



NURSING AND MIDWIFERY PROGRAMME



9th Government Chief Nurses Meeting

**Report on a WHO Meeting
Copenhagen, Denmark
5–6 December 2005**

ABSTRACT

The Nursing and Midwifery Programme is one of many programmes within Country Policies, Systems and Services in the Division of Country Support, WHO Regional Office for Europe. The Nursing and Midwifery Programme has a substantial influence on the stewardship, human resources allocation and service delivery. The ninth meeting of the network of Government Chief Nurses in the WHO European Region took place on 5–6 December 2005 in Copenhagen, Denmark. The meeting included presentations, reports from participants and workshop discussions. The meeting resulted in the establishment of a working group to look into the possibility of harmonizing basic nursing and midwifery education in the European Region. The role of the Government Chief Nurse was also discussed.

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Introduction

The 9th meeting of the network of Government Chief Nurses (GCN) of the European Region took place on 5–6 December 2005 in Copenhagen, Denmark. GCN nominated by health ministries from 44 out of the 52 Member States, participated in the meeting.

Welcome addresses

Ms Lis Wagner opened the meeting and welcomed the participants on behalf of the Nursing and Midwifery Programme, WHO Regional Office for Europe. Ms Wagner expressed great satisfaction in having such large number of GCN together for the meeting.

A special welcome was given to the representatives from the American International Health Alliance (AIHA), who supported nursing education programs in several central Asian republics and a special thanking addressed to the Ministry of the Interior and Health of Denmark for the sponsorship of the meeting.

Mr Gérard Schmets, Unit Head, Country Policies System and Services, welcomed the participants, observers and facilitators on behalf of Mr Marc Danzon, Regional Director and Ms Nata Menabde, Director, Division of Country Support at the WHO Regional Office for Europe. Mr Schmets emphasized the importance of the GCN meeting. He also referred to the current WHO regional strategy to support Member States in developing their own health policies, health systems and public health programmes; preventing and overcoming threats to health; anticipating future challenges and advocating for public health. The health system approach was widely used because health system constraints were known to impede the implementation of major global initiatives for health and the attainment of the Millennium Developments Goals.

In September 2005 during the 55th Regional Committee, the European Member States had adopted a resolution on the necessity of strengthening Health Systems in the European Region. The goals of national health systems around the world included improving health status, equity, and responsiveness to citizen's expectations (dignity, confidentiality, and autonomy), ensuring fair financing and, last but not least, efficiency. Nurses and midwives were crucially involved in each of these goals.

To reach these goals, the health system approach focuses on 4 functions.

1. Delivering services: prevention and public health programmes, primary care and hospital care. Nurses and midwives are key elements in the delivery as they are on the front line at all levels.
2. Creating the resources: human resource management, training, equipments, and buildings. Human resource management of nurses and midwives is of utmost importance, as well as basic nursing education, schools accreditation, diplomas equivalences within the European Region, constant revision of courses programmes and on the spot training.
3. Financing: collecting, pooling and purchasing. Nurses and midwives represent one of the main budget lines in health expenditures.

4. Stewardship: oversight, vision, strategies, laws regulation. GCN and Nursing and Midwifery Associations are major stakeholders and their role is of utmost importance in the decision-making process.

Finally, Mr Schmets informed the participants that Ms Ainna Fawcett-Henesy, Regional Adviser of the Nursing and Midwifery Programme, had been recommended, for health reasons, not to undertake demanding work requiring frequent travels. In her absence, Ms Lis Wagner has taken up management of the Nursing and Midwifery Programme for the last two years and will continue to support the management of the Programme.

Election of Chairperson and Announcement of Rapporteurs

Ms Ragnheidur Haraldsdottir, Ministry of Health and Social Security, Iceland, was nominated as Chairperson of the meeting. Ms Sandra Edwardson, University of Minnesota, United States, Ms Anna Maslin, Department of Health, United Kingdom, and Ms Anne Broedsgaard, WHO Regional Office for Europe, were nominated as Rapporteurs.

Ms Haraldsdottir extended a warm welcome to all the participants noting her enthusiasm for being part of the large group of GCN. She expressed her satisfaction with the achievements that have been already accomplished by the group and emphasized the importance of possibilities it provides to share and gain knowledge from each other.

Scope and Purpose of the meeting

The meeting was designed to address 4 main objectives.

1. Report on progress in the following initiatives:
 - monitoring and evaluating of the implementation of the Munich Declaration, endorsed at the second WHO Ministerial Conference on Nursing and Midwifery, held in Munich in June 2000;
 - basic nursing and midwifery education programmes in the European Region;
 - possibilities of encouraging the adoption of common basic education standards.
2. Focus on health systems and the role of nurses and midwives in health systems.
3. Share visions on how to support achievement of the WHO goals in decreasing the burden of HIV/AIDS, one of the Millennium Development Goals.
4. Provide for exchange of knowledge and visions within the WHO European Region.

