



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**STRENGTHENING NURSING  
AND MIDWIFERY TOWARDS  
HEALTH 2020 GOALS**

**MEETING REPORT**

*Report of the meeting of Government Chief Nursing  
and Midwifery Officers, WHO collaborating centres  
and European Forum of National Nursing  
and Midwifery Associations*

*Riga, Latvia  
8–9 April 2015*

## Abstract

The theme of the WHO European Region meeting of government chief nursing and midwifery officers, WHO collaborating centres and European Forum of National Nursing and Midwifery Associations was 'Strengthening Nursing and Midwifery towards Health 2020 goals'.

91 participants from 37 Member States attended the meeting in Riga on 8–9 April 2015. The delegates discussed approaches that will transform health service delivery towards people-centred systems and the positive effect this has on health outcomes. Two key documents were reviewed during the two day meeting:

1. *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (ESDNM)*. The document sets out 12 actions for WHO and Member States under 4 priority areas and 4 enabling mechanisms.
2. European compendium of good practices in nursing and midwifery towards Health 2020. The compendium contains 55 case studies of new and advanced roles that illustrate how nurses and midwives across the Region are contributing to the Health 2020 goals.

Consensus was reached on adopting the ESDNM, with minor amendments, and agreement that the document, along with the supporting evidence set out in the compendium, be launched at the 65<sup>th</sup> session of the Regional Committee for Europe in September 2015.

## Keywords

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## **ABBREVIATIONS AND ACRONYMS**

|             |   |
|-------------|---|
| CNO         | Chief nursing officer   |
| CNR         | Council of National Nursing Association Representative  |
| CPD         | continuing professional development   |
| EFNNMA      | European Forum of National Nursing and Midwifery Associations                                   |
| ESDNM       | European strategic directions for strengthening nursing and midwifery towards Health 2020 goals |
| Health 2020 | Health 2020: a European policy framework and strategy for the 21st century                      |
| HRH         | human resources for health  |
| ICN         | International Council of Nurses   |
| ILO         | International Labour Organization   |
| MDGs        | Millennium Development Goals  |
| MS          | Member State  |
| NCDs        | noncommunicable diseases  |
| PHC         | primary health care   |
| PWE         | positive work environment   |
| SDG         | Sustainable Development Goals   |
| SDSNM       | Strategic directions for strengthening nursing and midwifery                                    |
| UHC         | universal health coverage   |
| WHOCC       | WHO collaborating centre  |

## INTRODUCTION AND CONTEXT

The theme of the biennial WHO European Region meeting of European government chief nursing and midwifery officers, WHO collaborating centres and European Forum of National Nursing and Midwifery Associations (EFNNMA) is ‘Strengthening nursing and midwifery towards Health 2020 goals’. The current series of biennial meetings was introduced in 2011 after a break in meetings coordinated by WHO since 2005. The meetings were re-introduced to provide a forum for senior nursing and midwifery leaders in the European Region to debate core issues, network to build relationships and promote partnership working, and share good nursing and midwifery practice. The first meeting in this revised series was in Warsaw, Poland in 2011 (1). WHO recognizes the importance of providing support to professional leaders to help build capacity within countries and across the Region and ultimately achieve improved population health.

*Health 2020: a European policy framework and strategy for the 21<sup>st</sup> century* (Health 2020) (2) provides a course of action for realizing the Region’s greatest health and well-being potential by 2020, promoting people-centred health systems as a forward-looking approach to advancing the overarching goals of,

“To significantly improve the health and well-being of populations, reduce health inequities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”

A defining key entry point for action in this policy framework is transforming service delivery with cross-cutting factors including enabling a competent health workforce. The *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals* (ESDNM) (3) offers a framework to help Member States (MS) in enhancing the contributions of nurses and midwives in achieving this.

The **aim** of the meeting was to build consensus on the strategic directions for nursing and midwifery in the WHO European region and to promote good practices towards achieving the goals of Health 2020.

The **objectives** of the meeting were:

1. To review progress since the Vilnius meeting of government chief nursing and midwifery officers, WHO collaborating centres and EFNNMA, in 2013;
2. To discuss the role of nurses and midwives in transforming health services towards people-centred health systems for improved health outcomes;
3. To finalize the consultation process on the ESDNM;
4. To present and discuss the *European compendium of good practices in nursing and midwifery*;
5. To agree upon a course of action towards 2017, when the next meeting of government chief nursing and midwifery officers, WHO collaborating centres and EFNNMA will be held, and to secure continued commitment by Member States and partners.

The two key **documents for discussion** were:

- *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals*.
- *European compendium of good practices in nursing and midwifery towards Health 2020*.

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

- Consensus being achieved on the *European strategic directions for strengthening nursing and midwifery*

*towards Health 2020 goals;*

- Better understanding of the role of nurses and midwives in transforming health services delivery towards people-centred health systems;
- Acknowledgment of the Compendium as a valuable resource to improve health and well-being of the population and to recognize the contribution of the professions;
- Actions defined towards 2017 and beyond.

91 participants from 37 Member States attended the meeting (ANNEX 2).

Having the opportunity to meet, share and learn from our regional colleagues provides an enriching and inspiring opportunity to go forth united with a common goal.

This report provides a summary of the participants' deliberations and conclusions.

## DAY ONE PROCEEDINGS

### OPENING SESSION

#### Screening *At the heart of it all* (4)

##### Opening remarks

Dr Guntis Belevics (Minister of Health, Latvia)

All countries, irrespective of their size, can contribute to solving the health issues of its population. As an example, Latvia is a comparatively small country but it has the capacity to have a WHO collaborating centres (WHOCC) for research and training in the management of multidrug-resistant tuberculosis.

The pillars of each country's health system are important to this aim, these being health promotion, treatment and rehabilitation in Latvia. The knowledge, experience and input of nurses and midwives are critical to the success of health systems through implementing policy to improve individual and population health outcomes.

All countries are facing financial constraints yet the work still needs to be done. Therefore **smart** policies are needed that go beyond the traditional approaches we have taken in the past, where we have had a focus on treatment.

Health comes with obligations from both governments and individuals. Governments have responsibilities for the health of the population but as individuals we must also take personal responsibility for seeking and receiving quality care and living healthy lives.

##### Welcome address

Dr Hans Kluge (Director, Division of Health Systems and Public Health, WHO Regional Office for Europe)

This biennial meeting of government chief nursing and midwifery officers of the WHO European Region, WHOCCs and EFNNMA is an opportunity to discuss and provide final input into the two documents, *Strengthening Nursing and Midwifery: European strategic directions towards Health 2020 goals* and the *European compendium of good practices in nursing and midwifery towards Health 2020 goals*, before they are launched at the upcoming 65<sup>th</sup> session of the WHO Regional Committee for Europe to be held in Vilnius, Lithuania 14–17 September 2015.

The meeting in September will build on the technical briefing that went to the 64<sup>th</sup> session of the WHO Regional Committee for Europe that was held in Copenhagen in September 2014. This ongoing discussion forms part of the collaborative efforts between Member States and stakeholders on addressing how to strengthen nursing and midwifery in order to maximise the potential of these professional groups to enable their full contributions for supporting implementation of the Health 2020 goals.

The two strategic documents that have been influential in guiding this process forward are *Strengthening people centred health systems in the WHO European Region* (5) that focuses on transforming the workforce and the *Tallinn Charter* (6) that focuses on scaling up Universal Health Coverage (UHC).

