant Health, Sheffield Hallam University, United Kingdom (England), spoke about the *Operational Refugee and Migrant Maternal Approach* (ORAMMA) project. ORAMMA is a multicentre study on maternal care funded by the European Union's Health Programme. It involves three phases: reviewing the evidence of migrant women's experiences in perinatal care in Europe and designing a model of care and interventions to try to bridge gaps; developing training packages; and trying the model (feasibility study).

Immigration is a very live issue in Europe, with 80% of European countries having between five and 40 immigrants per 1000 population. A considerable number of births occur in migrant populations, meaning midwives need the appropriate training and preparation to be able to enhance families' health and well-being and reduce inequalities.

Depending on the origin and the journey that migrant women have been through, their pregnancy and birth outcomes may be poorer than the background host country population. The systematic review found that migrant women, particularly those who have had traumatic experiences in their home countries, need special care and support. Some women do not know how to access maternity services, and women experience system barriers accessing maternal health services. Interpretation and language barriers exist, as well as issues related to cultural competency within the midwifery profession. Understanding and respecting women's choices and traditions is seen as a factor that migrant women value when encountering maternity care. Care quality and the richness of the relationship with midwives are as important to migrant women as it is to their peers in the host country; holistic approaches including interdisciplinary care and being mindful of their psychosocial needs are therefore very important.

Following this review, the team developed an integrated care model and training packages for professionals to address the gaps identified and provided training for women from migrant communities to become maternity

peer supporters. The training packages focused on the need for compassionate, trauma-aware care, alongside cultural competency.

Through the ORAMMA project, around 75 women across the three countries have been followed from early pregnancy to six weeks postpartum for a feasibility study, with diaries, sociodemographic and clinical data being collected electronically or via maternal records. Focus group interviews with women, maternity peer supporters and health professionals were held before and after delivery of the training packages. Results of the evaluation of the pilot intervention are expected soon.

The project has promoted collaborative working to develop e-learning training packages for health-care professionals to address the gaps in perinatal care of migrant mothers, and recruit and train maternity peer supporters from migrant communities.

Lis Munk of the Swedish Association of Health Professionals described measures to increase access to midwifery services in Sweden. In common with general health and well-being services, Sweden enjoys high-quality midwifery services with a maternal mortality rate around four per 100 000 live births and a perinatal mortality rate of 4.7 per 1000 live births.

Women with uncomplicated pregnancies can go through their pregnancy without seeing a doctor, and cases with complications also have frequent contact with midwives. Midwives are involved in family planning, gynaecology and abortion services, and run youth guidance centres that provide advice on sexuality, conception and identity issues. Caesarean section rates are relatively low and breastfeeding rates high. Ninety-three per cent of abortions are done medically and are permitted up to week 18, but the vast majority occurs very early in the pregnancy.

Migrant women face particular challenges in accessing and using maternity services. They have more complications in pregnancy and labour, and babies have a five times greater risk of dying during pregnancy and labour. The main problems are language barriers (for non-Swedish speakers) and being approached in culturally appropriate ways. There are also issues about the maternity service reaching out to and being open with the lesbian, gay, bisexual, transgender and queer (LGBTQ) community, encouraging members to access the health-care system: in reality, people who are LGBTQ sometimes avoid the health-care system because they feel stigmatized.

A project on doula culture interpreters was established to provide health care to pregnant women with a migrant background. The aim of this midwife-inspired project, which is now established in four locations, is to provide person-centred and equal health care to pregnant women from migrant backgrounds. Following training from midwives in the Swedish health-care system on basic anatomy, labour care and women's rights, doula culture interpreters act as a conduit for knowledge between the caregiver, the pregnant woman and her partner to the benefit of all. A doula culture interpreter speaks the same language as the pregnant woman and understands her homeland culture. Pregnant women enrolled in the project receive at least two visits from the doula before labour is due. The doula will be with the woman during the entire delivery and will pay two more visits postpartum, one to follow up the delivery and the second to educate the mother on child health care, including breastfeeding support and immunization schedules, and ensure the child is healthy. A positive side effect of the project is that it has empowered many doulas to seek employment or start training to be midwives.

The strategy to tackle these issues includes promoting person-centred care, investing in the health workforce and improving working environments to enhance retention, supporting multisectoral working and recognizing that those with greatest need should be service priorities. Service access and person-centred care can be enhanced by providing translation services, extending opening hours of clinics and working to enhance people's health literacy and awareness of services.

Midwives in Sweden are working hard to respect human rights, promote equality, tackle discrimination and meet people where they are in their lives. It is challenging work; midwives need to seek greater understanding of their ethical codes of practice and discuss difficult issues among themselves and with others.

PANEL 2. NURSES SUPPORTING IMPROVED COVERAGE AND ACCESS

Facilitator: Professor Jean White, Chief Nursing Officer, United Kingdom (Wales)

Professor White remarked that an opportunity exists for those in government and nursing associations and other stakeholders to lobby for investment in the workforce and for the introduction of regulations or other controls to support the nursing and midwifery professions. As an example, Wales has introduced legislation in 2016 for nurse staffing levels *(5)* (different government non-legislative rules are in place for the midwifery workforce).

Many countries have health-care worker shortages, including nurses and midwives, which will drive many to recruit staff from other countries and is causing the current international health worker migration phenomenon. Governments should be careful to ensure they ethically recruit from other health systems and not overly diminish the health workers available to provide care in the countries being recruited from. It is important that those in government and those who lobby governments keep sight of the global picture, and not just focus on one's own country's needs. (See the WHO Global Code of Practice on the International Recruitment of Health Personnel *(6)*).

Investment is needed to ensure nurses and midwives have the leadership skills to contribute to the development of services whether this is to operationally lead clinical practice, help shape services at a strategic system or government level or provide midwife-led care. Investment is also needed to help to extend the scope of nursing practice in specialty areas with the development of advanced and non-medical consultant practitioner roles.

Dr Piret Paal of the Institute of Nursing Science and Practice, Paracelsus Medical University, Salzburg, Austria, gave a presentation on nurse-led palliative care practices. The possibility that palliative care can be provided parallel to curative therapies, or even integrated soon after diagnosis of a life-threatening condition, is not a common understanding and practice among health-care providers, even if evidence at hand suggests that besides improving the quality of life, palliative therapies may have a positive impact on the course of illness.

The ageing population and the rise in the incidence of chronic diseases, multimorbidity and mental health problems worldwide raise profound questions about the need for palliative care as populations grow older. The lack of a global indicator for palliative care development is a severe impediment to the inclusion of

palliative care within a global effort towards UHC *(7)*. In addition, palliative care education is inadequate – education depends on favourable social and political contexts, but lack of recognition of palliative care's importance, funding and accredited teachers are posing significant barriers to education – and nurse vacancies in the specialty are high. Research has shown that when nurses are involved in decision-making, person-centred care improves, working environments are better, patient safety and quality of care improve, and health-care costs decrease. Nurses also significantly impact the effectiveness of palliative care, both at the individual patient and service levels.

