

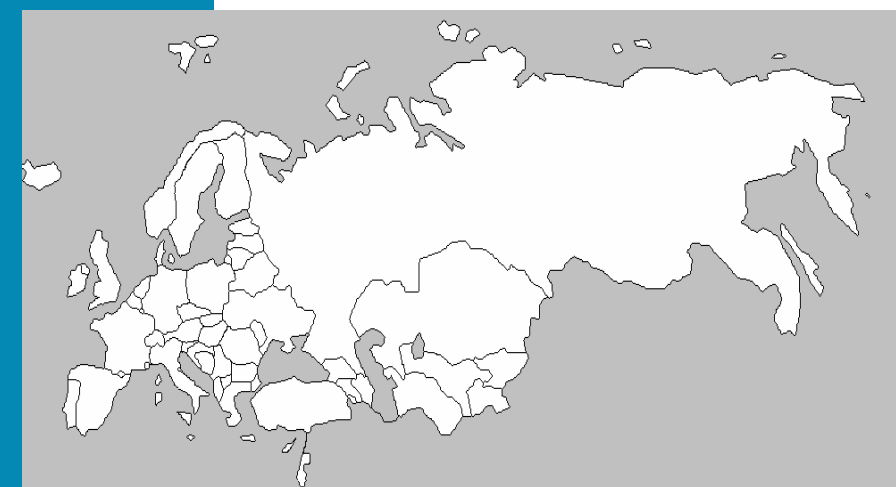
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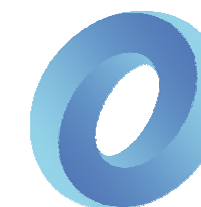
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Uzbekistan

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Twelfth annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO

**Report on a WHO meeting
Tashkent, Uzbekistan
03–04 July 2008**



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Twelfth annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO

**Report on a WHO meeting
Tashkent, Uzbekistan
3–4 July, 2008**

ABSTRACT

The Twelfth Annual Meeting focused on **stewardship** as one of the four key functions of health systems, together with financing, service provision and resource generation. For the first time two parallel sessions were held the day before the annual meeting, on leadership and quality improvement, with more than fifty nurses and midwives attending. The three key-note speakers described how their own countries, Uzbekistan, Sweden and Scotland, steward their national health system, with a special focus on the nursing and midwifery area. Three workshops discussed nursing and midwifery's contribution to health systems stewardship. Different aspects were addressed, such as challenges and opportunities, concerns and strategies. During the plenary sessions the working teams presented an overview of their discussion, and provided a feedback on the draft statement on stewardship. Issues such as nursing and midwifery education, leadership and legislation were addressed.

Results from the working groups: the final **Statement on Stewardship** was produced and formally adopted by the Forum.

The final Statement on Stewardship is available on the following web page, to be used by National Nursing Associations and National Midwifery Associations in their dialogue with policy makers in the Member States: <http://www.euro.who.int/efnma>

Keywords

SOCIETIES, NURSING - congresses
NURSING - trends
MIDWIFERY - trends
DELIVERY OF HEALTH CARE
PROGRAM EVALUATION
EUROPE

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CONTENTS

	<i>page</i>
Opening of the meeting.....	4
Report by the Chairperson.....	5
Follow –up questionnaire.....	6
Financial report.....	6
Election.....	7
Technical discussion – Part 1.....	8
Workshops.....	9
Technical discussion – Part 2.....	9
Plenary session.....	10
Concluding session.....	11
Annex 1. Programme.....	12
Annex 2. List of participants.....	16
Annex 3. Budget January – December 2009.....	22
Annex 4. Statement	23

Opening of the meeting

The meeting was opened by **Ms Bente Sivertsen, Policy Adviser for Nursing and Midwifery, WHO Regional Office for Europe**. Ms Sivertsen introduced the programme, welcomed the participants from 19 countries across WHO European Region, and introduced **Professor Asomiddin Kamilov, Deputy Minister, Ministry of Public Health, Uzbekistan**, who provided a welcoming address and thanked the EFNNMA Steering Committee members and Secretariat for organizing the conference.

Professor Kamilov reported on the reforms that have been implemented by the President of Uzbekistan, Dr Islam Karimov, since 1998. The reforms started in the Primary Health Care sector, especially in the rural areas, where medical centres were set up with a focus on prevention.

