



EUROPE



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

Report of a WHO meeting
Copenhagen, Denmark
04-05 June, 2009



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**Report of a WHO meeting, Copenhagen
4–5 June 2009**

ABSTRACT

The Thirteenth Annual Meeting of the European Forum of National Nursing and Midwifery Associations and the World Health Organization (WHO) focused on the WHO draft code of practice on the international recruitment of health personnel and the challenges for nursing and midwifery. The meeting was an opportunity for the professions to make a meaningful contribution to the final drafting of the code.

A keynote speech on the draft code was followed by a panel discussion, with four presenters outlining the issues related to recruitment and retention of health professionals in Belarus, Ireland, Sweden, and Europe as a whole. Common issues identified included the increasing demand for health care, the ageing workforce, salary levels and working conditions. Many countries had no proper workforce planning and there was a lack of internationally agreed recording systems to allow meaningful analysis and comparison of data.

The human resources crisis in health was a global problem that no single country or organization could tackle alone. Rather, it was one to which all must contribute.

Three workshop sessions were devoted to examining the draft code and making suggestions on how it might be strengthened. The Forum agreed on and formally adopted a statement on the international recruitment of health personnel, which is available for use by national nursing and national midwifery associations in their dialogue with policy-makers in the Member States on: <http://www.euro.who.int/efnmna>.

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Opening session

The Thirteenth Annual Meeting of the European Forum of National Nursing and Midwifery Associations and the World Health Organization (EFNNMA and WHO) was opened by the Chair, Ms Madeline Spiers, who remarked on the strengthened position of the Forum following the appointment of Ms Bente Sivertsen as Policy Adviser on Nursing and Midwifery at the WHO Regional Office for Europe. The recent WHO European Ministerial Conference on Health Systems: “Health Systems, Health and Wealth” had discussed the role of health as a key economic driver. Politicians needed to be reminded of the essential contribution of nursing and midwifery to health and, consequently, to a productive economy.

Ms Spiers paid tribute to the Steering Committee and acknowledged the work of WHO staff in supporting EFNNMA and WHO over the previous year. Advising the members of the Forum’s weak funding position, she thanked Ireland, Portugal and Switzerland for responding to the fundraising letter. The Steering Committee was considering setting up a solidarity fund, and would look at twinning as a means of supporting weaker organizations. Ms Spiers ended by emphasizing how important it was for EFNNMA and WHO to contribute to the WHO consultation on the draft code of practice on the international recruitment of health personnel.

Ms Bente Sivertsen, Policy Adviser, Nursing and Midwifery, WHO Regional Office for Europe, welcomed the Forum to Copenhagen on behalf of Dr Marc Danzon, the WHO Regional Director for Europe, Dr Nata Menabde, Deputy Regional Director, and the Human resources for Health (HRH) team whose mandate included nursing and midwifery. The Forum’s partnership with WHO was of particular importance, as nurses and midwives represent the biggest group within the health care workforce.

The participants approved the nomination of Ms Madeline Spiers, Chair of EFNNMA and WHO, as Chairperson of the meeting, and Ms Maura Buchanan as Rapporteur. They then adopted the programme.

Annual report

Ms Madeline Spiers presented the Forum’s annual report. The agreed statement on health systems stewardship endorsed by the twelfth annual meeting had been posted on the website by 15 July 2008, distributed to the Chief Nurses’ Meeting in Prague and the Global Advisory Group on Nursing and Midwifery (GAGNM), and quoted and used by the European Federation of Nurses’ Associations (EFN) and national nurses and midwifery associations.

The Steering Committee had held three regular meetings and one telephone meeting since the Twelfth Annual Meeting. A template for evaluation of the annual meeting had been developed and would be used at the Thirteenth Meeting. The Strategic plan for 2008-2011 had been updated and followed. A letter of thanks had been sent to sponsors; a new letter would be sent to raise funds for the dinner and for twinning. The draft WHO international recruitment code of practice had been sent out in February 2009 for electronic consultation, as was, subsequently, the Voluntary code of ethical conduct for recruitment of foreign-educated nurses to the United States.

Ms Bente Sivertsen described other nursing and midwifery activities organized by the WHO Regional Office for Europe over the previous year, including a series of consultations and policy

dialogues on human resources for health. The first policy dialogue on the subject of workforce organized by the European Commission Directorate-General for Health and Consumers, “The migration of nurses in the context of an increasing shortage of health and social care workers”, had been held in Prague in February with the government chief nursing officers of the European Union (EU) member states. It was noted that a few countries still did not have a government chief nurse. A second policy dialogue on the planning for a well-skilled nursing and social care workforce in the European Union had been held in Venice in April with invited participants from EU countries. The third policy dialogue was planned for late October in Stockholm.