The WHO Collaborating Centre for Nursing Research and Education at the Paracelsus Medical University in Salzburg *(8)* is working towards innovative solutions to cultivate and support interdisciplinary and intersectoral collaboration to improve access and coverage in palliative care. In collaboration with key stakeholders across Europe, it works on various initiatives, such as updating a curriculum on palliative care for undergraduate medical students *(9)* and developing an online course on palliative care for people with Parkinson's disease *(10)*.

The WHO Collaborating Centre has identified four competencies that all health-care workers providing palliative care to patients and families should possess. Accordingly, health-care workers should be able to:

- comprehend palliative care philosophy (including acknowledging death as part of life);
- demonstrate complex symptom assessment and management competencies (not only pain management, but also psychosocial and other issues);
- design care plans based on patients' and families' wishes, integrating multiprofessional and interdisciplinary approaches; and
- listen and self-reflect.

There is a publication on the competencies for all health-care professionals providing palliative care *(11)*.

Ms Sviatlana Yuzhyk, State Institution Hospital of Palliative Care, Minsk, Belarus, explained that the first nursing care hospital in Belarus was opened in 1993. Since then, a further 103 nursing care hospitals have been established, of which 91 are in rural areas. In total, these represent almost 5% of all inpatient beds in the country.

Nursing care hospitals are normally led by nurses with university degrees and provide supportive care, stoma care, personal care, nutrition, physical activity, prevention activities, and family support and education. The hospitals are well equipped to help people stay active.

Palliative care for adults in the country is provided through 375 specialized beds in 28 departments and hospices. In addition, there are 20 day-care beds, nine palliative care rooms and nine visiting nurse services. The first palliative care beds were set up in 2006. It has previous been estimated that a minimum of 50 palliative beds per 1 million population are needed (Belarus' population is 9 492 000).

Special emphasis is given to the work of the visiting nurse services. Teams usually consist of a doctor, a nurse and a psychologist who visit patients in their homes, perform examinations, provide prescribed treatments and support relatives in giving care to the patient. Providing psychological support to relatives is a major part of the services.

It is important to maintain a balance between physical and psychosocial care for palliative patients and their families, whether in hospital or in the community, with nurses being central to service delivery. Psychologists working with the service have been instrumental in recruiting volunteers who organize various kinds of support for patients and families, including during holidays.

Ms Tatiana Fedotkina, Head of the Tuberculosis (TB) Network in the Russian Nurses Association, spoke about the benefits of using Skype to deliver video-observed TB treatment. Skype is not a new technology, but its use in health care delivery programmes, including treatment of TB patients, is quite an innovation in the Russian Federation. Nurses have been trained to use the technology to support patient treatment adherence. This has resulted in the development of competencies to supervise proper administration of TB medication without being physically present with the patient.

On first contact, nurses use a form (01–TB/y) to interview patients, who confirm their identity and respond to questions about their current general health. The patient then takes the medications (previously prescribed by a doctor) and the nurse records the activity on the form. The pair agrees on arrangements for the next day's contact, and the data on the video communications are archived.

The benefits of daily video-observed treatment are that it:

- ensures that patients receive regular and continued TB therapy;
- reduces financial costs and saves time for patients through reducing the need for long-distance travel;
- enables the nurse to identify any side effects of treatment promptly; and
- improves infection control and supports TB prevention.

Dr Shoshy Goldberg, Director of Nursing Division, National Head Nurse, Israel, spoke about the nurses' role in mass casualty operations. The health-care system in Israel has three main tasks in an emergency: ensure continuity of routine medical services for the population; save human lives; and ensure the functional continuity of health-care institutes. The tasks present significant challenges in emergency situations, which include radiological events, mass toxicology incidents, mass casualty incidents, cyber events, conventional war and terrorist activity. As a country, Israel has actual experience of some of these threats.

Israel has developed a protocol to meet all these threats: operation plan, educational format, practice and relevant infrastructure and equipment. From this, an all-hazards approach has emerged, contributing to capacity-building through standardization. The approach is coordinated by the Ministry of Health in collaboration with many other government ministries and departments.

The approach exemplifies military and civilian cooperation, with the Ministry of Health working closely with the armed forces. This involves military nurses, the Ministry's nursing division and nurse coordinators from hospitals working together. Training, regulations, practice drills and infrastructure have been put in place to support their work.

Emergency preparedness is based on the 5C model: comprehensive contingency planning; command of operations; central control; coordination, communication and cooperation; and capacity-building. Capacity-building meant expansion of surge capacity in the country, with more nurses, doctors and other health workers mobilized to assist, and hospital bed capacities increased by 20% to admit casualties. Lifesaving equipment is stockpiled nationally for rapid dissemination to areas of need.

The system is supported by compulsory training and exercise drills, some of which is delivered online via the Ministry website. A medical simulation centre where simulation exercises and drills can be practised is also a key element of the training approach. All such activities are led and conducted by nurses. Nurses also lead the ongoing monitoring for preparedness for an event, working at national level to review and approve standard operating procedures and following up activity in local hospitals daily.

Teamwork is essential to successful delivery of the approach. Nurses bring clinical expertise, logistical competence, and the ability to interact and create partnerships with other workers – they excel in these areas. Nursing roles are crucial in the management of emergency events. Key roles include mass casualty event nurse coordinators, trauma coordinators, emergency department nurses and operating room nurses at hospital level.

The organization of a team and delivery of effective treatment relies on a tangled web of personnel, with nursing personnel holding key roles in the management and organization of treatment. Nurses are highly motivated and clinically and managerially qualified.

Box 1 presents the key points from the session.

Box 1. Key points from technical session 2

The aim of technical session 2 was to elaborate on different ways for nurses and midwives to improve coverage and access for everyone, according to the first of the three i's: include. The session demonstrated the value of nurses and midwives in working with communities and other professionals to identify coverage and access issues and meet people's specific needs, utilizing research and evidence to support the approaches they adopt.

Key points from the **midwifery panel** include the following.

- Women's experiences of maternity services across the Region are not equal, with disparities in the levels of evidence-based, person-centred and compassionate care delivered.
- WHO has a strong and clear position on strengthening midwifery and improving health coverage and access.
- Some migrant women do not know how to access maternity services, and women experience system barriers accessing maternal health services. Migrant women need perinatal care models that go beyond clinical needs and address their social and economic challenges. Midwives need to be trained to provide effective culturally competent care to be able to enhance families' health and well-being and reduce inequalities.

Key points from the **nursing panel** include the following.