Further reforms have been initiated in the emergency and acute sectors that included the development of twelve specialist medical centres. Great importance is attached to the protection of health of mothers and children, and safe motherhood. The result has been a significant reduction in maternal and infant mortality.

In addition to increasing salaries by 3.5 times Uzbekistan Government has invested in education for nurses, midwives and medical staff. An institute for higher education has been set up providing education to master and doctorate level. An in-service training is also available at district level aimed at increasing skills and knowledge in working with mothers and babies, an initiative supported by funding from the World Bank.

Professor Kamilov emphasized the importance of this meeting for policy advisers and the other partners involved in these reforms. On behalf of the Minister of Health he welcomed all the participants and wished them a successful meeting.

Ms Sivertsen brought greetings to the 12th Annual Forum on behalf of the Regional Director, Dr Marc Danzon, and of the Deputy Regional Director, Dr Nata Menabde. In response to the Deputy Minister, Ms Sivertsen said that this meeting starts from the urgent need to strengthen the health systems and the health workforce. The WHO Regional Office for Europe is willing to support member states in the training and deployment of health workers. She stressed that educating nurses and midwives saves lives.

During her few days in Uzbekistan Ms Sivertsen met motivated nurses and midwives, learned that measures are in place to strengthen the workforce for health, and that Regulation is planned.

There are four aims in our partnership:

- exchange information, ideas and policies;
- contribute to informed debate;
- support and approve policies on 'Health for All' in nursing and midwifery;
- formulate the consensus policy statement of nursing and midwifery.

Ms Sivertsen reported that 37 out of 53 European states are now members of EFNNMA. For the first time two parallel sessions have been held, on leadership and quality improvement, before this meeting, with over 50 national nurses and midwives attending. The hope was expressed that similar sessions will continue at future forum meetings.

Ms Sivertsen thanked the Uzbekistan Ministry of Public Health, and the Uzbekistan Nursing and Midwifery Association for sponsoring the meeting, and for providing an excellent opportunity to see how they steward their health system.

Progress is directly tied to how well health systems carry out the four key functions: stewardship, financing, service provision and resource generation. Stewardship being the theme for the technical discussions in this forum.

Ms Madeline Spiers, Chairperson of EFNNMA, welcomed everyone to the forum especially the Uzbekistan Nursing and Midwifery Association. She stated that health is the foundation for economic wealth in a country and for a decent life there must be a decent health service. Ms Spiers said it was good to see how the Uzbekistan government is addressing this through a well-funded public health system.

Dr Zakir Khodjaev, Liaison Officer at WHO Country Office in Uzbekistan, said that health is a priority and nursing is recognized as an equal partner in caring for patients. The Country is committed to moving forward with education.

Dr Benjamin Mels, representative of the United States Agency for International Development (USAID) in Central Asia, explained that international collaboration is taking place with the Uzbekistan Ministry of Health, Israel and USAID in strengthening the role of nurses, particularly in support of primary care projects. USAID has collaborated with the Uzbekistan Government in helping to improve the status of nursing in the country.

Ms Shizuko Kikuchi, Chief Adviser of the Nursing Education Improvement Project at Japan International Cooperation Agency (JICA), explained the collaboration between Japan and the Uzbekistan Ministry of Health since July 2004 to improve nurse education through a series of workshops focused on seven areas of nursing. The project is coming to an end and it is hoped that the programme will be implemented across the country from 2009. She thanked the Regional Office for the invitation and wished success for the meeting.

Professor Kamilov expressed thanks to JICA representatives for their contribution to reforms, and to all the international organizations for supporting development in his country. He wished for a successful conference.

The participants nominated and approved Ms Madeline Spiers, Chairperson of EFNNMA, as Chair of the meeting. The meeting adopted the programme and agreed upon the rapporteur, Ms Maura Buchanan.

Report by the Chairperson

Ms Spiers gave a brief outline of the WHO Ministerial Conference on Health Systems, which took place in Tallinn, Estonia, 25-27 June 2008. There was recognition that health is an important factor in supporting a country's economy, which requires collaboration between various government ministries, not just the responsibility of health departments. Empowering citizens to enable them to influence for better health systems was also seen as important.

Nurses and midwives need access to regular quality data that will give them the power to engage in decision making and influence health systems. At the Tallinn Ministerial Conference EFNNMA could raise the profile of nursing and midwifery with the ministries, discussing what can be achieved in their respective countries. Ms Sivertsen drew the meeting's attention to The Tallinn Charter: Health Systems for Health and Wealth that had been adopted by the ministers at the Tallinn Ministerial Conference.