Ms Sivertsen discussed the work of the GAGNM, who provide the WHO Director-General with policy advice on strengthening nursing and midwifery within the context of WHO's programmes and priorities. Its terms of reference include:

- providing policy advice to the Director-General on how nursing and midwifery services can optimize the responsiveness of health systems to people's needs;
- advising the Director-General on strengthening the contribution of nursing and midwifery to global health, and what is needed to make that possible;
- advising on long-term strategic plans for nursing and midwifery within WHO;
- supporting the development and use of nursing and midwifery outcome indicators globally;
- collaborating in monitoring progress of nursing and midwifery contributions to the health agenda, particularly WHO's programmes and priorities.

The GAGNM meets once a year, normally in May, and makes recommendations to and meets with the Director-General. Further information, including the current year's recommendations, can be found on: http://www.who.int/hrh/nursing_midwifery/networks/en/. The European Region of WHO is represented by Professor Gilles Dussault (Portugal) and Professor Lis Wagner (Denmark).

Follow-up questionnaire on the Statement on health systems stewardship

Ms Bente Sivertsen summarized the responses received to the follow-up questionnaire on the Statement on health systems stewardship endorsed at the Twelfth Annual Meeting in Uzbekistan. Of the 37 countries represented in EFNNMA and WHO, 20 had sent representatives to the Twelfth Meeting and, of those, 18 associations had returned the questionnaire.

The feedback suggested that the Statement had been used in a variety of fora, ranging from workshops and national symposia to meetings with government ministers. Nine articles had been published in journals and five on the Internet. The recommendations were considered useful, although it was suggested that a definition of stewardship would have been helpful as the concept is not easily translated into nor understood in other languages.

Following the presentation, the participants discussed ways in which they had used the Statement in trying to shape health policy in their countries. It had been particularly helpful for members in working with politicians.

Financial report

Ms Elisabeth Rappold, Treasurer of EFNNMA and WHO, guided members through the financial statement and the 2010 budget. The global management system used by WHO had resulted in delays in money transfer. Because of changes in the system, the information given to the Steering Committee the previous day had not been complete; the statement presented to the meeting was therefore that of the previous month.

Participants asked that the financial statement be circulated in advance of the Forum meeting in the future.

In response to questions, it was explained that EFNNMA and WHO retained control over its finances but WHO charged a 13% administration fee. Previously, the accounts had been maintained by one of the members of EFNNMA and WHO, thereby saving money. The question of the Forum having accounts managed through their Treasurer was raised.

The budget for 2010 was based on expenditure at the level of the current year, 2009. Ms Frances Day-Stirk said that the Steering Committee recognized the challenges, particularly at a time of recession. There was a need to look at ways of increasing the membership and twinning between member associations.

There followed a discussion on improving the financial position of the Forum, increasing membership while continuing to support low-budget countries.

Ms Bente Sivertsen asked members to recognize the contribution made by WHO, which funded her salary directly.

In closing, the Treasurer resolved that future reports would give a clearer description of costs, particularly travel costs and sponsorship, and ways of minimizing the administration charges would be considered. Donations and financial support by WHO and other organizations would be identified in future accounts.

The meeting agreed to increase the membership fee by 5%.

Elections

Mrs Sivertsen introduced the agenda item on the election of the Forum chair and Steering Committee members. Information relating to the elections had been sent to all members in April 2009.

Ms Sivertsen thanked Ms Madeline Spiers, who was not running for re-election, for her passionate and enthusiastic contribution to the work of EFNNMA and WHO during her term as Chairperson.

Ms Elisabeth Rappold (Austrian Nurses' Association), the sole candidate, was elected as Chairperson by a unanimous show of hands. Her election created a further vacancy, in addition to the previously notified two seats on the Steering Committee. Three nominations for membership of the Steering Committee had been received. A discussion took place as to whether or not an election should be held for those two Steering Committee places only, and a formal

request for nominations circulated in respect of the third vacancy. Concerns were raised that the notification of candidates stepping down or standing again had not been made clear in the papers, nor had the curriculum vitae of a new nominee been circulated prior to the meeting.

