The Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020

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Annette Mwansa Nkowane
Technical Officer, Nursing and Midwifery
Health Workforce Department, WHO

Presentation outline

- Nursing context
- Global guiding mandates and frameworks (SDGs, UHC, Workforce 2030, integrated people centred health services)
- Why focus on nursing?
- WHA resolutions on nursing
- Global Strategic directions for strengthening nursing and midwifery (SDNM) 2016 – 2020
- SDNM 2016-2020 VS Workforce 2030
- Implementation
- High-level Commission on health employment and economic growth
- Current publications
- Conclusion

Nursing Context (1)

Ebola

Zika

- ➤ **Ever evolving and complex health trends**
- ➤ **Workforce Shortage**
- ➤ **Dynamic and evolving roles**

Emergencies

Increasing health services demand

Nursing context (2)

The world's 1.2 billion people (aged 10-19 years)

By 2050 the proportion of the world's population aged over 60 years will nearly double from 12% to 22%.

Noncommunicable diseases (NCDs) kill 38 million people each year.

Nearly 35% of the global burden of disease has roots in adolescence.

Current estimates:

- 43.5 million health workers
- 20.7 million are nurses and midwives.
- Nurses and midwives represent more than 50% of the workforce
- current (2013) shortfall, 9 million out of 17.4 million.

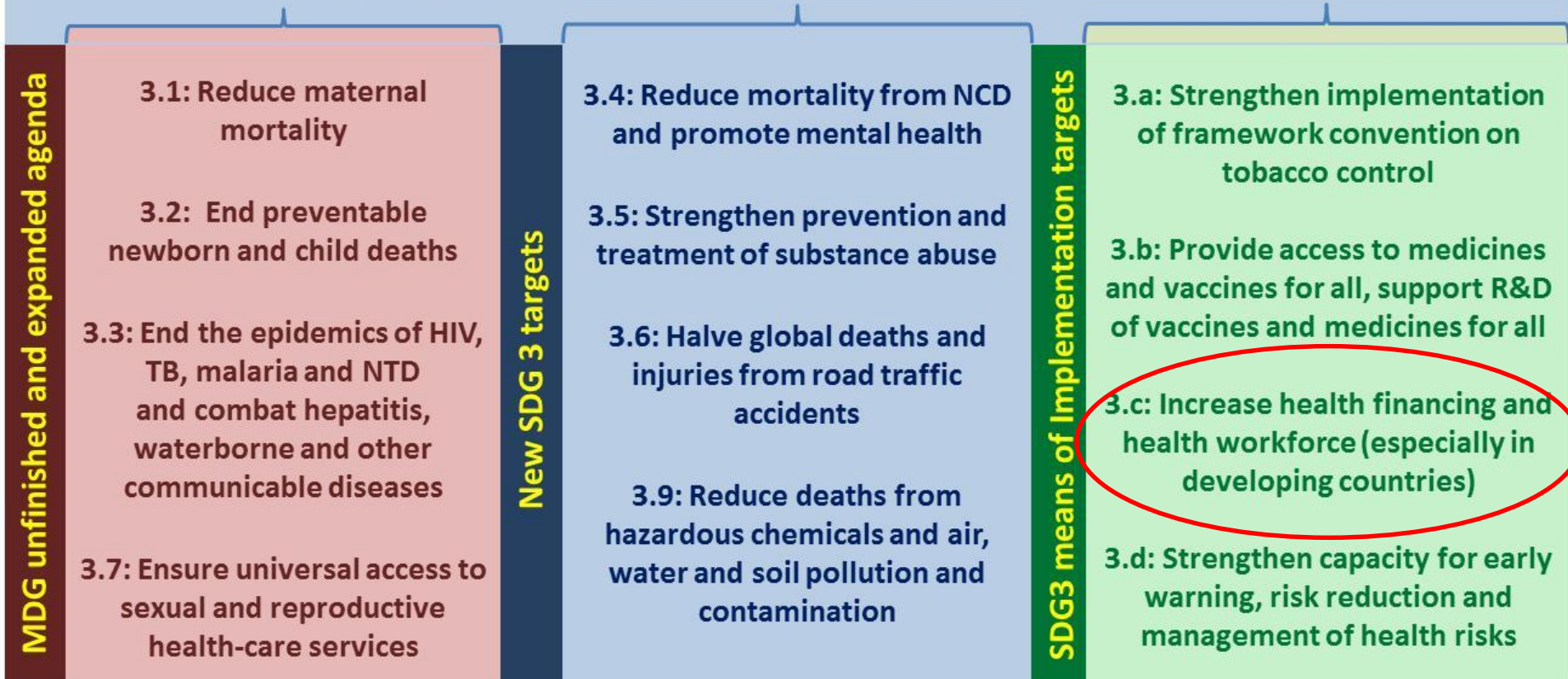# The global guiding mandates and frameworks