At this point Ms Day-Stirk, Royal College of Midwives (RCM) of the United Kingdom of Great Britain and Northern Ireland, reported on the successful Triennial Congress of the International Confederation of Midwives, which was held in Glasgow, Scotland, 1-5 June 2008, hosted by the RCM and attended by 3.500 delegates from 75 countries.

Ms Sivertsen presented an overview of the new structure of the WHO Regional Office for Europe. She went on to outline the many nursing and midwifery activities of the Regional Office since EFNNMA 11th annual meeting, which was held in Copenhagen, 29-30 October 2007, as well as to list current projects.

There are currently six WHO Collaborating Centres with the Nursing and Midwifery Programme in Europe, a new one to be designated in Sweden and other pending requests.

Seven member countries have made Biennial Collaborative Agreements with the Regional Office including nursing and midwifery components, among these Uzbekistan. Global standards for the initial professional education of nurses are to be launched in the Global Work Plan.

The 2008-2009 Global Work Plan for Nursing and Midwifery will be launched in the near future and will include five core elements:

- education and training;
- health service provision;
- workplace environments;
- talent management;
- partnerships.

A special nursing and midwifery event is being planned for October 2008 to celebrate the 30th anniversary of the Alma-Ata Declaration in Kazakhstan. The Chair-person thanked Ms Sivertsen for her efforts in driving forward the nursing and midwifery agenda while holding such a large brief.

Follow-up questionnaire on Recommendations on Nursing and Midwifery input to and impact on outcomes for Health and Wealth

Ms Sivertsen presented the impact analysis based on the follow-up questionnaire on the recommendations from the 11th EFNNMA meeting, Copenhagen 2007.

Of the 25 countries that attended, 18 associations had responded, 15 from Nursing and 3 from Midwifery. The Chairperson, Ms Spiers, had used the recommendations to ask questions to Health Ministers attending the Tallinn conference.

Other respondents had found the recommendations useful in a variety of ways, although some felt that they could be more specific while recognizing the difficulties in translation across such an international group.

Financial report

Ms Valentina Sarkisova, Treasurer of EFNNMA, gave the financial report. She noted that some of the chairperson's expenses had been supported by the Irish Nurses Organization. Membership fees for the year 2009 will have an increase of 5%. The hope was expressed that sponsor support will be obtained for future meetings.

Ms Sarkisova advised the meeting that she was resigning as member of the Steering Committee. The Chairperson offered her thanks on behalf of the Forum.

A request was made for future financial reports to be circulated in advance of meetings.

Election of vice-chair and three Steering Committee members

Ms Sivertsen introduced the agenda item on the election of Steering Committee members in order to fill four vacant seats.

The following members of the Steering Committee had ended their period of election:

- Ms Frances Day-Stirk, Vice-chairperson;
- Ms Valentina Sarkisova, Treasurer;
- Ms Lisbeth Normann;
- Ms Elisabeth Rappold.

The following nominations were received:

- Ms Eva Sommerseth (Norwegian Nurses Organization);
- Ms Elisabeth Rappold (Austrian Nurses Association).

For the Vice-chairperson position one nomination only was received, namely:

- Ms Frances Day-Stirk (The Royal College of Midwives of the United Kingdom).

In accordance with the Operational Principles, section 6 (p), "The person standing for office who receives the largest number of votes will be elected. If only one nomination is received, the Polling Officers will ask for a show of hands as a record of unanimous agreement by the Forum."

Ms Francis Day-Stirk was re-elected with acclamation as vice-chairperson, Ms Elisabeth Rappold and Ms Eva Sommerseth were both elected by show of hands as members of the Steering Committee. Ms Sivertsen invited written nominations for co-option to the remaining vacancy in the Steering Committee.

Lunch followed, sponsored by the Uzbekistan Ministry of Health. Ms Sivertsen thanked the Ministry and the Uzbekistan Nurses and Midwives Association for their hospitality.

Technical Discussions - Part 1

There were two Key-note speakers on **Stewardship** to start the technical discussions:

Dr Rikhsi Salikhodjaeva, Chief Specialist, President Nurses Association Uzbekistan, described the organization and stewardship of nursing in Uzbekistan. Since the introduction of health care reforms, in 1998, there has been a focus on nursing education and training. Nursing has moved to higher education as well as the 76 medical colleges, where training is provided in a range of specialties, including anaesthesiology, surgery, obstetrics and management. There is strong emphasis on continuing education with the development of criteria to assist the quality of education and of practice. At post diploma level doctors and nurses now train together.