The meeting adjourned to allow the Steering Committee to give consideration to the process after a proposal was tabled for election to the two notified places only. Following the adjournment and on a show of hands, the proposal was defeated. A majority of members present agreed that the candidates should be considered for all three vacant posts without a further call for nominations.

Ms Milka Vasileva (Association of Health care Professionals in Nursing, Bulgaria), Ms Lilian Bondo (Danish Association of Midwives) and Ms Sheila Dickson (Irish Nurses' Organisation) were then elected by a show of hands as members of the Steering Committee.

Technical discussions

WHO draft code of practice on the international recruitment of health personnel

Dr Galina Perfilieva, Regional Adviser, Health Sector Human Resources, WHO Regional Office for Europe, introduced the WHO draft code of practice and explained the rationale behind its development. The Regional Office was holding a consultation in which professional associations had a key role to play. Members were asked to take the draft document back to their colleagues for discussion and to provide feedback to the Regional Office.

Dr Perfilieva described the global profile of the health workforce, with increasing demand leading to competition for health professionals across the world; there was an estimated global shortage of 4.3 million health workers, as well as maldistribution, particularly in Africa and low-income countries. Those health workers were needed to achieve the health-related Millennium Development Goals. In sub-Saharan Africa, an estimated one million new health workers were needed over the next six years just to deliver basic services.

The human resource crisis was global, with richer countries unable to train enough physicians and nurses to meet their own needs; as a result, poorer countries were losing health personnel through migration. Attention was drawn to the factors that attract health workers and the ethical issue of balancing the rights of individual workers to mobility against the rights of people to basic services when their health system was losing its doctors.

Dr Perfilieva outlined the situation in the countries of the Organisation for Economic Co-operation and Development, where 11% of the nurses employed and 18% of doctors were foreign-born. There were challenges in assessing the state of the health workforce because of the lack of any international recording system and of any single or complete data source. Care should be taken in drawing conclusions from statistics because of difference in definition and reporting.

Meeting the new challenges was not just the role of ministries of health, but required ministries of labour and education, as well as other stakeholders to work together. She concluded with a report on the work of WHO on the issue, at both global level and European level; the code of

practice was to be a key topic at the forthcoming fifty-ninth session of the WHO Regional Committee for Europe in September 2009.

Panel discussion

Ms Maureen Flynn, Assistant Director of Nursing, HSE Dublin Mid-Leinster, Office of the Nursing Services Director, Human Resource Directorate, described the structure of the Public Health Service in Ireland, where nurses and midwives made up 38% of the workforce. She outlined the career pathways for pre- and post-registration nursing and provided data on the composition of the Irish Nurses' Register which has registrants from 91 different nationalities. In 2001, the Irish Nurses' Organization had published guidance for best practice on recruitment of overseas nurses and midwives. Ms Flynn commented that the WHO code would have been useful at that time and that the guide would be revised in line with the WHO recommendations.

Ms Kerstin Belfrage, Swedish Association of Health Professionals, presented the EU's perspective on ethical recruitment. She gave a brief overview of the Swedish Association before discussing the Code of conduct on ethical cross-border recruitment that had been agreed the previous year through the social dialogue between the European Federation of Public Service Unions and the European hospital and health care employers' association. The EU code applied to the hospital sector only, so there was still a need to look at the issue of recruitment across the private sector.

There was a particular problem in midwifery where, despite the EU directives on freedom of movement, two tracks of midwifery education might create a barrier to employment because of differences in practice and the responsibilities now given to midwives in Sweden.

Mr Casimiro Dias, Technical Officer, Human Resources for Health, WHO Regional Office for Europe, talked about nurse mobility in Portugal and the changing patterns of migration. The number of nurses in the country was well below the European average, with a great imbalance between hospitals and primary health care. Portugal had also seen a decrease between 1985 and 2005 in the number of primary care physicians. Measures were being taken to support health care professionals in developing entrepreneurial skills and taking on more responsibility for human resource management. There was a need for a clear strategy that took a global perspective, and global tools such as a code of practice.

Ms Iryna Dziatko, Chief Nurse, Belorussian Public Association of Medical Nurses explained that the health care system of Belarus, a country with a population over 9.6 million, employed over 110 000 workers, including 80 000 nurses and 11 000 midwives. Ms Dziatko described the pattern of migration and the factors that led health professionals to move abroad.

Since 2004, the Ministry had analysed the reasons for health care workers leaving Belarus and had not considered there to be a serious problem, although Ms Dziatko expressed some doubts about the statistics. The government had introduced a new visa requirement that could have an impact on health care migration. As a result of the global financial crisis, there might also be less interest in moving to developed countries. Migration was a common problem for all and the Forum members needed to work together to solve it.