- Health-care workers' lack of knowledge on palliative care limits people's access to palliative care services.
- Nurses significantly impact the effectiveness of palliative care, both at the individual and service levels.
- Studies show how palliative care not only improves experiences for patients, but also promotes the well-being of their families.
- Much work on supporting the nursing contribution to palliative care lacks coordination.
- The WHO Collaborating Centre for Nursing Research and Education identified four competencies that all health-care workers providing palliative care to patients and families should possess.
- Patronage visiting nursing services play a big part in increasing access to palliative care in Belarus, demonstrating the importance of achieving a balance between physical and psychosocial care for palliative care patients and families, with nurses being central to service delivery.
- Israel has developed a protocol – operation plan, educational format, practice and relevant infrastructure and equipment – to meet a range of emergency threats. The system is supported by compulsory training and exercise drills led and conducted by nurses. Nurses also lead the ongoing monitoring for preparedness for an event, with the aim of ensuring hospitals are constantly ready to receive and treat casualties from an event, and to sustain regular health service delivery for the local population.

TECHNICAL SESSION 3. INNOVATE – HARNESSING INNOVATIONS TO MEET PEOPLE'S NEEDS

Facilitator: Dr Karen Bjøro, Norwegian Nurses Association

Dr Bjøro noted that in many countries, nursing and midwifery have a research and academic base that requires clinical education in an evidence-based practice setting. Countries that do not have higher education for nurses and midwives aspire to achieve this goal. Health care across the Region is undergoing great transformational change to gear up to the challenges of meeting the changing needs of populations. This requires that nurses and midwives constantly reflect on and re-examine how to improve practice using data collection and analysis and creative thinking. Strengthening research and innovation and creating positive practice environments are two main goals of WHO's strategic directions for strengthening nursing and midwifery.

The characteristics of innovation are: original and new; useful, with demonstrated effectiveness; and implementable, preferably already translated into practice. Many studies present novel innovations that have demonstrated effectiveness. The challenge is that many are never implemented in practice. It is estimated that the research–practice gap can be up to 20 years. This means patients do not receive care based on the most recent evidence.

Dr Bjøro invited participants to identify one enabler or facilitator that would help the innovations described in the panel presentations to be translated into practice.

Dr Ananda Fernandes of the Nursing School of Coimbra, Portugal, was the first to present innovative practice in relation to scaling-up and transforming nursing education – a path to improving competencies. She described the application of clinical simulation in nursing education – while clinical simulation has been around for over 40 years, it remains new to many nursing education environments.

Nurses graduating from universities today are going to be exposed to new knowledge, new health-care needs, new delivery models, new technologies and new means of communication as their careers progress. Nurses need to be well prepared in areas such as clinical reasoning, decision-making and intervening in complex situations. This requires them to have the ability to use knowledge and skills in clinical situations, the ability to make judgements and to communicate, research skills to examine scientific evidence and produce answers to clinical questions, and learning skills that enable them to keep developing professionally in changing environments. These requirements match the European qualifications framework for higher education. Therefore, nurses everywhere need to be educated in higher education settings.

Nursing education requires a change of paradigm, from the traditional approach of creating very knowledgeable professionals, to one in which the aim is to prepare competent professionals. This means that the nurse not only has theoretical but practical knowledge, and can demonstrate it in complex situations.

Clinical simulation is an education strategy that uses several methods to create a close-to-reality situation, involving a human model/manikin, or standardized patients (real people as actors), a clinical scenario or story, and a mentor to ensure a controlled and safe learning environment and critical reflection afterwards. Scenarios

can be high-fidelity (involving technical and infrastructure elements, including a whole laboratory simulating a ward setting) or low-fidelity. Experiential learning can also be encouraged through the use of equipment that, for instance, helps them experience what it is like to have mobility or sensory problems to help them understand the patient's perspective. Throughout the simulation experience, students can stop to discuss issues or get feedback from the mentor, reflect on what they have felt or redo a particular procedure, privileges that are often not available in real clinical settings.

Evidence shows that learning through clinical simulation, when appropriately delivered, promotes coordination of cognitive, affective and psychomotor skills; expands and consolidates knowledge; accelerates technical skills acquisition; and develops ethical, behavioural and leadership competencies. It enhances critical thinking and increases students' self-confidence, motivation and satisfaction with their learning experiences. Clinical simulation also promotes patient safety, as students develop competency through working in simulated situations rather than with real patients.

Professor Jürgen Osterbrink of the Institute of Nursing Science and Practice, Paracelsus Medical University, Salzburg, Austria, spoke to the theme of **Digitization – brave new world, or Alice in Wonderland**? He described some digital projects with which he and his team are involved that focus on vulnerable groups.

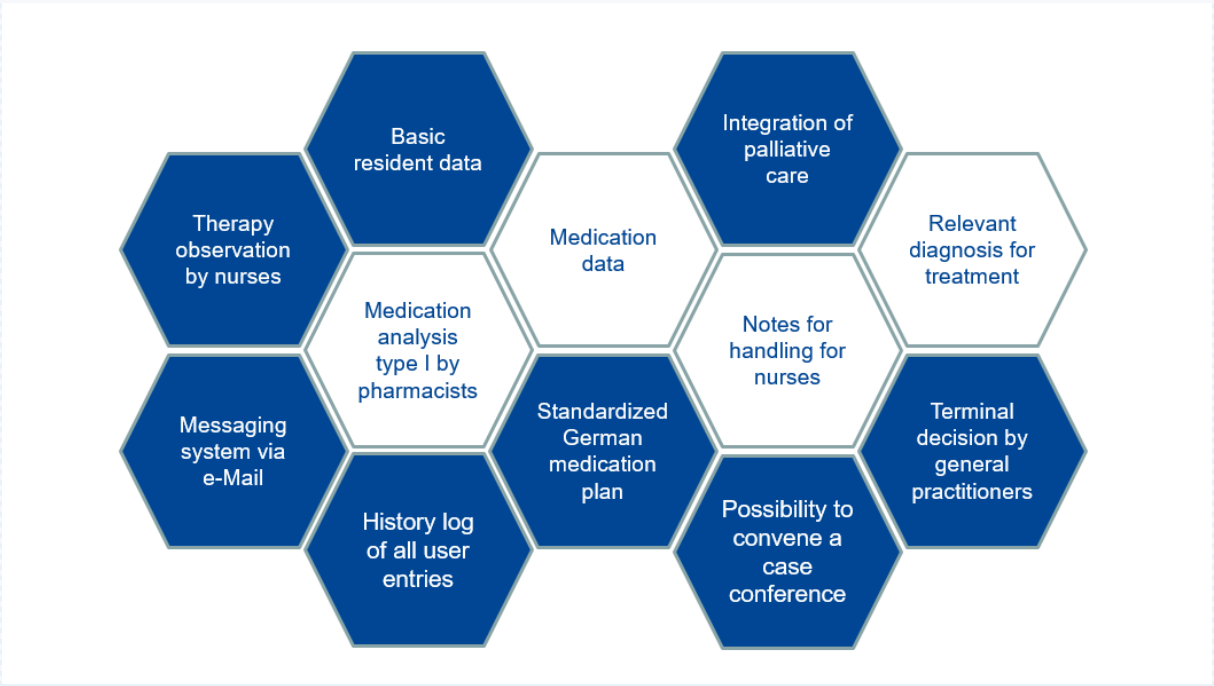
A project on helping patients to manage chronic pain found that lack of direct contact between patients and their general practitioners (GPs) and nurses led to patients experiencing greater pain and having a higher risk of not accessing adequate pain relief. The project was a self-reported assessment of people aged 65 years and over in nursing homes, with observational assessment of people with cognitive impairment (carried out by nurses in the homes who were specially trained for the purpose). The team was able to facilitate real-time reporting from the nursing home to the GP through an app *(12)*.