Three inputs underpin the required transformational change that is required in working towards Health 2020. These are addressing health workforce challenges, access to essential medicines and technologies and how to deal with the entry of expensive commodities and health intelligence.

The reality is that we cannot continue with ‘business as usual’, we need to work smarter to achieve our goals. The transformation that is required needs strong leadership and commitment with the balance of power being shifted to a people-centred approach. For this to be realised we need good clear communication, a collaborative approach and strengthening health systems from a value-based approach.

### **Welcome address**

Ms Valentina Sarkisova (Chair EFNNMA)

EFNNMA is comprised of 24 national nursing associations that are united in supporting nurses and midwives in developing these professions. Promoting evidence-based, innovative and expanded practice, with incremental levels of responsibility, is important for this development to occur. Developing these professional groups has a health and economic benefit. Improved health has a positive economic impact at a personal level but also at a population level as a healthy and productive population improves the economic situation at country level and across the WHO European Region.

“EFNNMA is ready and available to discuss and help nurses and midwives take on expanded roles and thanks WHO for their ongoing support and collaboration”



## **TECHNICAL SESSION 1: Transforming health services delivery towards people-centred health systems: roles of nurses and midwives**

Chair: Dr Hans Kluge (Director, Division of Health Systems and Public Health, WHO Regional Office for Europe)

### **Coordinated/integrated health services delivery towards people-centred health systems for improved health outcomes – concepts and case studies.**

Ms Erica Barbazza (Consultant, Health Services Delivery, WHO Regional Office for Europe)

A people-centred approach is a key concept underpinning health system strengthening in the context of Health 2020 and can contribute to improved health outcomes. This approach is composed of three elements: people-centred, health systems oriented, and results-based.

A people-centred approach means that services are delivered using the principles of primary health care; services are comprehensive, continuous, ethical, safe, and sustainable and meet the needs of the individual.

A health systems oriented approach requires anticipating the interactions between people, services, the system and intersectoral action. This includes accountability, incentives, competencies, innovation, appropriate service selection, designing care pathways, organizing providers, managing the delivery of services and improving performance and communication.

A results-based approach requires linking actions to impact, particularly patient and population health outcomes. It is therefore important that where problems or poor performance are identified a root-cause analysis is undertaken to ensure the appropriate corrective action is taken at health system or service delivery level.

### **Experiences from practice: country case examples towards people-centred health systems**

Mr Rafael Ferrer Estrems (Consultant, Health Services Delivery, WHO Regional Office for Europe)

Five case studies from the 55 case studies represented in the Compendium were selected for further analysis to identify their contribution towards people-centred health systems. The case studies were analysed by Problem (priorities for improving health and well-being), Services (service delivery constraints, quality, continuity of care, comprehensiveness and effectiveness) and Outcomes (health system performance challenges).

The new or enhanced roles of nurses and midwives, as demonstrated in the case studies, overcame performance, service delivery and health system challenges including narrow packages of service delivery, unclear or misaligned patient pathways, fragmented professional roles, compromised access and discontinuity of care and inadequate cross-sector partnerships. In some cases the new or enhanced roles required different multidisciplinary working practices and a breaking down of traditional professional role boundaries.

The ESDNM calls for ‘a sustainable, competent and motivated nursing and midwifery workforce for people-centred services’. For this to be realized, revisiting nursing and midwifery competencies to align them with the health system and service delivery requirements is needed to enable transformation of the existing health workforce to deliver a people-centred approach.

### **Member State intervention**

Dr Marjukka Vallimies-Patomaki (Ministerial Adviser, Ministry of Social Affairs and Health, Finland)

Finland, along with other countries, is faced with financial challenges. This has resulted in a need to re-think and redesign the traditional ways nurses and midwives work as part of the country's required health reforms to address this challenge.

Finland introduced an expanded role of nursing practice to address a health system and service delivery challenge.

*Problem:* Access of the population to primary health care services in a timely manner. As a result of an increasing shortage of physicians and an increased demand for services (partly because of the growing burden of noncommunicable diseases (NCDs)) pressure was being applied to services.

*Services:* An advanced practice nursing role where nurses provide consultations for acute health problems NCDs was introduced.

*Outcome:* This provides a needed clinical service as well as a gate-keeping role to reduce demands on medical practitioners, enabling the population to have more timely access to primary health care services.

(For more information see European compendium of good practices in nursing and midwifery. Case study 11)

### **Member State intervention**

Ms Larisa Pudovinnikova (Chief Nursing Officer, Samara City polyclinic No.15, Russian Federation)

An increasing number of admissions to tertiary level facilities were noticed as a result of difficulty accessing primary health care facilities.

In response to being exposed to other country experiences (their reforms, new information systems, experiences of providing continuity of care) an enhanced nursing practice was introduced.

*Problem:* Increasing number of admissions to hospital as a result of limited access to primary health care (PHC) facilities.

*Services:* Expanded role of nurse consultations in a PHC facility.

*Outcome:* A redistribution of 25% of consultations from doctors to nurses. This expanded role of nurses resulted in improved patient treatment and health outcomes, increased health literacy, increased motivation of staff, cost savings, and the introduction of recognition awards for staff e.g. *Golden hands awards*.

(For more information see European compendium of good practices in nursing and midwifery. Case study 30)

### **PANEL DISCUSSION ON THE ROLES OF NURSES AND MIDWIVES IN TRANSFORMING HEALTH SERVICES DELIVERY TOWARDS PEOPLE-CENTRED HEALTH SYSTEMS**

Facilitated by Professor Vivienne Bennett (Director of Nursing, Public Health England, UK)

## Personalised care and population health

Professor Vivienne Bennett (England, UK)

Nurses and midwives are critical to caring for the public's health and because of this it is important to make visible the work that these professionals do.

There are multiple opportunities for nurses and midwives to impact at the individual and population level across the continuum of care using the following six activity areas.

1. Improving wider determinants of health e.g. the environment
2. Making every contact count
3. Health protection
4. Health care – public health
5. Supporting health, well-being and independence
6. Taking a life-course approach

A framework has been developed in the UK for personalized care and population health (7).

“Good patient outcomes equal good population health outcomes”

## Health Literacy: Healthy Ageing: What is the role of nurses?

Dr Amina Jama Mahmud (Human Resources for Health, WHO Regional Office for Europe)

Health literacy is an asset for everyday living and is the understanding and skills that determine individuals' ability to access, understand and use information to promote and maintain good health. Good health literacy is founded on education and access to accurate, comprehensible communication.

Many people today operate in a digital environment where access to information is fast and easy. While this provides many opportunities to access and disseminate information there are also challenges that nurses and midwives should be aware of.

The use of e-health resources requires:

- A good match between the resource and the skill of the user to access the information.
- A functional design of the resource.
- An understanding of the potential risk of misinformation and inappropriate use of the information.
- An understanding that this form of information transfer potentially perpetuates socio-economic divisions.

The three types of health literacy require increasing cognitive demands and social skills.

1. *Basic/functional* health literacy requires the ability to read, write, to be able to follow medical instructions and read labels.
2. *Communicative interactional* health literacy requires the ability to adapt the health information when confronted with a similar situation.
3. *Critical* health literacy requires the ability to utilise the information to have greater control on situations and life events. This level of health literacy is a pre-requisite for empowerment.