Examples:

- Sustainable Development Goals
- Universal Health Coverage
- Global Strategy on Human Resources for Health: Workforce 2030
- Framework on Integrated People-Centred Care, Health workforce 2030, Strategic Directions on nursing and midwifery 2016-2020 etc.
- Strategy on Women's, Children's and Adolescent Health
- Strategic Directions for strengthening nursing and midwifery 2016-2020

SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

MDG unfinished and expanded agenda

3.1: Reduce maternal mortality

3.2: End preventable newborn and child deaths

3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases

3.7: Ensure universal access to sexual and reproductive health-care services

New SDG 3 targets

3.4: Reduce mortality from NCD and promote mental health

3.5: Strengthen prevention and treatment of substance abuse

3.6: Halve global deaths and injuries from road traffic accidents

3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination

SDG3 means of Implementation targets

3.a: Strengthen implementation of framework convention on tobacco control

3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all

3.c: Increase health financing and health workforce (especially in developing countries)

3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

Global Strategy on Human Resources for Health: Workforce 2030

Global Strategy on Human Resources for Health: **Workforce 2030**
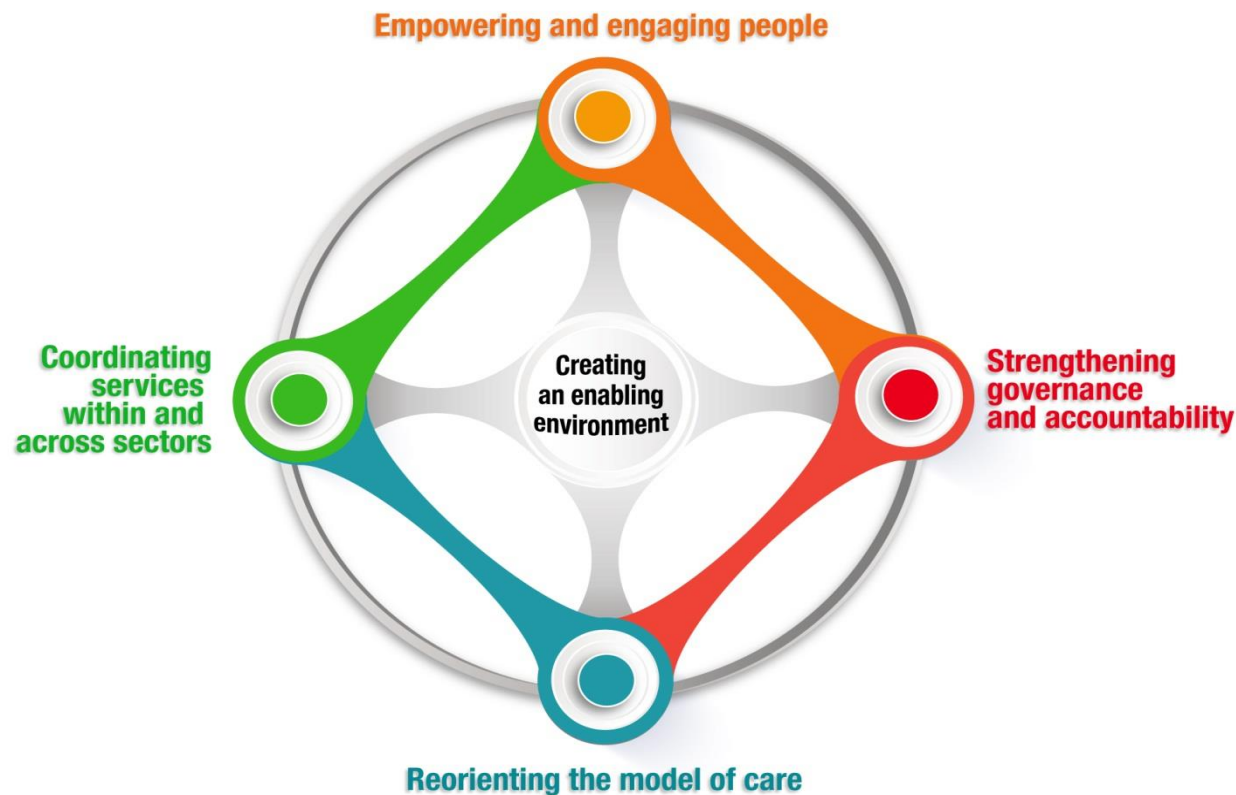
DRAFT for consultation