The web-based app has also been developed for people aged 75 years and over in outpatient facilities and in their own homes who find that inadequately managed chronic pain is restricting their movement and ability for self-care.

Studies show that adverse drug events experienced by patients aged 75 years and over and living in nursing homes are due to suboptimal processes of patient-centred care, with lack of communication among health professionals often at the hub.

Another project, InTherAkt – Therapieren heisst kooperieren (Therapy means cooperation) *(13)* including pharmacists, nurses and GPs provides live and online education to ensure that older people receive only the most effective treatments, aiming to decrease the number of drugs prescribed. The InTherAKT Online Platform allows pharmacists, nurses and GPs to see drug prescriptions for individual patients. Adverse drug events are monitored and recorded hourly, then directly transferred to GPs and pharmacists. The Platform provides a range of information (see Fig. 1).

Fig. 1. InTherAKT Online Platform



The intervention improved the knowledge of all health-care professionals involved. The training allowed them to speak with a common language and improved communication with each other: the practice of blaming each other for errors ended. Most significantly, the Medication Appropriateness Index showed that prescribing for some residents reduced by 30%, and the appropriateness of prescribing improved during the intervention period. Pharmacists, nurses and GPs are now asking the right questions, and residents are getting better outcomes.

Ms Elin Lunde Pettersen, Public Health Nurse, and **Ms Ingrid Kristine Aspli, Specialist in Clinical Psychology, Norway**, showcased an innovative toolkit for public health services: *In Safe Hands.* The main goal of *In Safe Hands* is to ensure the safety of young children in Norway, recognizing that a safe and nurturing childhood brings positive health, educational, employment and social outcomes throughout life.

Research shows that experiencing family violence is the largest preventable cause of mental illness among young children worldwide. Ten per cent of young people in Norway report experiencing violence in their family during childhood, either as a recipient or witness (or both).

Evidence shows that corporal punishment does not reduce behavioural problems but increases them. Violence experienced in childhood causes harm, sometimes profoundly, and can continue to affect people throughout their lives.

The toolkit aims to support parents and public health workers to adopt this ethos. It identifies child maltreatment as a public health problem that can lead to long-term physical and mental damage and

recognizes the difficulties public health nurses can face when asking parents about domestic violence and child maltreatment. The toolkit aims to support public health nurses in communicating about domestic violence and child maltreatment.

The toolkit includes a film that addresses the importance of violence-free parenting. The film is accompanied by a booklet that gives the nurse advice on how to engage with the parents. The toolkit was tested with six public health nurses in four family health centres, who shared the film with 37 sets of parents.

Professor Jamie Waterall, Deputy Chief Nurse, Public Health England, considered **nurse leadership in delivering a population approach to NCD prevention and early intervention.** Professor Waterall explained that international research has established that 90% of risk factors associated with men having their first myocardial infarction and 94% of those in women are preventable. The Global Burden of Disease study shows a continuation of behavioural and physiological risk factors that are driving the tide of NCD among the population. These include tobacco use, poor diet and hypertension, which are the leading cause of myocardial infarctions and strokes globally.

In response to this and other factors, the NHS Health Check programme was introduced in United Kingdom (England) in 2009, being made eligible to 15.5 million adults. Its aim is to tackle the top seven behavioural and physiological risk factors for NCD across the population. In 2013, parliament made it a legal requirement that local authorities in England, which are responsible for public health, provide the NHS Health Check to all their eligible populations. This has helped to ensure that since 2013 just under 7 million people have taken the NHS Health Check.

Two national evaluations have shown no social gradient in people taking up the offer, and a large study showed the greatest uptake was in deprived communities. This reflects the efforts of public health teams in taking the NHS Health Check to people in areas where engagement with services might not usually be high.

The free check-up includes taking family histories, measuring blood pressure and cholesterol, calculating body mass index, assessing for risk of diabetes (those identified at risk have a blood test for haemoglobin (HbA1c) estimation) and cardiovascular disease, and assessing physical activity levels. Attenders are then given tailored information on their risk levels with advice on lifestyle changes or suggestions for pharmacological or other medical intervention. Results are recorded in the person's primary care records.

The University of Cambridge was commissioned in 2017 to conduct a review of the data the programme had accumulated and found that:

- for every 30–40 checks, one person is diagnosed with hypertension
- for every 80–200 checks, one person is diagnosed with type 2 diabetes
- for every 6–10 checks, one person is identified as being at high risk of cardiovascular disease.

Propensity score matching between people who have had the NHS Health Check and those who have not, show that the former is more likely to be taking part in lifestyle change activities, including attending alcohol services (six times higher rate), smoking cessation clinics (twice as many), weight management services (3.5 times higher) and exercise programmes (four times higher).

The programme is largely delivered by nurses in primary care working to a series of standards for practice and

using defined competencies. It requires great effort but is resulting in increasing numbers of at-risk people getting access to evidence-based interventions to reduce their risk of cardiovascular disease and other NCDs, both medical and lifestyle-led.

Box 2 presents the key points from the session.

Box 2. Key points from technical session 3

Common features of the innovations presented are how well they address an identified need or gap and how sustainable funding contributed to their success.

- The 21st century will be one of ongoing innovation; therefore, nurses need to be well prepared in clinical reasoning, decision-making and intervening in complex situations.
- Students today respond better to active engagement in education rather than passive reception; clinical simulation provides one such active learning approach.
- Evidence shows that learning through clinical simulation promotes acquisition of skills, knowledge and competencies; enhances students' critical thinking, self-confidence, motivation and satisfaction; and promotes patient safety.
- Digitization offers the potential for better health management through predictive analysis and support for clinical decision-making; examples of digital innovations from the Paracelsus Medical University show the benefits of digital approaches to problem-solving for older people in nursing homes, outpatient facilities and in their own homes.
- The **In Safe Hands** toolkit helps public health nurses in Norway to ask parents about domestic violence and child maltreatment, reflecting the potential of family health centres in this area. Piloted with public health nurses and parents, **In Safe Hands** was perceived as a helpful and powerful tool for enabling communication and dialogue.
- The NHS Health Check programme in the United Kingdom (England) focuses on the top seven behavioural and physiological risk factors for NCD among adults, with attenders being given tailored information on their risk levels and advice on lifestyle changes or necessary interventions. The programme is largely delivered by nurses in primary care working to a series of standards for practice and using defined competencies. Comparison between people who have had the NHS Health Check and those who have not, show that the former is more likely to be taking part in lifestyle change activities, and two national evaluations have shown no social gradient in people taking up the offer.