Eight hundred nurses have successfully completed higher education. All of these nurses are now in positions of leadership, such as chief experts advising government, teaching in medical colleges, involved in research. The higher responsibility that has been given to nursing has improved the quality of the service and provided the opportunity to raise the status of nursing. There is now a need to develop a strategic plan for nursing and to develop new criteria for judging standards and quality. The measures taken to strengthen nursing mean that nurses in both primary care and hospitals will provide high quality care and good stewardship.

Ms Lena Sahlqvist, Chief Nursing Officer, The National Board of Health and Welfare, Sweden, gave a presentation on the structure and the stewardship of Swedish health and medical care. The underlying principles are that care should be provided on equal terms and according to needs, it should be under democratic control and financed on the basis of solidarity. The State has overall responsibility for health policies but administration and delivery of health care are devolved to county councils and municipalities. County councils and municipalities have considerable freedom as far as the organization of their health services is concerned.

Stewardship key aspects are:

- setting, implementing and monitoring the rules for the health system;
- assuring a level playing field among all actors in the system (purchasers, providers and patients);
- defining strategic directions for the health system as a whole

through:

- overall system design;
- performance assessment;
- priority setting;
- inter-sectorial advocacy;
- regulation;
- consumer protection.

Ms Sahlqvist works in the area of patient safety at the National Board of Health and Welfare.

Their final aim is to raise quality and to improve safety and efficiency by:

- collecting, analysing and forwarding information on the latest scientific findings, so that health and social care are based on sound knowledge and experience;
- developing standards in the form of regulations, national guidelines, classification and professional skills description.

Sweden rates highly on health indices and has lower healthcare costs than many other European countries.

The age profile in midwifery and the need to retain nurses, especially in the hospital sector, are workforce challenges for the future.

In response to Ms Sahlqvist's presentation, Ms Sivertsen said that Sweden has been much more progressive than other countries, as evidenced by the statistics. Tackling smoking, drinking and health in workplaces makes a difference and nurses and midwives have an important role to play.

A question and answer session followed with delegates contributing to the discussion of stewardship from their individual country's perspective.

Introduction to Workshops

In preparation for the workshops, Francis Day-Stirk presented a brief overview of mind-mapping, which she described as a useful tool to allow participants to contribute ideas and have a discussion that could be captured diagrammatically on a single page.

All three workshops were asked:

- 1) to discuss specific questions from facilitators;
- 2) to discuss key areas where nurses and midwives can make an effective contribution;
- 3) to review the draft statement in order to provide feedback.

A. Stewardship

Presenter and facilitator: Ms Frances Day-Stirk, The Royal College of Midwives of the United Kingdom, and EFNNMA vice-president;

Rapporteur: Ms Milka Vassilieva, Association of Health Care Professionals in Nursing, Bulgaria, and EFNNMA Steering Committee member.

B. Challenges/opportunities

Presenter and facilitator: Ms Valentina Sarkisova, Russian Nurses Association, Russian Federation, and EFNNMA Steering Committee member;

Rapporteur: Ms Ausra Volodkaite, Lithuanien Nurses Association.

C. Concerns/strategies

Presenter and facilitator: Ms Madeline Spiers, Irish Nurses Organization, and EFNNMA President;

Rapporteur: Ms Elisabeth Rappold, Austrian Nursing Association, and EFNNMA Steering Committee member.

Technical Discussions - Part 2

One key-note speaker introduced the second part of the technical discussion on stewardship:

Ms Audrey Cowie, Professional Adviser for Regulation and Workforce, Scottish Government Health Department, United Kingdom, gave an overview of stewardship in the Scottish context. She defined stewardship as careful and responsible management of something entrusted to one's care. Stewardship in health requires strategic policy, good regulation and implementation tools, performance monitoring and supporting the role of the individual.

Ms Cowie outlined some of the health challenges in Scotland, including an increasing elderly population, some very heavy National Health Service users, and recruiting and retaining staff particularly in remote and rural areas. She explained the responsibilities and regulatory frameworks that exist at each level, from governmental and organizational to medical and practical level, as well as the support programmes that are in place.

Plenary session

Each of the working groups presented an overview of their discussions.