Munich Declaration analysis

Ms Lis Wagner introduced the Nursing and Midwifery Programme and described the goals, which were to tackle the public health challenges of our time, ensure continuity of care and address people's rights and changing needs.

The main strategy adopted to pursue those goals was the Munich Declaration: “Nurses and Midwives – a Force for Health” (Annex 1a).

Ms Lis Wagner presented the main tools for implementation of the Munich Declaration:

- meetings with GCN; the work of the nursing and midwifery staff at WHO Headquarters and the Regional Office;
- Biennial Collaborative Agreements with nursing and midwifery components focussed on education, regulations and legislation;
- WHO Collaborating Centres; Nursing and Midwifery Programme works with several collaborating centres, both designated and under designation. There is still a need for more collaborating centres in the eastern countries (Annex 1b); and
- the European Forum for National Nursing and Midwifery Associations and WHO (EFNNMA). The EFNNMA holds its annual meetings dedicated to a selected theme. The key topic of forthcoming meeting is HIV/AIDS.

It was announced that two new websites had gone live: the Nursing and Midwifery Programme website www.euro.who.int/nursingmidwifery and the EFNNMA website www.euro.who.int/EFNNMA.

Follow up analysis of implementation of the Munich Declaration

Ms Lis Wagner presented the information derived from the follow up on implementing the Munich Declaration (A. Büscher and L. Wagner, 2004).

The countries that responded represented a current workforce of 2.9 million nurses and midwives, out of 6 million nurses and midwives of the European Region.

This evaluation could have been a lot stronger if more than 29 countries have responded. The responses varied in depth and quality so the analysis looked for trends and tendencies rather than numbers.

The main results cover the following topics: working to full professional potential, decision making, public health and community development, legislative and regulatory frameworks, evidence base knowledge, education, joint learning opportunities, partnerships, workforce issues, payment and WHO guidance. The results of the analysis will be used to tailor the country work of nursing and midwifery. (Annex 1c)

A new follow up questionnaire is planned to take place in 2008.

The Role of GCN in a global perspective – keynote speech

Ms Marla Salmon (Emory University, USA) began by polling the group about their tenure as Government Chief Nursing Officers. (Annex 2)

The overall purpose of the presentation was to provide information and perspectives that could serve as a foundation for understanding the work of GCN and develop strategies at individual, regional and global levels for their development.

Given this, the presentation had five specific purposes:

1. provide a brief history and overview of the development of chief nursing officer roles in ministries of health;
2. discuss the key forces within governments, including ministries of health, that are crucial to understanding the roles of the GCN;
3. describe the roles of GCN as they appear to be evolving globally and regionally;
4. discuss the outcomes of research about GCN relating to the concerns and challenges they face; and
5. identify opportunities for the GCN leadership development.

Ms Salmon's aimed her presentation to serve as the beginning of important discussions among participants, including sharing of experiences and resources, and suggestions that will support the continuing development of GCN within and beyond the European Region.

The background for GCN

The capacity of nations to address the health needs of their citizens is profoundly impacted by the supply, distribution, mix and quality of its nursing and midwifery workforce. Given the severe and, in many countries, dramatically worsening shortage of nurses and midwives, countries are more challenged than ever in addressing their health services needs. Governments in all nations play crucial roles in assuring the adequacy of this workforce through their roles across a variety of key governmental functions, including education, regulation, financing, health and trade policy, public health programs, and analysis and planning operations. For more than a century, nurses have played government leadership roles that have interfaced with these and other key functions. Those at the most senior levels of government have a variety of position titles, including principle nursing officer, director, chief nurse, etc. All, however, are considered to be GCN and share many of the same core challenges and position requirements. As well, virtually all nurses in these positions occupy roles that are extremely unique to the profession of nursing – positions for which the professional education and training provide little preparation.

The serious health and workforce challenges that governments face today are placing increasing demands on GCN and requiring even more expertise and sophistication than ever. In some countries, the roles of GCN are changing dramatically or at risk of elimination. In others, the GCN role is new and seen as an extremely important component of overall national health systems development. What is common to all countries, however, is that both the GCN role and those filling it are in need of ongoing support and development.

Ms Salmon queried the participants about the most important things they had learned as GCN. Responses include the difficulty of becoming a political actor when not prepared for such a role and learning to integrate nursing and midwifery into the wider national and governmental role. It was also noted that even though officials recognize the importance of nursing and midwifery; they tend to overlook them when policy decisions are made. Ms Salmon observed that GCN were more likely to be heard if they have been a part of the process all along. Respondents agreed about the importance of several priorities: shortages and workforce issues, health system changes and the education of nursing and midwifery workforce. There were regional differences

with respect to issues such as HIV/AIDS and newly emerging diseases. Among the themes that emerged regarding needed knowledge and skills were workforce planning, policy analysis and development and strategic planning.