TECHNICAL SESSION 4. INVEST – MAKING THE CASE FOR INVESTING IN MIDWIVES AND NURSES

Facilitator: Professor James Buchan, WHO consultant

Professor Buchan introduced the session by saying that in addition to include, innovate and invest, another "i" – influencing – is also a crucial element for nursing and midwifery in ensuring that adequate investment is made in the professions. It is not sufficient just to be at the table when discussions on financial allocations take place: it is also necessary to influence positively the outcomes of the discussions. Professor Buchan had asked the panel speakers to take this into consideration in their presentations – to present not only the facts, but also the arguments, as if they were presenting a nursing and midwifery's case to a finance minister.

Professor Walter Sermeus, WHO Collaborating Centre for Human Resources for Health Research and Policy, Katholieke Universiteit Leuven, Belgium, addressed **evidence of the contribution of nurses and midwives on patient safety and patient outcomes**, with a specific focus on nursing. He sought to answer three questions.

1. What is the evidence?
2. How strong is the evidence?
3. What is the cost–effectiveness of investment?

A United States Institute of Medicine report in 1996 found that there was a lack of available evidence identifying the relationship between nurse staffing levels and hospital outcomes. Following a surge of research interest in staffing levels and patient safety after 2000, a systematic review and meta-analysis in 2007 clearly identified the relationship between nurse staffing levels and patient safety in most types of hospital departments. This is also confirmed by later research. It showed that the more nurses a hospital had, the greater was its patient safety, and the more qualified nurses on the staff, the lower the mortality rate for the hospital *(14).*

The RN4CAST study *(14)* aimed to establish the relationship between nurse staffing levels and mortality rates, and found that:

- the risk of a patient dying increased by 7% for every extra patient an individual nurse took into their care; and
- the mortality rate reduced when the percentage of degree-educated nurses increased.

The best way to retain staff is to adopt a multifactorial approach that does not focus on one single element or initiative. Encouraging people's motivation (intrinsic rather than extrinsic) is helpful, and providing financial incentives can be effective, but usually only for a short time. The main issue arising from research in relation to retention is staff feeling they can really perform to the height of their competences and capabilities: creating environments in which nurses can be good and effective nurses is therefore crucial.

Ms Irina Kupeeva, Ministry of Health, Russian Federation, spoke about the importance of **investment in the workforce**. Ministries of finance tend to agree on the need for investment in health-care equipment and premises but require greater persuasion when it comes to human resources.

The number of nurses and midwives in the Russian Federation has been decreasing over the last 20 years. The most effective way of addressing this issue is to increase the numbers of students in nursing schools. The quality of education is crucial, and a bachelor's programme in nursing has been offered for the last four years. This is creating more qualified nurses who choose to work in areas such as palliative care and health promotion. It is expected that this trend will grow in subsequent years.

Migration of the health workforce raises challenges about retention of nursing and other health-care professionals where they are most needed. A programme in which doctors are paid 1 million roubles to attract them to work in rural health-care settings has been underway for some years, and a similar programme is being launched in 2018 for nurses, in which they will be paid 500 000 roubles to live and work in rural settings. While less than the inducement offered to doctors, this is still a sizeable sum that will enable nurses to settle very comfortably in rural areas. The aim is to raise staffing levels in rural health-care facilities and thereby improve the quality and effectiveness of care.

An item for recognizing the best nurses, feldshers and pharmacists was added in 2014 to the state budget to support their educational development. Previously, this had been available only to doctors. New technologies present opportunities for greater financial efficiencies that will enable nursing roles to be developed to reduce hospitalization rates and increase patient satisfaction and health outcomes.

Investment in human resources for health is one of the top priorities for the Russian Federation, as it represents one of the main ways of improving quality and increasing availability of care. Much greater attention has been paid in the country to nurses, midwives and feldshers since the first WHO meeting of chief nursing officers in Poland in 2011. The Russian Federation has been inspired by stories from various countries at that meeting and this current one. These meetings are in themselves investments in strengthening nursing and midwifery throughout the European Region.

Dr Siobhan O'Halloran, Chief Nursing Officer, Ireland, described the work of the **Taskforce on Staffing and Skill Mix for Nursing in Ireland**, work that was informed by evidence from the RN4CAST project and other studies. The work was set in the context of the global economic crisis in 2008 and beyond, which affected Ireland dramatically. To control expenditure, it was decided to reduce the number of nurses and midwives in the country by 5000 over a four-year period, as part of several cost-reduction measures. This was occurring at a time when the population, and consequently health-care activity, was growing, with increases in emergency department presentations and increased hospital bed-occupancy levels.

The Taskforce was established to provide a radical new approach to determining nurse staffing levels. The aims were to put patient needs first and focus on delivering positive patient outcomes and develop frameworks to support the determination of safe nurse staffing and skill mix across a range of major specialties. This provided an opportunity to convince the government that nursing could offer a solution to the health-care crisis, and position nursing very strongly for future investment once the economic situation improved.

The framework is built on four assumptions – patient care needs are different and therefore require a range of responses; nurse staffing numbers, profiles and skill mix are key to ensuring safe, high-quality care; organizational environments and cultures are critical to determining safety and quality; and measurable patient outcomes are clearly related to nurse staffing levels and skill mix. It reflects that nursing exists in a political, economic, sociocultural, technological, legal and environmental landscape, with changes in any of these areas having impacts on staffing, and that strong "ward-to-board" governance is critical to safe staffing.

The process is being supported by a three-year research programme measuring impacts on areas such as length of hospital stay and clinical outcomes for patients with conditions like urinary tract infections, pressure ulcers, hospital-acquired pneumonia, and shock or cardiac arrest. The evidence pre- and post-framework implementation is showing improvements across a range of areas, including a 46% decrease in mortality in one ward, a 50% decrease in staff intention to leave their current posts, a reduction in nurses reporting "care left undone" incidents from 76% pre-intervention to 32% post-intervention, and a reduction in nurse agency use (in one ward, it dropped from 28% to under 1%). All these benefits, particularly reduced agency use, produce savings.

The initial pilot was funded by the government with €2 million, and ongoing funding has been provided annually through the health budget. The programme has pledged to government that it would be sustainably self-financing in five years, and it will be so.

Dr Carey McCarthy, WHO headquarters, presented some high-level arguments for **investment in nursing and midwifery workforces**. This requires a change in mindset, moving away from the idea that investing in health is a drag on the economy that needs to be contained to one that recognizes health as a multiplier for economic growth. Health-sector employment has a positive growth-inducing impact on economies with beneficial effects in areas such as the economic and labour sectors, and broader social and financial protections for society.

The health sector is a leading economic and labour sector. The health and social workforce, many of them women and young people, comprises a large portion of the overall workforce. Health and social posts make up 11% of all jobs in many countries, rising to almost 20% in Norway, and they are growing. The National Health Service in the United Kingdom is the fifth-largest employer in the world. Estimates suggest that for every person trained in a health profession, two others are trained in other health-related sectors (technology, communication and transportation for example).