World Health Organization

1. Optimize performance, quality and impact of the health workforce

2. Align investments in human resources with the current and future needs of the population and of health systems

3. Build capacity of institutions at sub0national, national, regional and global levels for effective stewardship, leadership and governance.

4. Strengthen the data on human resources for health, for monitoring and ensuring accountability for the implementation of the global strategy

Integrated, People-Centred Health Services...

Empowering and engaging people

Coordinating services within and across sectors

Creating an enabling environment

Strengthening governance and accountability

Reorienting the model of care

Resolution WHA69.24

UHC/SDGs: What health workforce might be needed?
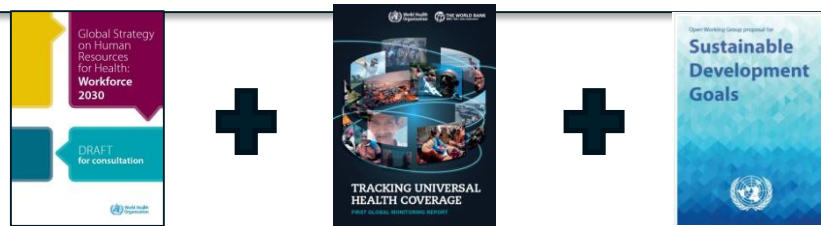
SDG Tracer Indicator	Classification
Antenatal care	MNCH
Antiretroviral therapy	ID
Cataract	NCD
Diabetes	NCD
DTP3 immunization	ID
Family planning	MNCH
Hypertension	NCD
Potable water	ID
Sanitation	ID
Skilled birth attendance	MNCH
Tobacco smoking	NCD
Tuberculosis	ID

Source: WHO (2016)

12 UHC tracers weighted according to GBD ("SDG index")

4.45 midwives, nurses and physicians per 1 000 population

Why the focus on nursing?

Nurses are the largest health profession in the world, over 50% in some countries

Nursing services are cost effective

Provide close to client services

Nurses are uniquely positioned to make a difference

WHA Resolutions on Nursing

Year	World Health Assembly Resolutions
2011	WHA64.7: Strengthening nursing and midwifery
2006	WHA59.27: Strengthening nursing and midwifery
2001	WHA54.12: Strengthening nursing and midwifery
1996	WHA49.1: Strengthening nursing and midwifery
1992	WHA45.5: Strengthening nursing and midwifery in support of strategies for health for all
1989	WHA42.27: Strengthening nursing/midwifery in support of the strategy for health for all
1983	WHA36.11: The role of nursing/midwifery personnel in the strategy for Health for All
1977	WHA30.48: The role of nursing/midwifery personnel in primary health care teams
1950	WHA3.67: Increasing and improving the supply and use of nurses
1949	WHA2.77: Expert Committee on Nursing