Health literacy is in line with the Health 2020 principle of increasing citizen and patient participation. It is required to help people of the Region make use of their own assets, be active participants in shaping health policy through civil society organizations, respond to the health challenges facing them, to ensure their voice is heard in a people-centred health system and to participate to their potential in community and family life.

Results from an EU health literacy study in 2011 showed that 47% of the study population had problematic or inadequate health literacy. Most difficulties being in understanding information that was either given to them or available to access and finding information and participating in activities to improve health and well-being.

Vulnerable groups in society present with the lowest levels of health literacy yet have the greatest need. With increasing life expectancy, health literacy equates to healthier life years. It can prevent or postpone disease, disability and cognitive impairment through healthier life choices, empowerment and creating supportive environments for healthy living, including societal support and appropriate health care support.

Nurses and midwives can contribute because we have the knowledge, expertise and skills and a large contact base. We need to communicate clearly and remove literacy related barriers, create environments where people of all literacy levels can thrive and we need to work from a premise that everyone may have difficulty understanding and therefore keep messages clear and uncomplicated.

### **Perspective on our role in transforming health services delivery towards people-centred health systems**

Ms Lillian Bondo (President, Danish Midwives Association, Denmark)

Pregnancy and motherhood are periods of high motivation and opportunities to make change. One of our roles as nurses and midwives is to empower women to demand care and services appropriate to their needs and provide information to make informed choices.

At every contact encounter, with individuals and communities, there is an opportunity for health promotion. With this as a guiding principle, it remains critical to apply skill and judgment to ensure that it is the 'right moment'. This is the skill of health professionals. It is useful to remember that messages are more powerful and appear less judgemental if they advocate life conditions rather than lifestyle.

Health care providers need to re-think health systems to work collaboratively and in a coordinated manner e.g. smoking cessation is more effective when promoted by multiple people at various points of service. Not only do we need to work this way among ourselves and other professional groups, we need to work with clients in a participatory way that is useful, acceptable and useable.

There is a need to re-look at the continuum of life and to promote normal healthy births in an era where caesarean section rates are high. Medical interventions, managing chronic conditions and caring for frail elderly people are resource intensive and costly. In the current economic climate we need to adjust our approaches, think smarter and utilize technology.

“Creative transformational leadership is required and this is our challenge”

### **Global perspectives on nursing and midwifery**

Ms Annette Mwansa Nkowane (Technical Officer, Nursing and Midwifery, Department of Health Workforce, WHO, Geneva)

The World Health Assembly resolution 54.12 *Strengthening nursing and midwifery*, formed the basis of the development of the strategic directions and work plan for nursing and midwifery in the Department of Health Workforce, WHO, Headquarters.

Strategic Directions for Strengthening Nursing and Midwifery (SDSNM) was developed in 2002 and has been updated for this current period (8).

The SDSNM is an overarching framework for collaborative action with a vision of improving health outcomes for individuals, families and communities through the provision of competent, culturally sensitive and evidence-based nursing and midwifery services. The key result areas have been:

- Strengthening health systems and services
- Nursing and midwifery policy and practice
- Education, training and career development
- Nursing and midwifery workforce management
- Partnership for nursing and midwifery services

The *Global Strategy on Human Resources for Health: Workforce 2030* (GSHRH2030) will be presented during the 69<sup>th</sup> session of the World Health Assembly 2016 for the consideration of Member States. This strategy recognizes the centrality of health workers in improving population health, builds on global mandates to inspire multi-sectoral action and is a reference point for concrete human resources for health (HRH) recommendations. A survey was conducted in December 2014 to determine the way forward of a new strategic document in light of the GSHRH2030. An overwhelming percentage of respondents (96%) favoured having new global strategic directions for strengthening nursing and midwifery.

The way forward:

- With appropriate competencies we can provide integrated people-centred services to address major health challenges.
- We need to incorporate new emerging challenges, for example effects of climate change, as well as re-emerging challenges into our work.
- We operate under several important umbrella global mandates that include primary health care (Declaration of Alma Ata); Millennium Development Goals; Universal Health Coverage (component of primary health care with the principle that access will not make people poorer) and we are now moving onto Sustainable Development Goals as part of the United Nations post-2015 sustainable development agenda.
- The strategic directions for strengthening nursing and midwifery 2016–2020 will provide a framework for addressing UHC and sustainable development goals.

### **ICN Council of National Nursing Associations Representatives and conference 2015**

Professor Jürgen Osterbrink (Board member of the International Council of Nurses)

The Council of National Nursing Associations Representatives (CNR), the governing body of the International Council of Nurses (ICN), will hold a meeting in Seoul, Korea 17–19 June 2015.

The objectives of this policy forum are to engage the nursing and midwifery professions in a review and discussion of the draft *Global Strategy on Human Resources for Health: Workforce 2030* and provide opportunities for national policy dialogue and implementation. Specifically, it is an opportunity to engage these professional groups in the policy process and strengthen their capacity to engage in national policy, research and implementation.

Following the CNR meeting, the ICN conference will be held with the theme of Global Citizen, Global Nursing. This event will include discussion and debate around reshaping nursing and midwifery for the future needs of citizens, the role of nurses and midwives in the post-2015 sustainable development agenda, unifying nurses and midwives to improve migration, socio-economic status and working conditions and whether the world can afford NOT to have Universal Health Coverage.

“Global change needs global strategy. Nurses need to believe that they can have an impact”

### **Recap on Day One proceedings**

- In working towards the Health 2020 goals, all countries have the capacity to address the health challenges of their populations, despite the economic constraints we all face. We need to work smarter and embrace the opportunities presented by digital and technological advances.
- Individuals as well as governments have a responsibility for health.
- Transformational change is required to meet the health challenges of our time. Different, creative and innovative approaches towards health service delivery are required.
- A collaborative intersectoral and interprofessional approach is necessary. Traditional professional and service boundaries need to be challenged.
- Embracing a people-centred approach to health systems and care is vital and there is evidence demonstrating improved outcomes from this approach.
- When nurses and midwives provide high quality person-centred care they are contributing to population health.
- Health literacy is influenced by individuals’ ability to access, understand and use information. Health literacy leads to empowerment of people and better health outcomes.
- To deliver the aspirations set out in Health 2020, nurses and midwives need to engage with strategy and policy formation as well as service reform.
- Strong, creative nursing and midwifery leadership is required to improve patient outcomes by challenging professional silo working and ensuring that evidence-based care is delivered.
- Nurses and midwives are critical to improving the health of the population across the age continuum.
- CNOs, WHO need to continue to work together over the next 2 years to ensure positive nursing and midwifery influence in personalized care and improving the health, well-being and resilience of citizens. National meetings, informal sharing (bilateral and multilateral), formal sharing through extended case studies, joint programmes of work and the utilization of campaigns, promotions and maximizing social media are opportunities to do this.

## **TECHNICAL SESSION 2: European strategic directions for strengthening nursing and midwifery towards Health 2020 goals**

Chair: Dr Galina Perfilieva (Programme Manager, Human Resources for Health, WHO Regional Office for Europe)

### **Overview and update on the Strategic Directions and Compendium**

Dr Galina Perfilieva (Programme Manager, Human Resources for Health, WHO Regional Office for Europe)

The three WHO biennial meetings that have taken place in the European Region over the past four years have built on each other.