Research shows that investment in health workers reaps benefits in population health outcomes. Findings of one study showed that an increase of one unit in the density of health workers per 1000 will decrease the total burden of disease between 1% and 3%. Other studies also show that countries where women have better access to nurses and midwives during pregnancy and childbirth have lower maternal death rates.

A Cochrane review from 2018 found that primary care delivered by trained nurses, such as nurse practitioners, practice nurses and registered nurses, compared with care delivered by primary care doctors probably generates similar or better health outcomes for a broad range of patient conditions. Furthermore, patient satisfaction is probably slightly higher in nurse-led primary care. Other studies have found that leveraging the skills of nurses and midwives can widen access to primary care for patients, including those from minority, secluded or excluded populations.

In summary:

- good health contributes to economic growth and development;
- strong health systems and investment in health workers can have spillover effects in many other areas;
- having more health workers often leads to better population health outcomes;
- health is a key economic sector and major source of decent jobs, particularly for women and young people;

- nurses and midwives can provide high-quality primary health care at lower costs for training and retaining than physicians; and
- nurses and midwives often have greater retention in rural and remote areas and enhance health-care access to underserved populations.

Box 3 shows the key points from the session.

Box 3. Key points from technical session 4

The presenters provided high-level evidence to support investment in the nursing and midwifery workforce, and examples of how the evidence has been used to bolster arguments and influence decisions on staffing levels at national level. Investment is likely to be sustained because of new evidence showing that it is paying dividends across a range of health, social and economic sectors.

- Evidence shows that increased nurse staffing and proportions of degree-educated nurses improves patient safety and reduces mortality.
- Organizations that increase staff numbers and the proportions of their qualified nurses reduce their overall costs.
- Environments are crucial to retention of staff.
- Ministries of finance tend to agree on the need for investment in health-care equipment and premises but require greater persuasion when it comes to human resources.
- Measures to promote recruitment of nurses in the Russian Federation include a financial incentive scheme to attract nurses to work in rural areas.
- The Taskforce on Staffing and Skill Mix for Nurses in Ireland provided a radical new approach to determining nurse staffing levels and developed a framework to grow the nursing workforce, which has now been in place for five years.
- Taskforce impacts are being reviewed through a three-year research programme that is showing improvements across a range of areas, all of which, particularly reduced agency nurse use, produce savings.
- Investment in nursing and midwifery workforces requires a change in mindset, moving away from the idea that investing in health is a drag on the economy that needs to be contained to one that recognizes health as a multiplier for economic growth.
- Research shows that investment in health workers reaps benefits in population health outcomes. Nurses and midwives, who constitute around 50% of health workers, are driving these improvements.
- Research has shown that trained nurses probably generate similar or better health outcomes for a broad range of patient conditions in primary care settings; it costs much less to train and retain a nurse than a doctor.

WORKING GROUPS: ACTION TO ACCELERATE PROGRESS

First group sessions

Participants took part in group work over the two days of the meeting. The first group sessions focused on two issues.

1. Please **share positive developments** in your national context or in the regional context that contribute to accelerate the implementation of the European strategic directions for strengthening nursing and midwifery towards Health 2020 goals.
2. What **opportunitie**s do we have **to advance progress** between now and 2020?

Ms Stefanie Praxmarer-Fernandes, Human Resources for Health Programme, WHO Regional Office for Europe, provided feedback on the group discussions. She expressed the hope that participants had heard much during the meeting that will help them to go back to their countries and make the case for greater investment in nursing and midwifery services. There was unanimity among the groups that we had to look at the past to assess where we are now to know where we want to go in the future.

Ms Praxmarer-Fernandes reminded participants of the four priority action areas (**scaling up and transforming education; workforce planning and optimizing skill mix; ensuring positive work environments; and promoting evidence-based practice and innovation**) and their four enabling mechanisms in WHO's *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals.* Feedback from the group work had been synthesized in accordance with these eight areas.

In relation to **positive developments in national contexts**, it was clear that there was great diversity among the 53 Member States. Examples of **scaling up and transforming education** included the development of a very effective self-assessment tool for education (the Midwifery Assessment Tool for Education (MATE)), work on which has been led by the WHO Collaborating Centre for Midwifery Development at Cardiff University (Wales, United Kingdom). Questions remain on how transferrable it would be to other country contexts or indeed to other professions.

Efforts are being made to ensure Health 2020 goals are established within nursing curricula, particularly at undergraduate level. This is encouraging dialogue in countries with education ministries and universities on how they can support measures to improve health outcomes in the years to come. Progress is also seen in moving nursing and midwifery training away from a vocational training to one positioned at the baccalaureate and higher degree levels. New nursing schools have been opened recently in some countries and are following the WHO Global Code of Practice on the International Recruitment of Health Personnel by strengthening national capacity rather than recruiting from other countries. Mandatory and enforced continuing professional development regulations represent a positive development, as learning does not end when nurses and midwives graduate from their initial education.

Valuable feedback was also received on **workforce planning and skill mix**. There was agreement that minimum staffing levels need to be regulated at national level, supported by legislation. This will ensure ward managers can demand a minimum safe staffing level. Nursing roles are extending into new areas, such as NCD prevention and providing support for parents and babies. These roles reflect changes in population health

needs and societal structures. Nurse prescribing has been implemented in some countries, and it is hoped that the experiences of these countries will help those who are preparing to engage with their own governments on nurse prescribing. The need for greater engagement of nurses in palliative care was also recognized, as even brief nursing contact with patients and families can have meaningful outcomes; the important role of midwives in bereavement support for parents is also recognized.

Countries are working to **ensure positive working conditions** to retain their workforces and to prevent burnout. Regulated staffing levels support this development as to avoid excessive workload over a long period of time and reduce the number of short-term contracts with agency nurses.

Involving nurses and midwives in collaborations focused on delivering the best health outcomes requires that they enter the collaboration as equals with their partners, which includes adequate resources to ensure nurses and midwives are properly remunerated for the work they do. The groups reported that payment negotiations are ongoing at country levels, and the hope is that positive outcomes in some countries will spill over to others.

A striking element of the panel discussions at the meeting is that they were all underpinned by evidence. Research shows the impact nurses and midwives have on improving health and ultimately to support the achievement of the Health 2020 goals and the SDGs. Groups reported that to **promote evidence-based practice and innovation**, some countries have established new research foundations that allow nurses and midwives to be involved in research without leaving practice. Evidence from nursing and midwifery research is being shared across countries, and meetings such as this one help to create new networks for sharing research findings.

The challenge of translating research into policy remains, however. Participants have identified the challenge of making research findings accessible to governments as one that must be met.