Report from the Global Forum of GCN

Ms Jean Yan, WHO headquarters, brought greetings from the Nursing and Midwifery Office in Geneva, and informed that her work included working with 6 different Regional Advisers and teams. All together there are 40 collaborating centres working with WHO headquarters, and 37 of those are members of the global network. There are nine nurses and midwives currently working at WHO headquarters in different technical programmes

Ms Jean Yan informed that the World Health Assembly will be held 17–18 May, 2006. Ms Yan invited and encouraged the participants to attend this important event.

The objectives of the Global Forum for GCN are to provide a platform for GCN to share information and experiences, to strengthen network of GCN and increase effectiveness, to establishing partnerships in WHO priority programs and to assess the global progress in nursing and midwifery development (WHO 2005). The GCN have important strategic, empowering and enabling roles in being catalysts for nursing development and convenors of nursing leadership groups. Besides that they must be collectors of relevant evidence, advocates and stakeholders. They must be visionaries, planners, implementers, reviewers and key partners with WHO.

At the 2004 Global Forum for GCN several future agenda items were agreed:

- *Building health leadership capabilities* – joint work with Health Leadership Service Program, WHO fellowships for nurses and midwives; building own leadership capabilities;
- *Human Resources for Health* – work with WHO on migration, staff deployment, healthy workplace, and retention of nursing and midwifery staff;
- *Strengthening Health Systems* – need to make use of opportunities to demonstrate how nursing and midwifery lead new models of service development;
- *Maternal and Newborn Health* – collaborate in the efforts on professionalization of maternity care and better health outcomes as use of skilled birth attendants;
- *HIV/AIDS and 3 x 5* – pledge to appoint nurses to new HIV/AIDS posts throughout WHO (headquarters, regional and country), GCN to work with WHO to document and disseminate models of good practice;
- *Making, monitoring and reporting progress* – requested WHO support for building individual and institutional capacity in strategic planning for nursing and midwifery. Piloting of nursing and midwifery profiles;
- *Strengthening GCN network* – requested support from WHO in developing and maintaining GCN networks. Reconvene GCN Forum in 2006, when nursing and midwifery will be an agenda item at the World Health Assembly. (WHO 2005).

The strategic directions for nursing and midwifery services 2002–2008 include 5 key result areas, namely:

1. planning
2. advocacy and political commitment

3. management of nursing and midwifery professionals
4. practice and education
5. stewardship and governance.

The challenges are many and the opportunities endless but together we can make things happen!

Report from the meeting of the GCN, London, September 2005

Ms Anna Maslin, International Officer Health Professions Leadership Team, United Kingdom, reported that as part of the programme during its Presidency of the European Union (EU), the United Kingdom had organised an EU GCN meeting in London on 26 and 27 September, 2005. Each EU Member State was invited to send their GCN, or nearest equivalent and 23 delegates, representing 17 of the 25 EU Member States, attended.

The meeting provided an opportunity for EU GCN to meet, enabling them to address issues of mutual concern around the regulation of nursing and midwifery, hearing from expert speakers, and other delegates and to discuss aspects of the regulation of nurses and midwives which were of particular concern to them.

Ms Christine Beasley, Chief Nursing Officer, United Kingdom, and Sir Nigel Crisp, Department of Health, United Kingdom, had welcomed delegates to the meeting. The keynote speakers had been Mr Nick Fahy, the Health and Consumer Protection Directorate-General at the European Commission, Belgium, and Mr Jonathan Asbridge, Nursing and Midwifery Council, United Kingdom. In addition five country delegates had given short presentations on regulation in their own countries, and delegates had had the chance to take part in two group discussions, giving them the opportunity to explore issues of particular interest to them in greater depth. At the end of the meeting it had been decided to write to European Commission seeking to establish better links between the Commission and the EU GCN.

HIV/AIDS – update of the goals achieved

Mr Jeffrey V. Lazarus, WHO Regional Office for Europe, presented an overview of the prevalence of HIV/AIDS in the western, central and eastern parts of the European region and of the Millennium Development Goals being pursued by WHO.

In the 1990s, HIV/AIDS became a major threat to health, economic stability and human development in countries in Europe and central Asia. Social, political and economic transition exacerbated the structural conditions that allowed HIV/AIDS to flourish as dramatic changes led to increasing drug injection, economic decline and failing health and healthcare systems (Matic, Lazarus & Sonoghoe 2006, World Bank 2003). By the end of 2005, there were an estimated 2 200 000 (1.62–2.94 million) people living with HIV/AIDS in the European Region.