- Warsaw, Poland (2011), renewed collaboration among the European network of Chief Nursing Officers (CNO) and encouraged engagement in regional level decision-making.
- Vilnius, Lithuania (2013), strategized the objectives and means to strengthen nursing and midwifery professions to enhance their contribution to achieving Health 2020 goals.
- Riga, Latvia (2015), aims to build consensus on the strategic directions for nursing and midwifery in the Region and to promote good practices towards achieving the goals of Health 2020.

*Health 2020: a European policy framework and strategy for the 21<sup>st</sup> century* was adopted by Member States in 2012 and recognises the vital role nurses and midwives play in addressing the public health challenges of our time. This is consistent with, and follows on from, the *Munich Declaration: nurses and midwives – a force for Health (9)* that highlights the necessary and important role of these professional groups.

The *Compendium of good practices in nursing and midwifery* was conceived in 2012 with the establishment of a WHO expert-working group to determine how to demonstrate and promote examples of value-added nursing and midwifery interventions in addressing people's health needs in the WHO European Region. This followed with the development of a template for the collection of case study information and a manual to guide data collection. These were finalized in June 2013 and at this time consensus was obtained and collecting examples of good practices in nursing and midwifery that contributed to achieving Health 2020 goals commenced. This was achieved through a call for examples through established networks of WHOCC, government chief nursing and midwifery officers and nursing and midwifery associations in the Region.

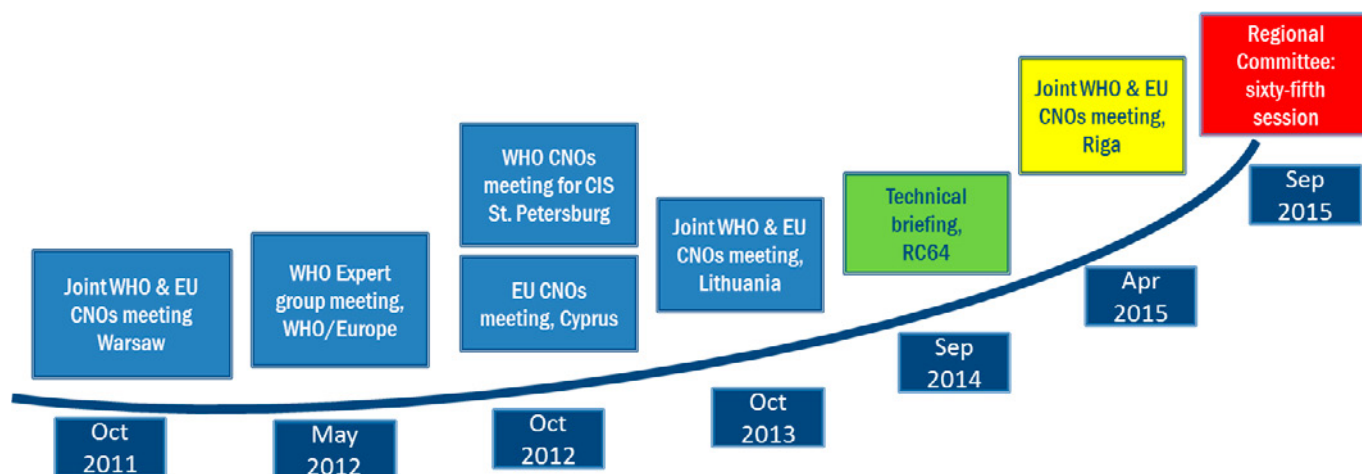
The Compendium collected evidence to support the policy framework, demonstrating an innovative, competent and motivated nursing and midwifery workforce providing sustainable, safe and evidence-based person-centred care towards the goals of Health 2020. Findings suggest that nurses and midwives improve the coverage and integration of health services and reduce the costs of health care organizations and health systems.

Partnerships have continued to be strengthened across the Region in recent years, utilizing new modalities of collaboration as well as celebrating old partnerships such as 19 years of collaboration between WHO and EFNNMA. Joint work programmes were established between EFNNMA and WHOCC in 2014. Five out of the 44 WHO collaborating centres in the WHO European Region are dedicated to nursing and midwifery. Cardiff University in the UK will be the first WHOCC in the Region specifically for midwifery.

In September 2014 a technical briefing session was held at the 64<sup>th</sup> Regional Committee for Europe in Copenhagen to promote the debate among Member States and stakeholders on how to strengthen nurs-

ing and midwifery in order to maximize their potential and enable their full contributions to supporting Health 2020 implementation.

## Road map towards 2015



“Nurses and midwives are a huge capacity with the potential to improve outcomes”

### Priority action area 1: Scaling up and transforming education

Facilitated by Dr Kay Currie (Director, WHO Collaborating Centre, Glasgow Caledonian University, UK)

**Panel contributors:** Dr Kay Currie (UK), Professor Ananda Fernandes (Portugal), Ms Bente Skulstad (Norway), Ms Zukhro Abdurakhmanova (Tajikistan)

**Objective 1:** Standardize the initial education of nurses and midwives at degree level to get the best outcomes for patients and populations.

**Objectives 2:** Develop education and regulation that enables and ensures nurses’ and midwives’ core competencies are in line with the basic principles of Health 2020.

**Objective 3:** Strengthen continuing professional development and career development.

\* For associated Member State Actions and Indicators please refer to ESDNM.

The education of nurses and midwives is aimed at ensuring that a sufficient supply of qualified and competent nurses and midwives is available to meet changing population needs, health technology and health care delivery models.

### Panel discussion question:

*What might be the challenges in achieving the objectives 1–3 of the ESDNM across Europe?*

The amazing diversity in population needs and health care systems that exist across Europe provides strengths and challenges in standardizing degree level education and faculty arrangements across the Region.



A key issue in countries is the need to review **who** is educating nurses and midwives. Nurses and midwives need to be educated by nurses and midwives. Inter-professional education is important to facilitate mutual understanding of professional roles and the formation of respectful and collegial working relationships.

Reviewing currently used indicators and exploring new more useful indicators is an important task. For example, rather than measuring percentage of institutions that offer degree level education, it would be more effective to measure the percentage of nurses and midwives that graduate with degree level education.

To ensure a workforce that is skilled to meet the service delivery and population needs, embedding mandatory continuing professional development (CPD) into legislation as part of maintaining registration requirements can be a useful strategy as well as creating incentives to undertake CPD.

### **Priority action area 2: Workforce planning and optimizing skills mix**

For the purposes of the plenary session and working groups ESDNM priority action area 2 has not been addressed specifically as it is an integral, cross cutting, component of all priority areas of action.

**Objective 4:** Develop workforce planning strategies and policies to ensure a sufficient and sustainable nursing and midwifery workforce.

**Objective 5:** Ensure that workforce redesign and skill mix provides safe and effective care.

### **Priority action area 3: Ensuring positive work environments**

Facilitated by Ms Elizabeth Adams (Director Professional Development, Irish Nurses and Midwives Organisation)

**Panel contributors:** Ms Elizabeth Adams (Ireland), Mr Howard Catton (England, UK), Ms Richsinisa Salichadjaeva (Republic of Uzbekistan), Ms Odeta Vitkuniene (Lithuania)

**Objective 6:** Promote positive work environments

\* For associated Member State Actions and Indicators please refer to ESDNM.

Positive work environments (PWE) maximize the health and well-being of nurses and midwives, contributing to better organizational performance that flows onto better population health outcomes. Nurses and midwives are valuable resources that represent the greatest number of health care providers and therefore it is important to invest in the well-being of these professional groups through the provision of supportive positive work environment.