Global Strategic directions for strengthening nursing and midwifery 2016 – 2020
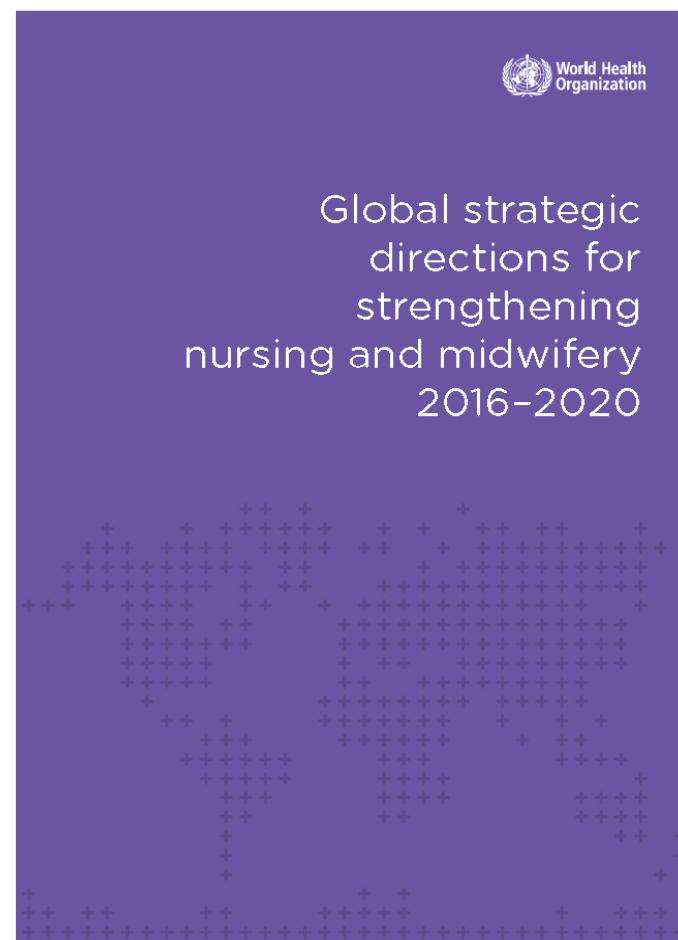
The SDNM 2016-2020 process

Experts consultation in Geneva from 18-19 January 2016

Global web-based Consultation, Nov-Dec. 2015

2nd Expert Consultation, Geneva, Sept, 2015

Expert meeting Jordan Apr.2015

1st expert consultation

SDNM Survey 2014-2015

Key informants recommendations

CNMO 2014

1st recommendations

Option anlaysis

✓ Independent evaluation process by telephone or email
✓ GCNMOs, WHOCCs and other key stakeholders involved

OPTIONS

1	Incorporate nursing and midwifery into the GSHRH development
2	A global SDNM to reflect key issues in regional SDNMs
3	Outline development for a new SDNM
4	Global consultations on a draft SDNM 2016 – 2020

OPTIONS ANALYSIS REPORT ON STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY (2016–2020)

World Health Organization

Options analysis result

KEY INFORMANTS	INDIVIDUALS SURVEYED	RESPONDENTS (%)	SDNM (%)	GSHRH (%)
CGNMOs	53	24 (45%)	96%	4%
WHO CC/HRH personnel	45	20 (44%)	95%	5%
Regional/HRH advisers	18	11 (61%)	91%	9%
Key international organizations	10	10 (100%)	100%	
Key global health leaders	20	19 (95%)	68%	32%

96% of CNOs and CMOs in favour of a stand-alone SDNM

The Global strategic directions 2016 – 2020

VISION

Available, Accessible, Acceptable, Quality and Cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs

THEMATIC AREAS

Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings

Optimizing policy development, effective leadership, management and governance

Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development

Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

Countries

Regions

Global

Partners

PRINCIPLES

Ethical Action | Relevance | Ownership | Partnership | Quality

The Health Workforce 2030

Outlook of the Global SDNM

- Accessibility
- Availability
- Acceptability
- Quality
- Cost-effectiveness

Healthier and happier lives in line with UHC and achieving the SDGs

- ✓ Life Course Approach
- ✓ Social Determinants of Health
- ✓ Gender, Equity and Human Rights