The enabling mechanisms for the four priority action areas (regulation, research, partnerships, management and leadership) are key considerations. Their emphasis may differ in countries, but all the working groups recognized that: nursing and midwifery need stronger regulation; workforces need to be sufficient to allow nurses and midwives to practise their skills consistently; and nurses and midwives should be able to advocate for service improvements. Partnership working is overarching – nurses and midwives are looking to share ideas with others in different professions, and the collaborating centre network is helping nurses and midwives to reach out to a range of professional groups. One group referred to management and leadership, recognizing that all nurses and midwives are leaders in the Region, from government level to the frontline, and that this needs to be strengthened across countries.

The groups produced a range of responses to the issue of identifying **opportunities to advance progress**. It was felt that nurse representation at government level needs to be strengthened; countries are encouraged to have a GCNMO in place, who has a key role in all discussions related to health and well-being at country level.

Second group sessions

The second set of group sessions focused on three questions.

1. What can be done at national level by ministries of health and national nursing and midwifery associations?
2. How can WHO and EFNNMA assist?
3. How can countries assist one another in strengthening nursing and midwifery across the whole Region?

Feedback from these sessions highlighted the following issues.

1. What can be done at national level by ministries of health and national nursing and midwifery associations?

- Actions should be taken to ensure a diverse nursing and midwifery workforce that reflects the population of the country in terms of gender mix – it is noted how heavily nursing and midwifery are biased towards females – and ethnicity.
- Advocacy is needed to ensure a GCNMO is in place at an appropriate level of authority nationally. Professional associations should come together at country level to ensure this goal becomes part of national strategy. Where GCNMOs are already in place, their roles should be strengthened to enable them to drive forward measures to ensure safe staffing levels and regulation of the professions.
- The recently appointed government chief nursing officer in Kyrgyzstan has stated that having one person in the ministry does not equate with having power. It is important in such instances that nursing and midwifery associations have strong relationships with the minister of health, as action will come from the ministry. Countries that do not have nursing and midwifery associations need to establish a national steering committee or coordinating/advisory council to develop positive relationships at ministry level.
- A good collaborative relationship with national nursing and midwifery associations is necessary for the GCNMO to be as strong and effective as possible. They should work towards common objectives and goals.
- Countries that do not have legislation governing nursing and midwifery should advocate for the creation of such laws. It has been announced that 2020 will be the International Year of the Nurse and the Midwife, and this provides strong impetus for advocacy for a law on these professions at country level.
- Governments and national nursing and midwifery associations should work together to gather patient data to allow them to perform prognostics. The aim is not just to collect big data, but also to include qualitative interviews with people who actually work with patients – health issues are very complex, and the same kind of health-care approaches can have different effects on particular groups of patients. New approaches to interpreting existing data and identifying new data sources and collecting methods are needed.
- Education institutes have a big role to play in building the competencies of nurses and midwives to increase their capacity for working at national level.

2. How can WHO and EFNNMA assist?

WHO

- It is crucial for WHO to support networking and monitor developments at country level.
- WHO will continue to lead the ongoing discussion on the importance of nursing and midwifery.
- A WHO resolution advocating the establishment of the role of GCNMO in all governments would be very useful. The resolution could also refer to the need to strengthen research and national associations.
- WHO needs to make useful evidence, guidance and other materials available in Russian language.
- WHO (and EFNNMA) could develop model arguments in support of investment in nursing and midwifery to lobby governments at country level. Practical examples cited during the meeting could be collected and augmented to create this resource, and could include economic and cost–benefit analyses and tools for calculating safe staffing levels.
- WHO could simplify information and release it in accessible form – one-page infographics are ideal, as they can be understood in many languages.
- Participants at the meeting are interested in WHO hosting an online platform (perhaps password-protected) to enable participants to exchange information and access advice on issues.
- The WHO compendium of good practice is much valued, so consideration should be given to preparing an updated version for wide dissemination.
- There seems to be recognition that much of the information colleagues need has been identified, but a means of packaging and communicating it has not yet been developed. A communication strategy, featuring a strong emphasis on technology, could spell out how this could be taken forward.
- WHO should continue to hold this meeting and consider establishing working groups on specific issues to continue work between meetings.

EFNNMA

- EFNNMA has a major task in maintaining collaboration within countries that have no professional nursing and midwifery associations and support those that aspire to establish such organizations. It can be the platform for knowledge and guidance on how to establish and strengthen associations. Many countries in the Region would benefit from this.
- EFNNMA could act as a conduit for information and evidence from which nurses and midwives at country level could gain support for submissions and presentations to governments. This would raise the credibility and status of the professions in countries.
- EFNNMA could be a platform through which countries could adopt resolutions and monitor their implementation.
- EFNNMA has a role in articulating differences across countries in professional associations: some have many associations, which reduces their strength if they do not come together to unite in common purpose, while others have none. Can national direction on how to create and develop strong associations across countries be developed? Such a venture would need to be independent of government to retain credibility.
- It was acknowledged that EFNNMA, an organization with few members, has limited resources for development. Participants interested in supporting EFNNMA to develop and organize the 2019 conference are welcome to contact the steering committee.
- EFNNMA could take a role in promoting career paths for nurses and midwives, portraying them as exciting and valuable professions to enhance recruitment.

3. How can countries assist one another in strengthening nursing and midwifery across the whole Region?

- Opportunities for countries to share experiences and learning through "buddying" or twinning arrangements exist.
- Social media platforms can be used for sharing information and experiences across countries, but not everyone is aware of them; efforts should be made to heighten nurses' and midwives' awareness of them.
- Much of what nurses and midwives do is never publicized – they should share stories and experiences across countries. Peer exchange is a very important tool in enhancing nurses' and midwives' perceptions and knowledge and increasing their motivation.
- More collaborating centres are needed. The network has expanded over the last three years but needs to expand more. Being a collaborating centre is not an easy task, but if chief nursing officers feel there is a chance that universities in their countries may have capacity to take on the role, they should encourage them to do so. A new development is that a collaborating centre is to be established with the nursing department in the Ministry of Health in Israel; countries with nursing departments in ministries may consider approaching WHO to begin the process of becoming a collaborating centre.
- Participants who see the benefits of EFNNMA and its collaboration with WHO should advocate to their national nursing and midwifery associations to consider joining EFNNMA, which has 27 members.

Box 4 shows the key points from the group sessions.

Box 4. Key points from the group sessions

The groups identified the importance of building nursing and midwifery leadership at national level, supported by different types of information and data. National strategies are important in strengthening nursing and midwifery, and adopting a collaborative stance is vital to bringing chief nursing officers and national nursing and midwifery associations together. Collaboration between WHO and EFNNMA is strong, particularly in the area of agreeing biannual action plans, a process that starts now. Key actions for each organization to carry out singly and jointly were suggested, including developing a resolution advocating the establishment of the role of GCNMO in all governments (WHO) and acting as a conduit for information and evidence from which nurses and midwives at country level could gain support for submissions and presentations to governments (EFNNMA).

Much has been asked about the "how" of implementation, and participants want support on how to implement and use the resources and information currently available. Several ideas for updating the compendium, creating a resource of good practice in dealing with ministries and making resources available in different languages were discussed. A communication strategy would be helpful in packaging and disseminating information. Translation is important, not just into different languages, but also in the sense of translating data into tools that can support nurses at country level.