In 1977, the Nursing Personnel Convention (C149) concerning Employment and Conditions of Work and Life of Nursing (10) was adopted at the 63<sup>rd</sup> session of the Conference of the International Labour Organization (ILO).

Much of Convention 149 remains relevant today, 38 years on. It recognizes the important role of nurses and that this most valuable resource needs to be looked after.

Key components of PWEs are professional recognition, provision of educational opportunities, supportive management policies and occupational health and safety.

**An invitation!!**

Find out what your individual country status is in relation to ratification of the Convention 149 (ILO 1977).

**Panel discussion questions:**

a) *What are the achievements to date, as well as barriers, to ratification of ILO Nursing Personnel Convention No. 149?*

We have an evidence base that is unprecedented and we know that it is critical to look after staff because when under stress it is not possible for people to make safe clinical decisions.

Nurses and midwives need to be engaged in decision making and a framework is needed for them to be able to do quality work.

b) *What are the challenges to promoting PWEs across Europe?*

Several challenges exist including the need for evidence-based clinical protocols to be developed and promoted, support for nurses and midwives through further education on PWEs (including integrating this into undergraduate courses) and the monitoring and management of workload issues including psychosocial factors that impact on these professional groups.

To address the promotion of PWEs we cannot work in isolation. Collectively we need to find a common understanding, definition and agreement on what is a positive work environment and develop and implement intervention strategies to protect the well-being of these professional groups.

c) *In the current economic climate, what are the immediate top two working conditions that need to be collectively addressed to meet Health 2020 goals?*

The top two working conditions that need to be addressed to meet Health 2020 goals are:

- Improving the education of the workforce including the need to invest in post-registration education.
- Engaging with middle-level management to identify needs and initiate and implement changes to improve and optimise PWEs.

d) *How can PWE best practice be shared?*

It is important for countries to be aware of their ratification status in relation to ILO C149 (1977). Using the tool that is available through the ILO provides an opportunity to share, compare and to monitor progress and improvements.

**“We cannot afford to not invest in the health care environment because a poor work environment is costly. Happy staff equals happy patients”**

#### **Priority action area 4: Promoting evidence-based practice and innovation**

Facilitated by Professor Jean White (CNO Wales, UK)

**Panel contributors:** Dr Arja Holopainen (Finland), Professor Jürgen Osterbrink (Austria), Ms Sima Reicher (Israel), Ms Valentina Sarkisova (Russian Federation)

**Objective 7:** Facilitate the culture of evidence-based practice in nursing and midwifery

**Objectives 8:** Develop, transform and adapt the roles of nurses and midwives in line with the goals of Health 2020.

\* For associated Member State Actions and Indicators please refer to ESDNM.

Priority action area 4 challenges us to break away from the tyranny of tradition to transform the roles of nurses and midwives using evidence-based innovative practices.

#### **Panel discussion questions:**

- a) *Where does evidence come from? What will enable new ideas and new ways of working to be generated and tested?*

Evidence comes from theoretical and clinical research. Research is necessary to generate knowledge, to be able to translate that knowledge into practice, to renew practices and make practice consistent. Systematic reviews of the literature are important to produce evidence-based guidelines.

Nurses and midwives need to have the skills to undertake research-based activities, to critically examine and make sense of research findings. These skills and this knowledge should be part of all education programs. Nurses and midwives need to be encouraged to further their education as only 5% of these professional groups have PhDs. It is important that multidisciplinary education as well as involvement in multidisciplinary research are being promoted.

- b) *Implementing evidence-based care is a continuous process. How should we monitor and measure the rate of change and improvements in healthcare?*

It is important to develop best practice guidelines. These are developed from the results of research or other robust sources of evidence.

A challenge we face is to be able to collect data that are comparative to share across the Region. A careful choice of indicators needs to be developed collaboratively. Data that measures the impact of nursing and midwifery practice on patient outcomes should be collected routinely. Additionally, in today's economic climate an important measurement is the cost-effectiveness of nursing and midwifery services and interventions.

There is a need to learn from each other, from our different experiences. This involves having reflective discussions with our collaborative partners and gaining expert opinions.

- c) *We can change role descriptions and put frameworks in place but how do we ensure attitudes and behaviour changes to enable nurses and midwives to practice differently?*

Attitudes and behaviours need to change within and outside the professions. We need to reflect on our own professional groups' attitudes and behaviours to embracing changes and be encouraging and supportive towards innovative efforts. To other professional groups and the broader community there is a need to demonstrate the value added benefits of nursing and midwifery.

Governments and partners need to recognize the actual and potential role of nurses and midwives and work in a cooperative and collegial manner with these professional groups, engaging them in decision-making at the policy level.

The status of professional groups within a society influences the attitudes and behaviours towards these groups. Nurses and midwives need to be on equal standing with their professional partners. This is a challenge in many countries that will require changes to traditional embedded beliefs and responses, an area where regulatory bodies can help address issues of professional status.

“Nurses and midwives are both the problem and the solution”

- d) *Innovation must challenge current ways of doing things – what needs to be done to break down barriers that may hinder change? (This may include challenging accepted professional boundaries)*

Historical barriers hinder change and these first need be recognized before they can be overcome. A key factor to working together inter-professionally is recognizing and respecting each other's contributions to a common goal.

Members of the nursing and midwifery professions need to recognize that they must evolve and look to implement evidence-based care that is proven to improve patient outcomes.

New job descriptions, roles and service delivery models need to be developed, recognizing the contribution (actual and potential) of nurses and midwives. Celebrating and showcasing successful new approaches to patient care is important and can include the use of local and national contests and achievement awards. It is essential that good practice is shared and embedded to become the norm.

Despite the many challenges for them to overcome, chief nursing and midwifery officers have an important role and opportunity in championing change within their respective countries.

The role of nurse and midwife leaders needs to be strengthened. These leaders need to support and enable change and help clarify expanded and innovative roles and responsibilities. It is essential that for the transformational change that is required to occur that the professions have strong leadership role models.

“We need to convince our colleagues before we convince others. Sometimes nurses and midwives are not ready, they hinder change themselves”

## **GROUP WORK**

Chair: Mr Howard Catton (Royal College of Nursing, England, UK)

The purpose of the group work was to enable participants to feedback on the *European strategic directions for strengthening nursing and midwifery towards Health 2020* through providing an interactive forum to share experiences and develop contributions to the final process of review.

Participants were divided into four groups (three facilitated in English and one facilitated in Russian). Each group was assigned one of the priority action areas (as presented in the panel sessions above) with the exception of the group facilitated in Russian that covered all four priority action areas. The group work resulted in the following outcomes being reported back to the meeting.

### **Group Work: Scaling up and transforming nursing and education**

- It would be helpful to have a regional scoping exercise to get baseline country profiles and data to be able to measure progress in countries against the specific ESDNM objectives.
- Consideration should be given to developing meaningful standardized national measures e.g. number of nurses exiting with degrees rather than the number of institutions providing degree level education. This would identify the proportion of nurses still qualifying at less than degree level.
- There is need to develop clear mechanisms to share best practice in countries and between countries e.g. collaborative buddying.