Following the presentations, members went on to discuss mobility and other factors affecting recruitment within their states, including an ageing workforce, with recognition that many thousands of nurses and midwives were approaching retirement. There was increased

competition and career choice for young people entering university while increasing numbers entered health care as a second career. Changing demographics and increased demands on health care would require measures such as flexible working, continuous professional development and development of specialist roles to address the problems identified around recruitment of health personnel.

Workshop discussions

The final afternoon session consisted of workshops on the WHO draft code of practice for international recruitment of health personnel. Members were assigned to three groups and asked to consider some previously notified questions relating to the code as well as to discuss an EFNNMA and WHO statement on international recruitment to be agreed by the Forum in the plenary session.

Background documents for the workshops included the WHO draft code of practice, a WHO background paper on the code and the draft EFNNMA statement on international recruitment. The results of the discussions were presented to the plenary session.

Group A (presenter and facilitator: Ms Frances Day-Stirk; rapporteur: Ms Milka Vassilieva) looked at the concerns of both sending and receiving countries. All seven participants noted that their countries were experiencing a nursing and midwifery human resource crisis, with poor salaries and bad working conditions as key factors.

Several Member States, including Norway, Portugal and the United Kingdom, had bilateral or multilateral agreements. Nursing and midwifery associations could play a role in supporting and monitoring those agreements.

The WHO draft code of practice was generally accepted as useful but concerns were expressed about its voluntary nature. Subject to a few suggested amendments, the group was pleased with the draft EFNNMA statement on international recruitment.

Group B (presenter and facilitator: Ms Lillian Bondo; rapporteur: Ms Eva Sommerseth) discussed, from the viewpoint of the countries represented, the issue of a theory/practice gap in nursing education and how it might be reduced. In respect of recruitment, salary level was seen as a major factor.

Unlike the other groups, group B was pleased by the voluntary nature of the code but felt that some of the statements used in it should be stronger. Recommendations were made for changes to specific articles within the draft paper.

Group C (presenter and facilitator: Ms Madeline Spiers; rapporteur: Ms Elisabeth Rappold) looked at the situation in each of the countries represented. The code was useful when engaging with politicians and could help to strengthen the role of nursing and midwifery organizations. The wording could benefit from greater precision, as it offered too much room for interpretation. The voluntary nature of the code was also an issue.

Some countries, notably the Russian Federation and the countries of the former Soviet Union, had bilateral agreements, although the process was changing. In the Nordic countries, there was an exchange of health care workers, particularly around the border regions, while in a country

such as Croatia, many nurses might be considering migration but could not do so while their country remained outside the EU or their education failed to meet EU requirements.

The group had continued with a discussion on the workforce crisis likely to develop in the near future. Several factors were identified, including a reduction in education places resulting in fewer health professionals, changing career pathways, the ageing workforce and migration from the public to the private sector for better salary and working conditions. Possible solutions were suggested, such as investment in better salaries and career opportunities, redesigning the education system and strategic workforce planning. Recommendations were made for changes to specific articles of the draft code of conduct.

The general discussion focused on bilateral and multilateral agreements, including those between the United Kingdom and China, and the United Kingdom and Zambia. Ms Francis Day-Stirk explained how the latter agreement planned to use Zambians working the United Kingdom to develop nursing and midwifery tutors for their home country. Ms Kerstin Belfrage added that, in a way, the whole of the European Union was involved in such an agreement because of the principle of freedom of movement.

Mutual agreements also existed at other levels, some driven by private enterprise. Agreements between hospitals in different countries enabled doctors or midwives to assist in specialist work. Twinning projects had been established between hospitals and across regional structures.

A concern was raised about the impact on rural regions in Europe; for example, France was now recruiting from Bulgaria. A domino effect could be seen, as the recruitment of health professionals to other countries could compromise the health care system in rural areas. The EU was currently looking into the matter.

In order to take the code forward, members needed to influence their members of the European Parliament, as the issue of recruitment went beyond the remit of any individual organization. With the richer countries such as the United States and Canada recruiting, the underlying problems needed to be addressed.

Members were encouraged to talk to other professions and to lobby government ministers for the code to be introduced in their respective countries.