The bulk of the people living with HIV in Europe were in two countries: the Russian Federation and Ukraine. Ukraine's epidemic continued to grow, while Russia had the biggest AIDS epidemic in all of Europe. Fuelled by injecting drug use, the epidemic in both countries showed no signs of abating. The annual number of newly reported HIV cases in Ukraine exceeded 12 400 in 2004, almost 25% more than in 2003 and almost double the number diagnosed in 2000

(European Centre for the Epidemiological Monitoring of Aids 2005). More than 17 000 people in Ukraine were estimated to be in need of antiretroviral treatment.

In the Baltic states, the epidemic continued to grow but at a slower pace than in the early 2000s. The cumulative numbers of reported HIV infections remained low. Nonetheless, the total number of *reported* HIV cases in Estonia, the worst affected of the Baltic states, had doubled since the end of 2001, reaching 4442 in 2004 (European Centre for the Epidemiological Monitoring of Aids 2005).

As a part of the response to the epidemic, there was a need to address the professional and ideological opposition – even in countries considered to be fully functioning democracies – to evidenced-based public health interventions like harm reduction, coupled with providing treating HIV/AIDS treatment for all those needing, including past and current injecting drug users, if countries were to provide an effective response (Donoghoe, Lazarus & Matic 2005). Moreover, there was a need to reconsider the role of so-called midlevel providers – nurses and midwives – whose positions were often in flux due to health sector reforms. A concrete example from Estonia would look at changes in midwifery during the introduction of family medicine in the country and during a period in which Estonia registered the highest increase in newly reported HIV cases in the world (Lazarus, Liljestrand & Rasch 2005).

Europe needed to move faster towards two fundamental goals:

1. providing universal access to treatment and halting the spread of HIV/AIDS
2. what role would nurses and midwives play?

Tuesday, 6 December 2005

Ms Ragnheidur Haraldsdottir started her welcome by thanking the Danish Nurses Organization for the wonderful dinner and hospitality last night.

Standard basic education. Is it possible?

European Credit Transfer System (ECTS). Can this system be used across Europe?

Ms Valerie Fleming, School of Nursing, Midwifery and Community Health, Scotland, discussed how WHO Europe was responding to the Munich Declaration by using an integrated curriculum strategy that included an appropriate balance of theory and practice, a student-centred approach and a focus on achievement of competency in practice. Her co-author was Ms Elena Stempovscaia, Ministry of Health, Republic of Moldova.

Ms Fleming highlighted the findings of the Prospective Analysis Methodology aiming to develop a database about the initial preparation of nurses and midwives, assessing the progress countries were making in implementing the principles enunciated in the Munich Declaration and using the results in policy making (Fleming & Holmes 2005). Ms Fleming concluded that progress toward achievement of the principles had been good, but that there were major differences between countries in eastern and western Europe. Ms Fleming also concluded that the curricula were often not scientific or competency based, that qualifications were not always equivalent to a university degree and that several countries had more than one level of qualified

nurse, with midwifery education, often at a lower level than nursing education. The GCN pivotal role was acknowledged. Possible ways forward were highlighted, in particular, taking into consideration the level of programmes and the effort required of students within programmes. The Declaration of Bologna was seen as a major driver in the former as it encompassed a structure of three or four year undergraduate cycles followed by one or two years post graduate education respectively. The common denominator of ECTS addresses the latter point as these aimed to create a uniform platform against which student effort is measured. The presentation concluded by cautioning that there was much work to be done to move towards programmes which could be mutually recognised throughout the region (Annex 3).

Ms Elena Stempovscaia, reported on developments in her country (Annex 4). A competence-based national curriculum had been developed. In the Republic of Moldova a revision of the education system began in the 1990s. The strategic orientation of education became a priority of educational policy of the state, including integration of the system of education from European Universities. Initial and ongoing training of national teaching staff had improved professionalism, and construction of higher education curriculum in accordance with the Bologna Declaration.

A legislative body had improved the system of education and changed the curriculum accordingly. The correlation is was taking place at institutional and national levels and the standards of quality would be based on comparisons with European countries. These actions contributed to the modernization of traditional teaching methods.

A key element of the strategy in the development of education was the criteria of quality, which was the nucleus of educational policy and reforms. Thus, the management of the quality of education was one factor contributing to improving the quality of people's life, 4 principles for achieving this objective were established by the Delors committee:

1. learn to know
2. learn to practice
3. learn to live in the community
4. learn to be

In the context of these principles the quality of education was evaluated. The activity was determined by the Bologna process and was necessary to develop concepts and methods of evaluation.

In 2005 university degrees were translated into English. Standardization of nursing and midwifery education initiated educational programs related to the advanced knowledge and essential skills, and assured the safety and quality of the professional and services.