### **Group Work: Promoting evidence-based practice and innovation**

- There needs to be explicit links to Health 2020 within the ESDNM document that provides a clear bridge to these goals e.g. improved health outcomes linked to Health 2020. This link will also assist with monitoring the ESDNM and provide an opportunity to measure the ESDNM alongside Health 2020.
- There is need to have clear communication to policy makers and ministers that if the ESDNM is implemented that Health 2020 will be delivered.
- There needs to be clarity on what we are responsible for collectively and what individual countries are responsible for.
- In addition to monitoring implementation of process changes e.g. having policy and guidance document in place, the impact on individuals and the population must be monitored through the development of a minimum data set across the Region so that country and regional changes can be assessed. This will assist countries to develop milestones (road map) around individuals and populations.
- A collaborative approach is required through formal and informal sharing and mutual support between countries. WHOCCs could have a role in helping determine the most suitable health outcomes that should be measured.
- Regulations are important for public protection but they must also enable role development rather than create barriers to practice development.

- There is a need to recognize advanced midwifery practitioners. As with nursing, midwives practice at different levels yet this is not often acknowledged.
- It is important to be mindful of the language that we use to ensure that it is correct and enabling. Nurses and midwives are different professional groups and therefore it is important not use ‘nurse’ collectively for the two professions. We need to describe and talk about ‘practice’ rather than ‘practitioner’ and refer to ‘digital format’ rather than ‘internet’.
- The pillars of education, research, leadership, management and clinical practice could be a useful way of describing advanced practice in an area.
- Where role expansion or advanced practice has occurred in nursing and midwifery it has been safe and effective and has provided opportunities for new models of care delivery. Importantly, there is some evidence that these new practices are also cost-effective e.g. as a result of preventing hospital admissions. There is a need to generate and publish evidence that shows the return on investment on the impact of nurses and midwives contribution from financial, quality, safety and health outcome perspectives.
- In some countries there is a dominance of the medical model perspective and this should be challenged to enable the strengthening of nursing and midwifery in these countries.

#### **Group Work: Ensuring positive practice environment (PWE)**

- It is suggested that all countries in the Region look at their status in terms of ratification of the ILO Convention (C149). For those countries that have not endorsed the Convention it would be useful to explore how to take this forward as endorsement of the Convention is an important political statement.
- With an ageing working population there is a need for workforce planning to ensure a sufficient supply of professionals to replace those that leave the workforce. There is also a need to provide support, including flexible work arrangements, to maintain older nurses and midwives in the workforce.
- It was proposed that WHO could support the promotion and implementation of PWE by ensuring quality assurance mechanisms and leadership development in this area.
- To raise the awareness and importance of PWE it is suggested that this is incorporated into undergraduate and postgraduate curricula.

#### **Group Work: Russian language group**

- There is a need to implement bachelor degree programmes as a minimum qualification for nurses and midwives across the Region (compliance with the *Global standards for the initial education of professional nurses and midwives*, 2009).
- Nurses and midwives need to have access to CPD with the implementation of a system that recognizes the accumulation of CPD points.
- There is a need to prepare nursing and midwifery educators and promote the utilization of simulation technology in nurse and midwifery education.

- Coaching and mentoring of nurses and midwives is an important element of professional development and ongoing professional support that needs to be further developed.
- There is a need to have unified standards at government level.
- Strengthening collaboration to implement the strategic directions and monitor progress at national and regional levels.

### **WHO collaborating centres**

Professor Billie Hunter (Director, WHO Collaborating Centre for Midwifery (under designation), School of Healthcare Sciences, Cardiff University, Wales)

The network of WHO collaborating centres (WHOCC) forms an important resource within the European Region as designated institutions that support WHO work programmes at country, inter-country, regional, inter-regional and global levels. Key to the work of the WHOCC is the development of evidence to ensure the scientific validity of global health work. One of the strengths of collaborating centres is the expertise and knowledge of implementation science to help put evidence into practice.

Although there are 290 WHOCC in 34 countries in the WHO European Region very few of these are dedicated to nursing and midwifery.

Priority areas of action are the need to develop nursing and midwifery leaders, the need for scoping exercises to obtain baseline data that will enable monitoring and evaluation and the need to develop mechanisms to share best practice.

### **Nursing associations**

Mr Bruno Gomes (Vice-President, Ordem dos Enfermeiros, Portugal)

There is a need across the Region to develop consistency in associations and regulatory bodies. The variety is vast in organizational structure, dynamism and strength.

Associations can help WHO to achieve Health 2020 goals by providing support through their lobbying capacity and communication with members.

### **Government perspective**

Ms Irina Kupeevea (Russian Federation)

Governments need to set legal and monitoring frameworks in place to support the implementation of the ESDNM as well as consolidate agendas with other countries, including research agendas.

### **Midwifery associations**

Ms Mervi Jokinen (President, European Midwives Association)

Midwifery associations need to identify and engage with the right stakeholders.

- There is a need to generate and share the research evidence that underpins the science of midwifery.

- There is a need for every country to have a good service delivery framework to ensure safe, high-quality care that promotes normalcy in pregnancy and childbirth.
- We must work collaboratively with women to ensure their needs and preferences are considered, to truly deliver person-centred care.
- We need to promote care outside clinical institutions as women need to experience pregnancy and birth as a normal physiological process wherever possible.
- We need to look at who currently educates midwives. Medical officers should not exclusively educate midwives as they are likely to promote the medical model of care, which in turn leads to increasing medical interventions such as caesarean sections. The social care and public health elements are essential to deliver people-centred maternity care.
- We need baseline data on in-country activities and to be critical about country specific situations e.g. where there is high maternal and neonatal mortality or increasingly high caesarean section rates.

“strong associations = strong societies”



### **TECHNICAL SESSION 3: European compendium of good practices in nursing and midwifery**

Dr Galina Perfilieva (Programme Manager, Human Resources for Health, WHO Regional Office for Europe) and Ms Kathleen Kennedy (Switzerland)

The Compendium provides examples of good practices in nursing and midwifery and presents how these contribute to the ESDNM and the implementation of Health 2020. It is hoped that it will provide inspiration, encouragement and guidance by identifying ways to improve workforce capacity, support the introduction of new roles and new ways of working, professional education, working conditions and to strengthen person-centred health care services.

The *European compendium of good practices in nursing and midwifery towards Health 2020 goals* was developed through the collection of case studies between May 2013 until April 2014 with the support of government chief nursing and midwifery officers, EFNNMA, WHOCC, and WHO Regional Office for Europe. It is an excellent example of the collaborative working across the Region.

The Compendium is a collection of 55 case studies from 18 countries in the Region, demonstrating that nurses and midwives are key players in enhancing health, empowering communities, promoting health through life-course, ensuring equal access and better continuum of care and providing safe, efficient and quality care.

The case studies were analyzed by their contribution to the four priority areas of Health 2020 and by the four priority areas of action of ESDNM. Summaries of examples of case studies and the analysis have been presented in the document. The Compendium will be launched at the 65<sup>th</sup> session of the WHO Regional Committee for Europe in September 2015.

Feedback on the document was requested from meeting participants as an opportunity into the final review process. A summary of the comments raised are provided below:

- An unanimously positive response was obtained on the value of the Compendium as a resource to share and promote the implementation of good practices in nursing and midwifery across the Region
- The Compendium was seen as being a much-needed link between the *ESDNM* and *Health 2020*.
- How to promote the wide distribution of the document as well as how to establish and maintain a process of continued sharing of case studies was discussed. Further exploration of this is required. It was suggested that an expert group will be established to discuss this as well as the potential role for WHOCCs in this process.
- It was proposed that future collection of case studies include information on the cost-effectiveness of the innovative or expanded practice.
- There was support for translating the document into other languages.