WRAP-UP AND NEXT STEPS

Ms Jacob confirmed that Dr Kluge had conveyed a supportive message on investment in nursing and midwifery to ministers and a full plenary session of the European Health Forum Gastein, Austria, on behalf of the meeting. In doing so, Dr Kluge had completed an undertaking he had made to participants at the start of the meeting.

Ms Jacob noted that strong messages about shared communication, peer support and ongoing collaboration had come through very strongly from the meeting. The collaboration between EFNNMA and WHO is helping to improve nursing and midwifery in participants' countries, but much more can be done.

WHO, EFNNMA and GCNMOs will continue to meet through joint planning sessions and will work closely together and with the Nursing Now campaign in preparation for 2020, the newly announced International Year of the Nurse and the Midwife. The publication of the first State of the World's Nursing report and the third State of the World's Midwifery report will mark 2020 as a significant year for nurses and will pave the way for development of a new global strategy on nursing and midwifery for 2030.

The meeting closed with an appreciation, thank you and presentation to **Dr Perfilieva** , who had recently retired from her post at the Regional Office. Ms Jacob described Dr Perfilieva's contribution to strengthening nursing and midwifery over the past 20 years as truly extraordinary. The meeting presented an opportunity for Dr Perfilieva's friends and colleagues from across the Region to recognize this and express their gratitude for everything she has done to progress the professions of nursing and midwifery and those who practise them.

Ms Sarkisova added that Dr Perfilieva had faced many challenges in promoting nursing and midwifery over the years but, through her exceptional talents and willingness to work hard, had overcome them. She commented that no matter when she and her colleagues had contacted Dr Perfilieva – very early in the morning or very late at night – she had always been there to respond. Dr Perfilieva is a unique person who has contributed so much and will be much missed, but who leaves with her colleagues' warmest wishes and hearty congratulations.

Dr Perfilieva said that the nurses and midwives she has worked with over the years are her friends and her teachers, and that together they had achieved much. She looked forward with great excitement to 2020, the International Year of the Nurse and the Midwife.

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ANNEX 1. PROGRAMME

Wednesday, 3 October 2018	
11:00–12:30	**Registration**
12:30–13:00	**Opening session** *Welcome address and opening of meeting* *Moderator: Galina Perfilieva, former Programme Manager, Human Resources for Health Programme, WHO Regional Office for Europe* • *Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe* • *Valentina Sarkisova, Chair, European Forum of National Nursing and Midwifery Associations*
13:00–13:30	**Technical session 1. Strengthening nursing and midwifery – regional and global contexts** • *Gabrielle Jacob, Programme Manager, Human Resources for Health, Division of Health Systems and Public Health, WHO Regional Office for Europe* • *Elizabeth Iro, Chief Nursing Officer, WHO headquarters (video)* • *Carey McCarthy, Technical Officer, WHO headquarters*
14:15–15:45	**Technical session 2. INCLUDE – Improving coverage and access for everyone** • *Jean White, Chief Nursing Officer, Welsh Government, United Kingdom* ***Panel one: Midwives supporting improved coverage and access*** *Facilitator: Billie Hunter, Cardiff University, United Kingdom* • *The role of newly graduated midwives. Lauren Marie Grech, University of Malta, Malta* • *Midwifery contribution to universal health coverage, leaving no one behind: the ORAMMA example. Hora Soltani, Faculty of Health and Wellbeing, Sheffield Hallam University, United Kingdom* • *New and advanced roles and responsibilities of midwives to improve access and coverage for the population. Lis Munk, Swedish Association of Health Professionals* Question and answer session

Wednesday, 3 October 2018 (contd)	
14:15–15:45	**Panel two: Nurses supporting improved coverage and access** *Facilitator: Jean White, Chief Nursing Officer, Welsh Government, United Kingdom* • *Nurse-led palliative care practices. Piret Paal, WHO Collaborating Centre for Nursing Research and Education, Paracelcus Medical University, Salzburg, Austria* • *Medical social care for older people and palliative care. Sviatlana Yuzhyk, State Institution Hospital of Palliative Care, Minsk, Belarus* • *Using Skype to provide video-observed TB treatment. Tatiana Fedotkina, Head of the TB Network of the Russian Nurses Association, Tomsk, Russian Federation* • *Emergency nursing in Israel. Shoshy Goldberg, Director of Nursing Division, National Head Nurse, Ministry of Health, Israel* Question and answer session
15:45–17:00	**Working groups: progress in implementing strategic directions in nursing and midwifery in the European Region**

Thursday, 4 October 2018	
9:00–9:15	**Wrap-up of Day 1 and introduction to Day 2** • *Gabrielle Jacob, Programme Manager, Human Resources for Health Programme, WHO Regional Office for Europe*
9:15–10:45	**Technical session 3. INNOVATE – Harnessing innovations to meet people's needs** *Facilitator: Karen Bjøro, Norwegian Nurses Association* • *Scaling up and transforming nursing education: a path to improve competencies? Ananda Fernandes, WHO Collaborating Centre for Nursing Practice and Research, Nursing School of Coimbra, Portugal* • *Digitization – brave new world or Alice in Wonderland? Jürgen Osterbrink, Institute of Nursing Science and Practice, Paracelsus Medical University, Salzburg, Austria* • *In safe hands – an innovative toolkit for public health nurses. Elin Lunde Pettersen, Norwegian Nurses Organization* • *Nurse leadership in delivering a population approach to NCD prevention and early intervention in England. Jamie Waterall, Public Health England, United Kingdom* Question and answer session

Thursday, 4 October 2018 (contd)	
11:15–12:30	**Technical session 4. INVEST – Making the case for investing in midwives and nurses** *Facilitator: Jim Buchan, WHO consultant, Human Resources for Health Programme* • *Evidence of the contribution of nurses and midwives on patient safety and patient outcomes. Walter Sermeus, WHO Collaborating Centre for Human Resources for Health Research and Policy, Katholieke Universiteit Leuven, Belgium* • *Investment in health workforce. Irina Kupeeva, Deputy Director, Department of Medical Education and Human Resources for Health Policy, Ministry of Health, Russian Federation* • *Taskforce on skill mix and nursing. Siobhan O'Halloran, Chief Nursing Officer, Department of Health, Ireland* • *Supporting investment: global developments. Carey McCarthy, WHO headquarters* Question and answer session
13:30–15:00	• *Synthesis of working group feedback from Day 1 and summary overview of panel discussions. Stefanie Praxmarer-Fernandes, Human Resources for Health, Division of Health Systems and Public Health, WHO Regional Office for Europe* **Working groups: actions to accelerate progress**
15:30–16:15	**Wrap-up and next steps** • *Gabrielle Jacob, Programme Manager, Human Resources for Health Programme, WHO Regional Office for Europe* • *Valentina Sarkisova, Chair, European Forum of National Nursing and Midwifery Associations*
16:15–16:30	**Closure of the meeting**

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