The major foundations of the reforms of the curriculum based on European standard were: education for everybody, development of skills and values, development of critical thinking, education of each student in accordance with his needs, teaching –the learning process was based on the student, with rounded evaluation of the performances. Both, the students and teachers were involved in teaching process and were responsible for educational activities and their outcomes. But the teachers were the key partners in modernizing the system of education.

There were many problems that had to be discussed and resolved:

- large-scale migration (30 000 nurses went abroad seeking paid employment) and made it necessary to find ways to recognize the diplomas at international level;
- introduction of Transferable Academic Credits System in the College of Medicine, and the possibility of continuing studies at the institutions of higher education;
- creation of a licensing committee with the support of the Ministry of Health, nurses with higher degrees, teachers of nursing, specialists from this field;
- improving the quality of services provided by nurses and midwives. It was necessary to review the number of patients and the amount of work by nurses, and so the implementation of educational standards in practice was welcome;
- in the future there was a need to go on with research in nursing, with the involvement of nurses and midwives, in order to improve the educational process and nursing care.

Discussion

A lively discussion ensued. Ms Salmon, Ms Wagner, Ms Stempovscaia, Ms Fleming and Ms Haraldsdottir joined the discussion and answered questions. One participant noted the difficulty in understanding nursing roles and standards across cultures, a problem that interfered with harmonizing curricula across countries. Another delegate asked how WHO could help his country resolve the issue of two levels of nursing education – university and technical. Others questioned how teachers could maintain their clinical competence. In response, Ms Salmon described a clinician-educator role used in some schools in the United States and noted that moving nursing into a university also meant that control moved from the Ministry of Health to the Ministry of Education. One delegate described an exchange between universities and hospitals which accounted for 40–50% of the appointments of clinical teachers in hospitals.

Ms Wagner wondered if the European Credit Transfer System (ECTS) would be useful for countries not yet using them and noted that nursing should be integrated into higher education. In response to a question about the differences between WHO and EU standards for curriculum, Ms Fleming observed that WHO standards are more of a template and more competency oriented, whereas EU standards are more prescriptive.

Other comments were:

- Malta: Praised the speakers for their clarifications, as it was sometimes difficult to understand other systems before standardisation. There is a need to understand the basics of what nursing was as there are differences of understanding and perspective.
- Greece: Greece had 2 levels of higher nursing education, one at university level and the other at tertiary level. This caused confusion. These nurses had different professional rights. They would like to establish a single system, and wondered how WHO could help them do this more quickly.

Ms Wagner: While being conscious of the differences mentioned, it seemed best not re-invent the wheel, nor should we give up in the face of difficulty. Globalisation makes standardisation and quality even more important. We need to find areas of agreement, without standardising education.

- Finland: Wondered how to maintain and support clinical competencies of nurse educators which were important for patient safety but this was not a problem for medicine where the two were combined.

Ms Fleming: As one suggestion mentioned, Mr Alan Pearson from Australia had a ward staffed by nursing teaching professionals who spent one day a week on the ward.

- Portugal: Asked what would bring American student to Europe and vice versa.

Ms Salmon: Globalisation of universities, exchanges, future harmonisation would contribute to this, based on the experiences of students.

A joint appointment can be one solution to maintaining the clinical competence of educators.

- Sweden: All education involves 3 years study at university level. There were now close exchange with clinical settings so 50% of time was taken up with clinical practice. In addition nurses with an interest in education have a 5–10 week university course on principles of education.
- Ms Salmon asked Ms Stempovskaia about the role of Chief Nurse in process of education reform.

Ms Stempovskaia: Chief Nurses in hospitals were involved in education, while practical skills were also taught in educational institutions. Chief Nurses kept in very close contact with technical colleagues. Her initiative has been to have nurses progressing to the highest level so they could teach, regulate and conduct research.

Ms Wagner: Quality of care is critical, including health promotion, prevention, patient safety was very important. There has been a need to network and share experiences.

- Czech Republic: What is the difference between harmonizing with EU and WHO Education standards, as they are seeking to apply them to their concept of education.

Ms Fleming: WHO had provided competency-based guidelines. Whereas EC provision were enshrined in legislation and covered times, hours, etc.

Finland explained that the EU covers fewer countries, the larger WHO grouping covered 52 countries.

Central Asian republics educational nursing and midwifery models

American International Health Alliance (AIHA) Regional Partnership on Nursing Education and Leadership Development

Ms Nurgul Khamzina, Ministry of Health, Kazakhstan, described the nursing education systems of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (central Asian republics (CAR)). Because nursing education quality was judged as not meeting modern requirements, a regional partnership was established between Kazakhstan, Kyrgyzstan, Uzbekistan, and the University of Minnesota, USA. The main goal of the partnership was to support nursing curriculum development and contribute to developing teaching strategies and methods to bring them up to international standards. In addition to exchange visits between central Asia and the United States for formal training, the project includes organizing and equipping learning

resource centres to increase access to educational materials and training for students and staff in the use of information technologies.