## **TECHNICAL SESSION 4: Update on developments in the European Region**

### **The review and mapping of CPD and lifelong learning for health professionals in the EU.**

Ms Mervi Jokinen (President, European Midwives Association)

There is widespread recognition of the importance of CPD and lifelong learning of health professionals as this enables individuals to keep their professional practice up to date, contributes to improving patient outcomes and increases public confidence in the professions.

A study, funded under the European Union (EU) Health Programme, has mapped and reviewed the range of continuing professional development (CPD) and lifelong learning for doctors, nurses, dentists, midwives and pharmacists in the 28 EU and European Free Trade Association countries (11). The objectives of the study were to provide an accurate, comprehensive and comparative account of CPD models and to share information about structures and practices across the EU Region as well as to reflect on the benefits of European cooperation. The study was carried out over a 12-month period between October 2013 and October 2014.

The study identifies policy recommendations to strengthen the exchange of best practices and co-operation at European level and highlights the need to support health professionals undertaking CPD. This includes addressing identified barriers such as time constraints and resources shortages. The recommendations also call for further research into the relationship between CPD and patient safety and quality of care.

## Recap on Day Two proceedings

- Health 2020 cannot be delivered without nurses and midwives. These professional groups are a largely untapped resource. Support and leadership is required to realize and maximize the potential of these vital assets.
- The ESDNM is an important document that sets out the actions required to be taken to strengthen the capacity of nurses and midwives to help achieve Health 2020 goals.
- The Compendium demonstrates a good link between the ESDNM and the Health 2020 policy framework. The value of sharing and disseminating country experiences is important to inspire and demonstrate the potential of these professional groups. Investing in nurses and midwives is a good economic choice and this needs to be measured and demonstrated.
- Collaboration is a key feature of achieving Health 2020 goals. Collaboration within and among professional groups, realizing the contribution of each towards a common goal. Interdisciplinary education is an important element of this to develop respectful working relationships and break down current professional barriers. Working collaboratively will produce greater gains.
- Nurses and midwives collectively make up the largest number of health professionals and therefore are a costly, but vital, resource. This ‘investment’ must be cared for and protected through the provision of PWEs.
- Developing safe, positive work environments is critical to the health of the workforce. Staff experiences and patient outcomes are interlinked. When staff are supported in positive working environments both the experience of patients and clinical outcomes are improved.
- Baseline data and indicators are necessary by countries across the Region to be able to monitor and evaluate progress, determine national and local actions and set goals and targets.
- Undergraduate professional educational standards are important as well as having access to CPD and ongoing professional support. Lifelong learning is a key component of the advancement of these professional groups to ensure the delivery of high standards of quality care.
- Strengthening nursing and midwifery leadership is vital to progressive change. If the voice of these professional groups is not heard at top levels or is excluded from key decision making important issues may be overlooked and left unaddressed. Not only do we need to support current leaders but we must also ensure we are growing and developing the next generation of leaders.

## Closing remarks

Dr Galina Perfilieva (Programme Manager, Human Resources for Health, WHO Regional Office for Europe)

Dr Galina Perfilieva closed the meeting by thanking participants and presenters for their contribution to a stimulating and informative meeting that culminated in a consensus agreement endorsing the *European strategic directions for nursing and Midwifery towards health 2020 goals* and the *European compendium of*

*good practices in nursing and midwifery towards Health 2020*. Following minor amendments, the Strategic Directions and the Compendium will go forward for official launch at the WHO Regional Committee for Europe in September 2015.

This is a significant and unique achievement as it is the first time such agreement has been reached to work collaboratively and in partnership across the Region on specific actions to strengthen nursing and midwifery practice which in turn will support health service and population health outcome improvements. As nurses and midwives constitute the largest proportion of the health workforce ensuring full engagement and mobilisation of their collective potential will significantly contribute to the drive for people-centred health care and delivery of the Health 2020 goals.

The meeting achieved its' expected outcomes:

- Consensus being achieved on the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals*.
- Agreement of the supplementary evidence set out in the *Compendium of good nursing and midwifery practices towards Health 2020 goals* as a valuable resource to improve health and well-being of the population and to recognize the contribution of the professions.
- Creative and innovative approaches illustrating how nurses and midwives can contribute to transforming health services delivery towards people-centred health systems were shared.

Dr Perfilieva concluded by encouraging all delegates to disseminate information from the two-day meeting. To begin work engaging with partners in their respective countries to prepare for implementation of the *European strategic directions for nursing and midwifery towards Health 2020 goals* and to utilise the Compendium to drive change. She also asked that delegates promote work secondment and internship opportunities afforded by WHO as well as the potential of developing further WHOCCs.

## **The way forward**

The following section sets out proposals by meeting delegates on the next steps to collectively strengthen nursing and midwifery within the WHO European Region.

For WHO at regional and country level:

1. Amend, translate and launch *the European strategic directions for strengthening nursing and midwifery towards Health 2020 goals* along with the *European compendium of good nursing and midwifery practices towards Health 2020 goals* at the 65<sup>th</sup> session of the Regional Committee for Europe to be held in Vilnius, Lithuania 14–17 September 2015.
2. Continue to support capacity building with Member States, which will be tailored to specific country requirements in light of the Health 2020 goals and 12 action areas within the strategic directions. This will include but not be limited to:
  - a. Facilitating sub-regional meetings
  - b. Providing focussed expert advice to Member States
  - c. Facilitating sharing of good practice across the Region including use and expansion of the Compendium.
3. Continue to support research development and dissemination of the evidence base that underpins good nursing and midwifery practice. This will include but not be limited to:

- a. Seek to designate more WHO collaborating centres focussed on nursing and midwifery practice across the Region
  - b. Encourage and facilitate involvement of the WHO collaborating centres with Member States to support capacity building and implementation of evidence-based practice
  - c. Work with EFNNMA and other agencies to promote evidence-based practice
4. Monitor progress against the 12 action areas set out in the ESDNM. An initial review on activity to be considered at the next biennial government chief nursing and midwifery officer, EFNNMA and WHOCC meeting convened by the WHO European Regional Office in 2017. A review of the progress to be undertaken in 2020.

It was proposed that Member States consider taking the following actions:

5. To establish the baseline in their country against the 12 objectives listed in the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals*. From the baseline assessment set out an implementation plan with specific milestones.
6. Utilize and expand on the Compendium of good practice for nursing and midwifery to drive improvements in health service delivery and workforce developments.
7. Member States, EFNNMA, WHO collaborating centres along with other national agencies should continue to work in partnership, supported where possible by the WHO European Regional office, to give momentum across the Region to ensure nurses and midwives play their full part in delivering the Health 2020 goals and actions described in the strategic directions document.