Group A - Stewardship

Ms Vassilieva reported on the workshop **aims**:

- to promote awareness and understanding of stewardship;
- to discuss experiences of different health systems;
- to explore the role of professional organizations;
- to consider the EFNNMA statement on Stewardship.

Following **questions** have been considered:

- What do you understand by the term stewardship?
- How does stewardship work in your country's health system?
- What needs to be in place to achieve these objectives?
- What role does your association play?

Group B - Challenges/Opportunities

Ms Volodkaite reported on the following **challenges**:

- absence of legal basis for nursing/regulation/standards;
- absence of databases on the nursing profession;
- nurses not represented at national level;
- gap between theory/education and practice;

emerging from the following **questions**:

- What are the main challenges that our health care systems face today?
- Are there any special concerns related to nursing and midwifery?
- Which opportunities may we use to overcome the existing problems and to improve our health care systems?
- How can nursing and midwifery associations influence the health care system improvement?
- What are the most efficient ways to collaborate within EFNNMA and what positive influence on our health care systems may the organization have?

Opportunities include:

- increase the role of national nursing associations at national level;
- educate leaders in the nursing profession;
- educate nurses as teachers of the nursing profession;
- strengthen international co-operation and stimulate positive development of the nursing profession at national level;
- improve legal framework, which shows some gaps and is not always complying with international standards and modern requirements.

Group C - Concerns/Strategies

Ms Spiers reported her workshop had compiled an extensive list of **concerns** raising three important issues:

- health as a human right is under threat;
- professional empowerment is weak;
- quality indicators are not consistent or universal.

Education, Nursing and Midwifery Leadership and Legislation are the key areas to be addressed.

Strategies to balance these concerns involved:

- creating a Health Forum to raise problems and solutions in a safe space;
- raising political thinking among the professions since health systems are subject to political decisions;
- utilizing new technologies and share best practice at regional, national and international forums;
- reviewing legislation to support best practice.

Concluding Session

Revision and adoption of the Statement

Small changes were made to the draft statement on Stewardship during discussion. The Forum then formally adopted the revised statement.

Ms Bente Sivertsen thanked everyone for their participation and a job well done. In her concluding remarks she said that the Forum has now started a tradition by holding workshops for the nurses and the midwives before the annual meeting in the hosting country. She expressed the hope that this would continue in the future because we have all something to gain from meeting with a wider group. During this meeting she had the opportunity to speak to countries that are not yet part of the European Union, and stressed that the latest group of countries to join the European Union received assistance from the member states to meet EU standards. Ms Sivertsen invited member states to support neighbouring countries in order to meet and uphold standards, especially in education, by sharing experiences.

In Uzbekistan Ms Sivertsen has seen much engagement in the nursing profession, nursing organization and leadership as well as nursing culture. She thanked all participants for agreeing the statement to be used by all to ensure nursing and midwifery is a force for health.

Dates and venue of the 13th Annual Meeting of the Forum

The dates agreed for the meeting are 4th and 5th June 2009. In accordance with tradition, the next meeting will take place in Copenhagen.

Chairperson

Ms Spiers gave thanks to Ms Sivertsen and to the Nursing and Midwifery Associations for their contribution to the Forum, particularly to the nurses and midwives of Uzbekistan and their Ministry of Health.

Closure of the meeting

Dr Rikhsi Salikhodjaeva, Chief Specialist, President of the Nurses Association of Uzbekistan, concluded the meeting by expressing her great pleasure at taking part in this Forum. "We have learned so much", she said.

She was pleased to see participants from all over the WHO European Region, as countries have so much in common and can learn from each other. The Forum has shown possibilities for rolling out changes and hopefully for future co-operation.

The large number of nurses observing from Uzbekistan had seen examples of leadership and learned much about the problems and priorities of other European nurses that they will share with their nursing colleagues. A priority now on their agenda is the training of nurses within university to bachelor level.

On behalf of the Ministry of Health, dr Salikhodjaeva thanked the WHO Regional Office for Europe for holding the meeting in Uzbekistan.

She welcomed the statement on Stewardship which will be very important to nurses and midwives.

She personally thanked the Regional Office for holding the Forum in Uzbekistan and expressed the hope that this would be repeated in future.