The Regional Nursing Education and Leadership Development Partnership in Central Asia were founded in 2004 by AIHA. It sought to improve the quality of nursing care and practice in the targeted countries of CAR by strengthening nursing education, practice standards and independence nursing roles in ways that approached international norms. The work of the partnership was designed to enhance nursing curricula at the different levels of nursing education, basic and advanced, to increase theoretical and teaching skills of nursing faculty members and to promote the professional independence and leadership capacity of the nursing faculty. This was the first experience of AIHA in which the partnership joined several nursing schools from different countries in CAR. It was dictated by the willingness of CAR health workers to achieve unified educational standards that would help to improve the quality of nursing education. Through the education of highly qualified nurses it was the aim to improve health care, including the quality of nursing care. Partnership exchanges provided the venues for institutional changes among the CAR nursing schools. The joint CAR-wide meetings allowed for effective collaboration in nursing education improvement. Such collective process was favourably received by CAR partners and many of them had introduced new areas such as nursing research into their curricula as new subjects. In recent years there had been a major movement to review, update and restructure nursing curricula, which in turn helped to provide inputs into ongoing reforms in health care and nursing education.

CAR Nursing Coordinating Council

Ms Tamara Saktanova, Ministry of Health, Kazakhstan, reported on the work of the Council since its creation in 1999 (Annex 6). The Council had been established to promote nursing and nursing education reform in the region, to facilitate development within the region. Working groups have formed around improving nursing education; improving nursing practice quality; building liaisons with governmental, nongovernmental and international organizations; and developing professional nursing associations. While much remained to be done, the Council has helped the four participating countries make great progress.

In spite of differences among CAR countries, nurses faced similar problems of low status and social inequality. At the same time there were on-going health care reforms in the region leading to changes in nurses' status and professional roles in the light of the public's needs. One of the main changes was the level of support for nurses in governments, society, and international organizations. CAR Nursing Coordinating Council had been established in 1999 with AIHA's support as the body whose main mission was to support members in forming unified policies for nursing and nursing education development in the CAR countries. This to be achieved through the coordination of on-going reforms in nursing, nursing education system improvement, and information and experience exchange. CAR Nursing Coordinating Council included mostly active nursing leaders from CAR countries, who were in a position to change the situation and instigate progress not only at a national but also at the regional level. One of the objectives of the Council was nursing leadership development. During almost six years of Council activity there had been many changes in nursing education, nursing practice, as well as nursing association development. A lot of progress had been made in Family Nursing development – members of CAR Nursing Coordinating Council had developed unified Family Nurse Qualifications and Curriculum for CAR countries, which are implemented in each member-country, and were developing Family Nursing Practice Standards. More and more central Asian nurses were becoming involved with the Council's activity and trying to improve themselves as

professionals, as leaders, and as nurses of a new generation in a modern health care system (Annex 6).

Workshops:

Ms Anne Broedsgaard gave a short introduction to the two workshops with the topics:

Basic and post education – a European Region Model? – Facilitated by: Ms Valerie Fleming, Ms Elena Stempovscaia, Mr Franz Wagner and Ms Broedsgaard.

Role of the GCN? – Facilitated by: Ms Christine Beasley, Ms Salmon and Ms Lis Wagner.

Each workshop had short presentations from the facilitators, followed by plenary discussions, giving each of the participants an opportunity to share their experiences and knowledge.

Plenary session

The workshops were followed by a plenary session with presentations of the outcomes. Feedback from Workshop 1 was chaired by Ms Valerie Fleming and from Workshop 2 by Ms Maslin.

Workshop 1: Basic and post education – A European Region Model

Ms Valerie Fleming, Ms Elena Stempovscaia and Mr Franz Wagner presented experiences from their own countries as an introduction to the workshop. Mr Franz Wagner provided references to different relevant documents for education: http://europa.eu.int/eur-lex/lex/LexUriServ/site/en/oj/2005/l_255/l_25520050930en00220142.pdf

Feedback from workshop 1:

Questions raised:

- What is the common definition of a nurse?
- What is meant by basic education?
- Do GCN include midwifery in their daily thoughts and work?
- Who is responsible for educating nurses and midwives to match public health needs?
- How to promote people's health?
- How to provide a climate for change?
- How to secure support from ministries?
- In how many countries are nursing and midwifery education the same?
- How to standardize? – is it possible?
- Could confirmation and translation of EU standards as the required minimum be secured?

Suggestions for action from the workgroup:

To analyse the shortfalls as against EU standards, i.e. access to education; content of education and experience, competency approaches, quality assurance. Action to address gaps and to create a working group to compare curricula in the different countries, and maybe to look into some of the questions raised at the meeting.