Munich Declaration follow-up evaluation 2009

Ms Bente Sivertsen emphasized the importance of the Munich Declaration, describing it as a huge step forward for nursing and midwifery. The first evaluation in 2001 had showed almost no impact as it was too soon after the signing. A second evaluation had followed in 2004. In 2008, it had been decided to merge the 2004 questionnaire with that sent to government chief nursing officers. From the responses received, it seemed that, 10 years later, very little had changed in the challenges faced by Member States.

Workforce planning was an issue, with over half the respondents reporting no workforce plan in their country; that was seen as particularly important in the context of international recruitment.

The evaluation report would be completed in three to four months' time, and a copy sent to all those who had received the questionnaire. In follow-up to the survey recommendations, a strategic direction for nursing in the WHO European Region 2010-2015 was being developed.

Closing session

Some small changes were proposed to the draft statement; the meeting then formally adopted the EFNNMA Statement on International Recruitment.

Ms Milka Vassiliieva, on behalf of the Bulgarian Association of Health Care Professionals in Nursing, formally invited the Forum to Sofia, Bulgaria for its Fourteenth Annual Meeting on 29 and 30 April 2010. She then gave a short presentation on some of the historical sites and places of interest in her country.

Ms Madeline Spiers, Chair, thanked Ms Bente Sivertsen and her staff for their support in organizing the Forum and welcomed the new Chair and Steering Committee. She acknowledged the contributions of all the nursing and midwifery organizations in ensuring the success of the meeting. It was expected that the agreed Statement would be published soon.

Ms Bente Sivertsen thanked the Bulgarian Association of Health Care Professionals in Nursing and the Ministry of Health of Bulgaria for offering to host the next annual meeting. She hoped that nursing and midwifery organizations in countries with resources would again volunteer to run two one-day workshops on leadership and quality improvement in nursing and midwifery before the annual meeting, in line with the wishes and needs expressed by the hosts. Observers would also be able to attend the next meeting.

Finally she thanked everyone for their active participation in the Thirteenth Annual Meeting.

Annex 1

EFNNMA STATEMENT ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

The European Forum of National Nursing and Midwifery Associations and the World Health Organization (EFNNMA and WHO) met in Copenhagen on 4 and 5 June 2009 to lend their support to WHO in its preparation and subsequent adoption of a WHO code of practice on the international recruitment of health personnel.

The EFNNMA:

- COGNIZANT of the many factors and motives that are behind international migration of health personnel;
- RECOGNIZING that migration involves many countries and may seriously affect health system performance, especially access to care in fragile health systems;
- UNDERSTANDING the complexity of international migration of health personnel, which requires a balancing act between the rights of health workers to choose their place of work and those of populations to equitable access to care;
- CONCERNED that source countries may be experiencing a health workforce crisis;
- ACKNOWLEDGING that ethical and well managed international recruitment could contribute to the strengthening of national health workforce and thus overall development;

URGES governments to:

- ensure that migrant health personnel enjoy the same legal rights, employment conditions, access to professional education, status and responsibilities as the domestically educated health workforce;
- increase access to information on laws, regulations and labour practices related to health professionals;
- improve their efforts to develop sustainable health workforce policies and plans;
- improve their capacity to collect and analyse data on migration and promote research and information-sharing to monitor, analyse and influence policy and planning for more sustainable human resources for health;
- provide guidance to maximize benefits and mitigate negative impacts of migration by entering into bilateral and multilateral arrangements that comply with the international code of recruitment;
- ensure that a national authority is responsible for the exchange of information regarding health personnel migration to support the international code of recruitment and to develop a database on laws and regulations on recruitment and migration;
- facilitate and promote discussions and cooperation in relation to the recruitment of health personnel, particularly with those Member States facing an acute shortage of health personnel;

URGES national nurses' and midwifery associations to:

- demand that migrant health personnel enjoy the same legal rights and responsibilities as the domestically educated health workforce;
- promote the development of bilateral and multilateral arrangements that comply with the international code of recruitment;
- collaborate with governments in creating and benchmarking strategies for effective health workforce planning;
- ensure that migrant health personnel have access to information on laws, regulations and career perspectives;
- work actively with governments on bilateral and multilateral arrangements;
- highlight transparency, fairness and mutuality of benefits from international recruitment while identifying the positive and negative effects on health systems;
- highlight living and working conditions to address the social and economic status of health personnel;
- create alliances with international organizations at governmental and nongovernmental levels and with academic and research institutions to share information related to the international code of recruitment;

URGES nurses and midwives to:

- recognize the important role they can play in discussing and promoting the implementation of the international code of recruitment;
- accept their responsibility in contributing to their professional education, qualifications and status;
- ensure that all nurses and midwives, domestic and nondomestic¹, benefit from the same rights and fair labour practices;
- ensure that nursing and midwifery voices are clearly heard in local, national and international health strategies that implement and recognize the international code of recruitment.