Annex 1

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**12th annual meeting of the European Forum of National
Nursing and Midwifery Associations and WHO**



10 April 2008

03 - 04 July 2008 - Tashkent, Uzbekistan

PROGRAMME

Thursday, 3 July 2008

08.30 – 09.00 Registration

Business Meeting

09.00 – 10.30 Opening session and welcoming addresses

Ms Bente Sivertsen, Policy Adviser Nursing and Midwifery
WHO/Euro

Representatives from MoH Uzbekistan

*Nomination of Chairperson
Adoption of the Programme
Announcement of Rapporteur*

Annual Report

Ms Madeline Spiers, Chair EFNNMA

*Follow –up questionnaire on Recommendations on Nursing
and Midwifery input to and impact on outcomes for Health
and Wealth*

Ms Bente Sivertsen, Policy Adviser Nursing and Midwifery
WHO/Euro

10.30 – 11.00

Coffee/tea break Sponsored by MoH Uzbekistan

11.00 – 12.00

Financial Report

Ms Valentina Sarkisova, Treasurer of EFNNMA

Election

Election of vice-chair and three Steering Committee members:

Ms Frances Day-Stirk, Royal College of Midwives of the UK, runs for re-election

Ms Elisabeth Rappold, Austrian Nurses Association, runs for re-election

Ms Valentina Sarkisova Russian Nurses Association, Russian Federation, not running for re-election

Ms Lisbeth Normann, Norwegian Nurses Association, not running for re-election

Ms Eva Sommerseth, Norwegian Nurses Association, runs for election

12.00 –13.00

Lunch Sponsored by MoH Uzbekistan

Technical Discussions - Part 1

13.00 – 14.30

Key-note speakers on Stewardship:

Dr. Rikhsi Kamilovna Salikhodjaeva, Chief Specialist, President Nurses Association Uzbekistan

Ms Lena Sahlqvist, CNO, The National Board of Health and Welfare, Sweden

Respondent Ms Bente Sivertsen, Policy Adviser Nursing and Midwifery WHO/EURO

14.30 – 15.00

Coffee/tea break Sponsored by MoH Uzbekistan

- 15.00 – 17.00 Introduction to Workshops:
- All three workshops:
- 1) to discuss specific questions from Facilitators
 - 2) to discuss key areas where nurses and midwives can make an effective contribution
 - 3) to review the draft statement in order to provide feedback
- A. Stewardship
Presenter and facilitator Ms Frances Day-Stirk, The Royal College of Midwives of the UK, and EFNNMA Steering Committee member;
- Rapporteur Ms Milka Vassilieva, Association of Health Care Professionals in Nursing, Bulgaria, and EFNNMA Steering Committee member.*
- B. Challenges/opportunities
Presenter and facilitator Ms Valentina Sarkisova, Russian Nurses Association, Russian Federation, and EFNNMA Steering Committee member;
- Rapporteur Ms Ausra Volodkaite, Lithuanien Nurses' Organization*
- C. Concerns/strategies
Presenter and facilitator Ms Madeline Spiers, Irish Nurses Organization, and EFNNMA Steering Committee member;
- Rapporteur Ms Elisabeth Rappold, Austrian Nursing Association, and EFNNMA Steering Committee member.*
- 17.00 Closure of first day
- 19.00 Dinner Sponsored by MoH Uzbekistan

Friday, 4 July 2008

Technical Discussions - Part 2

- 09.00 – 09.30 Key-note speaker on Stewardship:
- Audrey Cowie, Professional Adviser for Regulation and Workforce, Health Department, Scottish Government, UK
- 09.30 – 10.30 Plenary session:
- Presentation of the results from the working Groups A, B and C*

10.30 – 11.00 Coffee/tea break Sponsored by MoH Uzbekistan

11.00 – 13.00 **Concluding Session**

Plenary Discussion

Revision and adoption of Statement

NNM Policy Adviser and Planning Group:

Bente Sivertsen

Valentina Sarkisova

Milka Vassilieva

Frances Day-Stirk

Madeline Spiers

Dates and venue of the 13th Annual Meeting of the Forum

Chairperson

Closure of the meeting

13.00 Lunch Sponsored by MoH Uzbekistan

Annex 2

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

EFNMA Forum in Tashkent

**/5
13 October 2008**

Tashkent, Uzbekistan, 02 - 05 July 2008

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Annex 3

Budget January – December 2009

INCOME US\$	Proposed budget 2009
Balance carried over from 2008	12 601,15
Membership fees 2009	31 500.00 ¹
TOTAL	44 101,15
EXPENSES:	
Steering Committee and Secretariat:	
Administrative support	30 000.00
Chair (travel etc.)	0 ²
Programme support costs	3 500.00
Steering Committee meetings	500.00
Total	34 000.00
Annual Meeting 2009	
Printing/mailing & editing of Forum report	500.00
Secretariat travel and per diem	0
Annual meeting facilities	500.00
Total	1000.00
TOTAL	35 000,00
Balance expected to be brought forward to 2010	9 101,15