In the plenary session, it was decided to establish a working group to consider possible future harmonization of basic nursing and midwifery education in the European Region. The working group established were: Ms Valerie Fleming, (Coordinator), Ms Larysa Liutko, Belarus; Ms Maia Gogashvili, Georgia; Mr. Antonio Manuel Silva, Portugal; Mr Jesmond Sharples, Malta and Mr. Paul Martin, United Kingdom.

Terms of reference for the working group:

To develop a comprehensive plan to move nursing and midwifery basic education programmes into the Higher Education arena based on the updated WHO curricula. To include an appraisal of possible funding sources for the education of potential nurse and midwife academic staff in those countries, so that the programmes could be implemented. Activities to take place:

- to collect examples of curricula from each part of the Region (north Europe, south Europe), East Europe (countries which were in EU prior to, and post, 2004) and make comparisons of these using an agreed framework;
- to update the WHO curricula for basic nursing and midwifery education developed in 2000;
- to update the Prospective Analysis Methodology results to paint a comprehensive picture of basic nursing and midwifery education programmes in the Region, utilising only part two of the PAM tool to collect further data;
- to produce a report from the above highlighting honestly the strengths and weaknesses of the education programmes available in relation to the Bologna Declaration and the ECTS system.

The working group would operate over the next two years and present their work at the next WHO Europe GCN meeting and in a report.

Workshop 2: Role of the GCN

Ms Christine Beasley gave a presentation highlighting the multiple leadership functions of the GCN role.

Feedback from workshop 2:

Common themes raised:

- effective GCN function is crucial to National Health Agendas;
- GCN role is also key to development of nursing and midwifery education and practice;
- importance of having a strategic agenda for nursing and midwifery within the broader health agenda;

- necessity of moving from thinking in terms of the “cost of nursing ” to the idea of “investment in nursing” (the business case for nursing and midwifery, particularly given demographics).

While there were different models of GCN, there were key commonalities and principles suggested:

- Interdisciplinary, collaboration and team work
- GCN functions best at senior governmental level (nursing voice):
 - advisory role or active in policy making
 - professional credibility and partnerships
 - leadership and strategic thinking
 - politically knowledgeable and effective
 - one person cannot do it all. (need resources and support, including financial)
 - value of GCN networking, e.g. WHO at all levels.
- Personal-professional attributes: Persistence, humour, passion, optimism, realism, visionary, innovative, strategic, helpful, listener, problem solver, delivers/executes, negotiator, consultant, coordinator, representative, “boundary spanner”, courageous, assertive, cooperative, inclusive, etc.
- Preparedness and responsiveness: e.g. HIV/AIDs, Patient Safety, Emerging Diseases.
- Status of nursing and midwifery: creates challenges to encourage progress.
- Visibility and demonstrable effectiveness (role model, delivery, based on research).

Proposed Next Steps:

- **Short-term**
 - May, 2006 WHO Geneva GCN Meeting
 - participation of GCN in World Health Assembly , 2006
 - October, 2006 Biennial Global CNO Institute and Network Meeting (Atlanta)
 - mentoring and partnering
- **Networking meeting of GCN October, 2007**
 - progress reporting
 - competencies for GCN
 - HIV/AIDs nursing and midwifery contribution, particularly in newly independent states
 - sharing of best practices
 - developing final report on progress of Munich Declaration for European Ministerial meeting, 2010.

Making it happen and next step of the network of the GCN in the WHO European Region

Ms Anna Maslin emphasised the importance of the meeting and the unique opportunity it provided to European GCN. She thanked Ms Wagner and all her team for the excellent meeting

and professional way it had been. She encouraged countries to make the most of key opportunities coming up for GCN to network for example the Global Chief Nurse Meeting hosted in Geneva 2006 prior to the World Health Assembly, followed by the Global Chief Nurse Network meeting hosted by the Lillian Cater Center for International Nursing and Midwifery. Ms Maslin encouraged countries to work in partnership with others and to focus on practical steps to developing the efficacy of the GCN contribution to health of the people they served and to the achievement of the Millennium Development Goals. Ms Maslin acknowledged the need and desire for good quality educational programmes and the challenges faced in achieving these and encouraged colleagues to work together to find practical solutions to these complex issues.

It was decided to have biannual meetings, with the next meeting in the fall of 2007. At this meeting a report from the elected working group for basic education should be presented.

Finally Ms Wagner thanked everyone for their positive attitude, and active participation.