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## ANNEX 1: Meeting programme

| <b>Wednesday, 8 April 2015</b> |  |
|--------------------------------|--|
| 13:30–14:00                    | <b>Registration of participants</b>  |
| 14:00–14:30                    | <p><b>Welcome address and opening of meeting</b></p> <ul style="list-style-type: none"> <li>• Dr Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe</li> <li>• Dr Guntis Belēvičs, Minister of Health, Ministry of Health of Latvia</li> <li>• Ms Valentina Sarkisova, Chair European Forum of National Nursing and Midwifery Associations (EFNNMA)</li> </ul>   |
| 14:30–15:20                    | <p><b>Technical session 1. Transforming health services delivery towards people-centred health systems. Role of nurses and midwives</b></p> <p>Chair: Dr Hans Kluge</p> <p>Coordinated/integrated health services delivery towards people-centred health systems for improved health outcomes – concepts &amp; case studies.</p> <ul style="list-style-type: none"> <li>• Ms Erica Barbazza, Health Services Delivery, WHO Regional Office for Europe</li> <li>• Mr Rafael Ferrer, Health Services Delivery, WHO Regional Office for Europe</li> <li>• Ms Marjukka Vallimies-Patomaki (Finland)</li> <li>• Ms Larisa Pudovinnikova (Russian Federation)</li> </ul> |
| 15:20–15:30                    | Family photo   |
| 15:30–16:00                    | Coffee break   |
| 16:00–16:45                    | <p><b>Technical session 1. Transforming health services delivery towards people-centred health systems. Role of nurses and midwives (continued)</b></p> <p>Panel discussion facilitated by Professor Vivienne Bennett, Director of Nursing, Public Health, England</p> <ul style="list-style-type: none"> <li>• Professor Vivienne Bennett (England, UK)</li> <li>• Dr Amina Jama Mahmud (WHO Regional Office for Europe)</li> <li>• Ms Lillian Bondo (Denmark)</li> </ul> <p>Open discussion</p>  |
| 16:45–17:50                    | <p><b>Global perspectives on nursing and midwifery</b></p> <ul style="list-style-type: none"> <li>• Ms Annette Mwansa Nkowane, Technical Officer, Nursing and Midwifery, Health Workforce Department, WHO, Geneva</li> <li>• Professor Jürgen Osterbrink, ICN Board member (Austria)</li> </ul> <p>Questions and answers</p>   |
| 19:00                          | <b>Social event</b>  |

| <b>Thursday, 9 April 2015</b> |  |
|-------------------------------|--|
| 09:00–09:15                   | <p><b>Brief summary of the EU CNO meeting</b><br/>Ms Biruta Kleina, Health Care Department, Ministry of Health, Latvia</p>   |
| 09:15–11:00                   | <p><b>Technical session 2. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals</b><br/>Chair: Dr Galina Perfilieva, Programme Manager, Human Resources for Health, WHO Regional Office for Europe</p> <p><b>Overview and update on the strategic directions and compendium</b></p> <ul style="list-style-type: none"> <li>• Dr Galina Perfilieva<br/>Promoting evidence-based practice and innovation<br/>Facilitated by Professor Jean White, CNO Wales, UK</li> <li>• Professor Jean White (Wales, UK), Dr Arja Holopainen (Finland), Professor Jürgen Osterbrink (Austria), Ms Sima Reicher (Israel), Ms Valentina Sarkisova (Russian Federation)</li> </ul> <p>Transforming and scaling up education<br/>Facilitated by Dr Kay Currie, Director WHOCC, Glasgow Caledonian University, UK</p> <ul style="list-style-type: none"> <li>• Dr Kay Currie (UK), Dr Ananda Fernandes (Portugal), Ms Bente Skulstad (Norway), Ms Zukhro Abdurakhmanova (Tajikistan)</li> </ul> <p>Ensuring positive practice environment<br/>Facilitated by Ms Elizabeth Adams, Director of Professional Development, Irish Nurses and Midwifery Organization</p> <ul style="list-style-type: none"> <li>• Ms Elizabeth Adams (Ireland), Mr Howard Catton (England, UK), Ms Rixsinisa Salixodjaeva (Uzbekistan), Ms Odeta Vitkuniene (Lithuania)</li> </ul> <p>Questions and answers</p> |
| 11:00–11:30                   | Coffee Break   |
| 11:30–12:15                   | <p><b>Technical session 2. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (continued)</b><br/>Working groups</p>  |
| 12:15–13:00                   | <p><b>Technical session 2. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (continued)</b><br/>Chair: Mr Howard Catton, Royal College of Nurses, England, UK</p> <p><b>Reports by working groups and open discussion</b></p> <p><b>Panel</b><br/>Strengthening collaboration to implement the strategic directions and monitor the progress at national and regional levels<br/>Ms Bruno Gomes (Portugal), Ms Irina Kupeevea (Russian Federation), Professor Billie Hunter (Wales, UK), Ms Mervi Jokinen (President, European Midwives Association)</p>  |
| 13:00–14:00                   | Lunch  |



|             |  |
|-------------|--|
| 14:00–14:45 | <b>Technical session 3. European Compendium of good practices in nursing and midwifery</b><br>Discussion facilitated by Ms Kathleen Kennedy (Switzerland) and Dr Galina Perfilieva   |
| 14:45–15:30 | <b>Technical session 4. Update on development in the European region</b><br>Findings of the study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU <ul style="list-style-type: none"><li>• Ms Mervi Jokinen, President European Midwives Association</li></ul> Brief information on the European Immunization Week<br>Questions and answers |
| 15:30–16:00 | Coffee break   |
| 16:00–16:30 | Wrap up and next steps   |
| 16:30–16:45 | Closure of the meeting   |

## **ANNEX 2: List of participants**

### **Albania**

Ms Albana Muca  
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Sector of Nursing Care Standards Hospital  
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Ministry of Health

### **Belarus**

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Health Care Facility «9 city clinic»

### **Bosnia and Herzegovina**

Ms Zivana Vukovic Kostic  
National Coordinator of Nursing and Obstetrics  
Ministry of Health and Social Welfare

### **Cyprus**

Ms Elena Gabriel  
Senior Nurse Officer  
Nursing Directorate  
Ministry of Health

### **Greece**

Ms Eleni Pisimisi  
Chief Nursing Officer  
Ministry of Health

### **Hungary**

Ms Gabriella Erdelyi-Kissne  
Chief Nursing Officer  
Health Policy Dept.  
Ministry of Human Resources

### **Israel**

Ms Sima Reicher  
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Ministry of Health

### **Kyrgyzstan**

Ms Yusupova Bermet  
Chief Nursing Officer  
Ministry of Health

### **Latvia**

Ms Baltina Dace  
Ministry of Health

### **Armenia**

Ms Varduhi Avetisyan  
President  
Association of Nursing Management

### **Belgium**

Ms Virgine Verdin  
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### **Croatia**

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Ministry of Health

### **Finland**

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Ministry of Social Affairs and Health

### **Greece**

Ms Eleni Kletsiou  
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### **Ireland**

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### **Kazakhstan**

Ms Yuliya Korsunova  
Midwife  
Ministry of Health Service

### **Latvia**

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### **Latvia**

Ms Egita Pole  
Ministry of Health

**Latvia**

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Deputy Director of the Health Care Department

**Lithuania**

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Chief Nursing Officer,  
Ministry of Health

**Malta**

Mr Jesmond Sharples  
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Ministry for Health

**Netherlands**

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Chief Nursing Officer  
Ministry of Health, Welfare and Sport

**Portugal**

Ms Natalia Pereira  
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**Romania**

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Chief Nursing Officer  
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President, The Order of Nurses and Midwives

**Russian Federation**

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**Russian Federation**

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Oncological Institute  
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**Russian Federation**

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**United Kingdom of Great Britain and  
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**Government chief nursing  
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WHO collaborating centres and  
European Forum of National  
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**Riga, Latvia  
9–10 April 2015**



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