¹ Estimated fees on 38-40 Nursing and Midwifery Associations

² To be sponsored by NA/MA or others

Annex 4



EUROPE

**EFNNMA statement on
Health Systems Stewardship
12TH ANNUAL CONFERENCE
Tashkent, Uzbekistan, 4-5 July 2008**



The European Forum of National Nursing and Midwifery Associations (EFNNMA) endorsed the World Health Organization (WHO) and United Nations (UN) principles that health is a basic human right and that equality of access to healthcare for all citizens requires necessary policy and legislation.

EFNNMA supports the WHO and the UN to call on all national governments and international bodies to review the stewardship and governance of health systems:

- **ACKNOWLEDGING** that good health system stewardship demands good regulation, accountability, transparency and vision and that investment in health systems is investment in wealth creation;
- **RECOGNIZING** that individual stewardship means engaging in continuous professional development, designing new roles and models of care, creating positive practice environments and ensuring self-regulation and maintaining practice standards;
- **BEING AWARE** that stewardship embodies notions of managing assets without owning them, anticipating future trends and devising plans;
- **HIGHLIGHTING** that the nursing and midwifery professions have vision, leadership and intelligence to influence the significant elements of stewardship and that public protection requires investment in leadership skills to further develop the roles of nurses and midwives;
- **CONSCIOUS** that nursing/midwifery leaders need a solid foundation in health care economics and the social determinants of health and health outcomes to influence the national political system;
- **ESTABLISHING** that nurses and midwives are key players in influencing/developing/ensuring quality health care systems; and
- **RECOGNIZING** that continuous professional development is the key to creating positive practice environments.

URGES governments to:

- recognize their responsibility for the welfare of their population;
- appoint a government chief nurse/midwife at the Ministry of health;
- address recruitment and retention of appropriately qualified health care personnel; and
- inform the public about their rights, responsibilities and duties in relation to resources.

URGES organizations to address key issues and challenges:

- balance the competing influences and demands while building coalitions to achieve the main health system objectives;
- set clear policy priorities while maintaining an overview of societal interests;
- ensure the necessary regulation (of prices, the education of health care providers and professional practice, through licensing and accreditation, etc.); and
- encourage a climate of transparency and accountability, through performance assessment and the provision of intelligence.

and

ENCOURAGES nurses and midwives to:

- engage in individual stewardship through continuous professional development, designing new roles and models of care, creating positive practice environments and ensuring self-regulation and maintaining practice standards.



EFNNMA 12th Annual Conference
Tashkent, Uzbekistan, 3-4 July 2008
Health Systems Stewardship



“In the European Region the World Health Organization (WHO) has argued that equity in health requires policies and legislation to be aimed at implementing the United Nations provision on human rights. Its work on patients’ rights presupposes a system of basic human rights.” (1)

Introduction

The term “stewardship” can be defined in several ways and is closely linked with governance. This term might be a difficult concept to translate. The World Health Organization (WHO) and the United Nations have noted that to strengthen global health national governments and international bodies need to review the stewardship and governance of health systems.

“Stewardship and governance of nursing and midwifery services involve the government, civil society and the professions to ensure the quality of care” (2.) Nurses and midwives are key players in ensuring quality health care systems.

Stewardship

A broader concept than regulation, stewardship may be defined as the careful and responsible management of something entrusted to one’s care. The concept of stewardship can also be viewed as an ethically informed or good form of governance.

It involves influencing policies and actions in all the sectors that may affect population health (3): The stewardship function therefore implies the ability to formulate strategic policy direction, to ensure good regulation; the tools for implementing it, and to provide the necessary intelligence on health system performance for accountability and transparency. Key issues and challenges include:

- balancing the many competing influences and demands while building coalitions to achieve the main health system objectives;
- setting clear policy priorities while maintaining an overview of societal interests;
- ensuring the necessary regulation (of prices, the education of health care providers and professional practice through licensing and accreditation, etc.);
- influencing the behaviour of the actors involved, in a climate of transparency and accountability, through performance assessment and the provision of intelligence.