References

- Act Regulating the Professions in the Fields of Nursing and Amending Other Acts of 16th July 2003.
- Ordinance on the Training and Examinations Qualifying for Nursing Professions of 10th November 2003.
- Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005.
http://europa.eu.int/eur-lex/lex/LexUriServ/site/en/oj/2005/l_255/l_25520050930en00220142.pdf
- Büscher A & Wagner L (2004) Munich Declaration: Nurses and Midwives: a Force for Health. Analysis of implementation of the Munich Declaration 2004. World Health Organization, Copenhagen 2005, p. 1–62.
- Donoghoe MC, Lazarus JV and Matic S (2005). “HIV/AIDS in the Transitional Countries of Eastern Europe and Central Asia”. *Clinical Medicine*, 2005;5:48790
- European Centre for the Epidemiological Monitoring of AIDS (EuroHIV), (2005), HIV/AIDS Surveillance in Europe. End-year Report 2004. Saint Maurice: Institut de Veille Sanitaire. No. 71, <http://www.eurohiv.org>
- Fleming V, Holmes A (2005). Basic nursing and midwifery education programmes in Europe. A report to the World Health Organization Regional Office for Europe.
- Lazarus JV, Liljestrand J., Rasch V (2005) “Midwifery at the crossroads in Estonia: Attitudes of midwives and other key stakeholders”. *Acta obstetricia et gynecologica Scandinavica*, 2005 Apr;84(4):33948.
- Matic S, Lazarus JV, Donoghoe MC (2006). HIV/AIDS in Europe: Moving from Death Sentence to Chronic Disease Management. Copenhagen, WHO Regional Office for Europe, 2006
- WHO (2005) Global Forum for Government Chief Nurses. 13–15 May 2004, Geneva, Switzerland. World Health Organization, Geneva 2005, p 1–23.
- WHO Europe (2000) Munich Declaration. Nurses and Midwives: a Force for Health. World Health Organization, Copenhagen 2000, p. 1–2.
- World Bank (2003), Averting AIDS Crises in Eastern Europe and Central Asia Washington: World Bank.

Annex 1a

**MUNICH DECLARATION
NURSES AND MIDWIVES: A FORCE FOR HEALTH**

17 June 2000

The Second WHO Ministerial Conference on Nursing and Midwifery in Europe addresses the unique roles and contributions of Europe's six million nurses and midwives in health development and health service delivery. Since the first WHO ministerial conference that took place in Vienna over ten years ago, some steps have been taken in Europe towards strengthening the status and making full use of the potential of nurses and midwives.

As Ministers of Health of Member States in the European Region of WHO, participating in the Munich Conference:

WE BELIEVE that nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high-quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs.

WE URGE all relevant authorities in WHO's European Region to step up their action **to strengthen nursing and midwifery**, by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;

- seeking opportunities to establish and support **family-focused community nursing and midwifery** programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in **public health, health promotion and community development**.

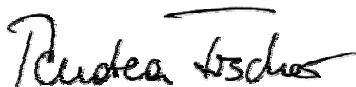
WE ACCEPT that commitment and serious efforts towards strengthening nursing and midwifery in our countries should be supported by:

- developing comprehensive **workforce planning strategies** to ensure adequate numbers of well educated nurses and midwives;
- ensuring that the **necessary legislative and regulatory frameworks** are in place at all levels of the health system;
- enabling nurses and midwives to work efficiently and effectively and to their full potential, both as **independent** and as **interdependent** professionals.

WE PLEDGE to work in partnership with all relevant ministries and bodies, statutory and nongovernmental, nationally, subnationally and internationally to realize the aspirations of this Declaration.

WE LOOK TO the WHO Regional Office for Europe to provide strategic guidance and to help Member States develop coordination mechanisms for working in partnerships with national and international agencies to strengthen nursing and midwifery, and

WE REQUEST the Regional Director to make regular reports to the Regional Committee for Europe and to organize a first meeting to monitor and evaluate the implementation of this Declaration in 2002.



Ms Andrea Fischer
Minister of Health
Federal Republic of Germany



Dr Marc Danzon
Regional Director for Europe
World Health Organization

Annex 1b

NURSING AND MIDWIFERY PROGRAMME (DCS/CPS/NMP)

<http://www.euro.who.int/nursingmidwifery>

Implementation tools:

- 1. BCAs - Biennial Collaborative Agreements**
Focus: Education and Regulations and Legislation
- 2. Meetings with:**
GCN and
nursing and midwifery staff in WHO headquarters
- 3. WHO Collaborating Centres:**
Denmark, Finland, Germany, Slovenia, Scotland, United Kingdom
- 4. Meetings with:**
ICM (International Confederation of Midwives) and ICN (International Council of Nurses)
- 5. European Forum for National Nursing and Midwifery Associations and WHO (EFNNMA)**
Web-site: WWW.EURO.WHO.INT/EFNNMA
Annual meetings with focus on: Mental Health Care (2004), Obesity (2005)
Next meeting: 1-2 June 2006, St. Petersburg, Russian Federation with focus on: HIV/AIDS in the European Region