¹ “domestic and nondomestic” refers to national and foreign-trained nurses and midwives.

Annex 2

PROPOSED BUDGET JANUARY TO DECEMBER 2010

INCOME US\$	Proposed budget 2009
Balance carried over from 2009	11 550.00
Membership fees 2010	33 075.00 ²
TOTAL	44 625.00
EXPENSES:	
Steering Committee and Secretariat:	
Administrative support	30 000.00
Chair (travel, etc.)	3 500.00 ³
Programme support costs	3 500.00
Steering Committee meetings	500.00
Total	37 500.00
Annual Meeting 2010	
Printing/ mailing and editing of Forum report	500.00
Secretariat travel and per diem	3 000.00
Annual meeting facilities	500.00
Total	4 000.00
TOTAL	41 500.00
Balance expected to be brought forward to 2011	3 125.00

² Estimated fees from 38 to 40 nursing and midwifery associations.

³ As per decision taken by Steering Committee members.

Annex 3

List of participants

Member States

Austria

Ms Elisabeth Rappold
Austrian Nurses' Association

Belarus

Ms Iryna Dziatko
Chief Nurse, Belorussian public association of medical nurses

Bulgaria

Ms Milka Atanasova Vasileva
Vice President, Association of Health Care Professionals in Nursing

Croatia

Mr Hrvoje Pokos
President, Supervisory Board, Croatian Nurses' Association

Cyprus

Ms Evdokia Athini
Nicosia

Mrs Georgia Georgiou
Nicosia

Denmark

Ms Lillian Bondo
President, Danish Association of Midwives

Ms Gitte Tinning
Head of organization, Danish Nurses' Organization

Finland

Ms Merja Kovasin
Senior Officer, State Provincial Office of Southern Finland
Finnish Nurses' Association

Germany

Ms Ute Lange
International Delegate, German Association of Midwives

Ms Christa Schrader
DBfK Representative, German Nurses' Association

Greece

Mr Evangelos Dousis
General Secretary, Hellenic Nurses' Association

Dr Eleni Kyritsi Koukoulari
President, Hellenic Nurses' Association

Ireland

Ms Madeline Spiers
Chairperson, European Forum of National Nursing and Midwifery Associations and WHO

Netherlands

Ms F.G.M. Kerkhof
Royal Dutch Organization of Midwives

Mrs Grietje C. Rijninks-van Driel
Royal Dutch Organization of Midwives

Norway

Ms Elisabeth Grimsrud
Professional Consultant, Norwegian Association of Midwives

Ms Marit Heiberg
President, Norwegian Association of Midwives

Ms Eva Sommerseth
President, Midwife Group, Norwegian Nurses' Association

Portugal

Ms Maria Augusta de Sousa
President, Ordem dos Enfermeiros

Ms Rosalia Maria Gomes Marques
Nurse, Portuguese Association of Nurses and Midwives

Russian Federation

Ms Valentina Sarkisova
President, Russian Nurses' Association

Ms Natalia Serebrennikova
Interpreter, Russian Nurses' Association

Sweden

Ms Kerstin Belfrage
Advisor, Swedish Association of Health Professionals

Switzerland

Ms Zuzka Hofstetter
Independent midwife, ICM and EMA Delegate, Swiss Association of Midwives

Ms Roswitha Koch
President, Swiss Association of Nurses

United Kingdom of Great Britain and Northern Ireland

Ms Maura Buchanan
President, Royal College of Nursing

Ms Frances Day-Stirk
Learning, Research and Practice Development, International Office
Royal College of Midwives

Ms Nicola Power
Research and Information Officer, Royal College of Nursing

Temporary Adviser

Ms Maureen Flynn
Assistant Director of Nursing, HSE Dublin Mid Leinster
Irish Nurses' Organisation

Observer

Mr Paul De Raeve
Secretary General, European Federation of Nurses' Associations

Volunteer

Ms Juddi Daugbjerg
Consultant, Danish Nursing Organization

World Health Organization

Regional Office for Europe

Mr Casimiro Dias
Technical Officer

Ms Elena Galmond
Programme Assistant

Dr Galina Perfilieva
Regional Adviser, Health Sector Human Resources

Ms Bente Sivertsen
Policy Adviser, Nursing and Midwifery

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
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