According to the United Nations Development Programme (UNDP), “governance is defined as the exercise of political, economic and administrative authority in the management of a country’s affairs at all levels” (4).

Stewardship is seen as a new way of bringing together an efficient and cost-effective organization and ethical based trust representation (5). This is based on focusing more on the personal development of the individual than on the behaviour of the organization as a whole.

The essential goal of all health systems is improved population health (6), by having responsive services underpinned by fair financing (7).

In the framework for health systems performance assessment three key aspects of stewardship are described (8):

1. Setting, implementing and monitoring the rules for the health system;
2. Assuring a level playing field among all actors in the system (particularly purchasers, providers and patients), and
3. Defining strategic directions for the health system as a whole

In order to apply these key factors stewardship can be divided into six sub functions:

- overall system design,
- performance assessment,
- priority setting,
- inter-sectoral advocacy,
- regulation,
- consumer protection.

The world health report 2000 states that stewardship is concerned with ensuring that government, organizations and individuals that compose the health system act as good stewards of the resources and trust given to their care (7). “To recognize the importance of stewardship is to ensure quality of care and safety of the public, especially patients. To do so requires meaningful regulatory mechanism especially in relation to the continued globalization of health care and the consequent migration of practitioners” (2).

Government

Saltman & Ferrousier-Davis identify health system stewardship as the “function of a government responsible for the welfare of the population and concerned about the trust and legitimacy with which its activities are viewed by the citizenry” (5). Fundamentally, stewardship is “about the role of the government in health and its relation to others whose activities impact on health” (9). Health system stewardship implies the ability to formulate strategic policy direction, to ensure good regulation; accountability, transparency (10); public protection and investment in leadership skills development of nurses and midwives. It is therefore critical to have a government chief nurse or chief midwife in position in the Ministry. WHO also views stewardship in relation to health systems as effective trusteeship of national health (7). Recruitment and retention of appropriately qualified health care personnel is one of the challenges that government needs to address.

Cassels states that awareness and expectations of the general public regarding health service provision are also increasing at a time when many countries face staffing shortages, rising health care costs and limitation on financial resources (2). Informing the public about their rights, responsibilities and duties in relation to resources is a priority.

Organizations

Every organization, public or private, should have a shared interest and role in health system stewardship. Health care regulation is a key sub function as it sets the rules of engagement. Health care regulation applies to organizations charged with developing a functioning health system, financial, fair financing and resource development through standardized regulation, performance assessment and accreditation. Continuous professional development; new roles and models of care;

creating positive practice environments; monitoring compliance with regulation and practice standards are key responsibilities for organizations.

Professional

Vision, leadership, intelligence and influence are significant elements of stewardship within the nursing and midwifery professions. These key functions of professional organizations and individuals are enhanced by partnerships with government and other stakeholders.

WHO recognizes that (2):

individually and collectively, health care practitioners have a major role to play in regulation of the profession and setting standards for care. As responsible and accountable stakeholders in the delivery of effective client care, health personnel – especially nurses and midwives – must acknowledge the forces that drive health care and become more involved in policy-making.

Individuals

Opportunities of stewardship

Stewardship in nursing and midwifery is dependent on good leadership at all levels. In terms of health care systems and service delivery this will require accommodation of the changing needs of the public, consumer and patient groups; ensuring cost-effective provision that individuals the family and society can afford. Individual stewardship means engaging in continuous professional development, designing new roles and models of care, creating positive practice environments and ensuring self-regulation and maintaining practice standards.

Conclusion

The aim of stewardship is to achieve a legacy which is as good as, if not better, than it was before. This requires service, a long-term vision and involves the transformational process of engaging others in solutions and actions (11). Stewardship embodies notions of managing assets without owning them, anticipating future trends and devising plans.

Stewardship is about changing health systems for the betterment of all. This transformational change will only occur if all parties engaged in health are involved in the process.

Nursing and midwifery leaders will need a solid foundation in health care economics, health care financing, statistical and financial analysis, determinants of health and health outcomes because stewardship of the health care system will require development of new metrics. Policy development, the need to develop new models of care delivery and the changing nature of the work of the nurse and midwife provides the ideal context for this stewardship.

Finally, stewardship is a duty for all: “the careful and responsible management of something entrusted to one’s care” (12).

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