1ˢᵗ SDNM 2016-2020 launch
18 May 2016, Geneva
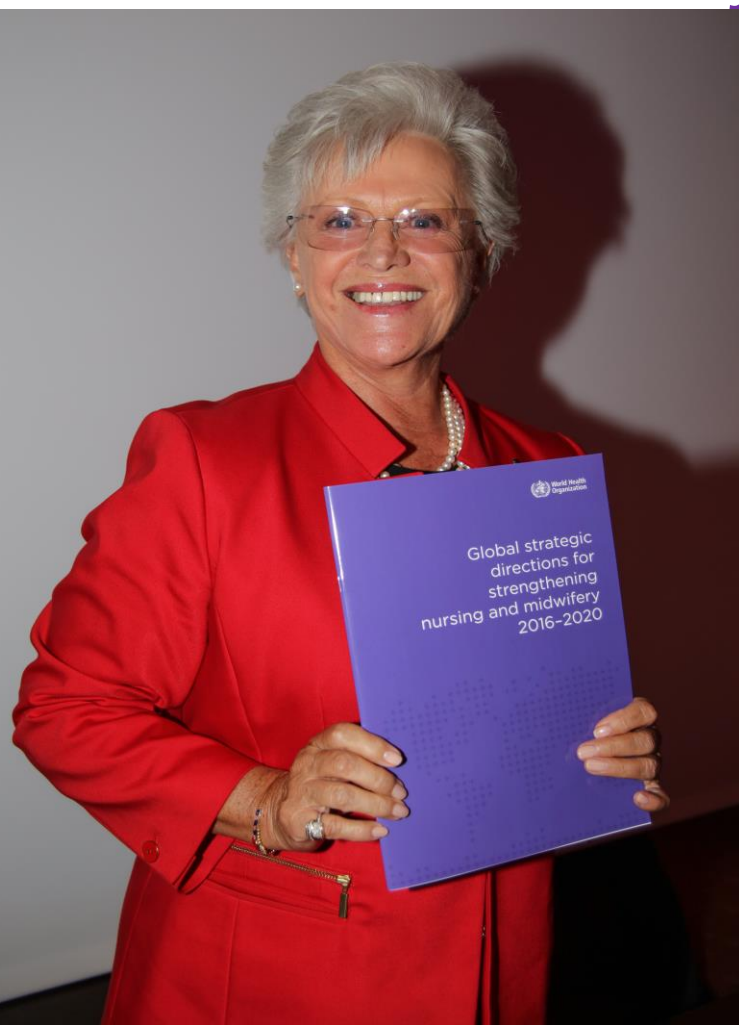
SDNM 2016-2020 and global strategy on HRH: Workforce 2030

Themes	Objectives
SDNM 2016-2020	Workforce 2030
1. Ensuring a well educated, competent, motivated N/M workforce	1. Optimize the existing workforce in pursuit of the SDGs and UHC (e.g. education, employment, retention) 2. Anticipate future workforce requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
2. Optimizing policy development, effective leadership, management and governance	Same as above
3. Maximizing capacities and potentials of N/M through intra-and interprofessional partnerships and CPD	3. Strengthen individual and institutional capacity to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. Mobilizing political will to invest in effective evidence based N/M workforce	1. Optimize the existing workforce in pursuit of the SDGs and UHC (e.g. education, employment, retention)
CROSS-cutting	**4. Strengthen the data, evidence and knowledge for cost-effective policy decisions (e.g. National Health Workforce Accounts)**
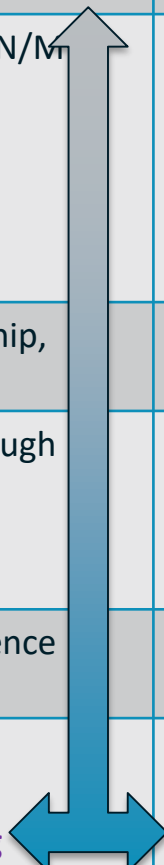
Implementation scope

Partners

Global action

Ongoing advocacy

Adaptation

Operational Framework

Capacity building

Country action

Regional action

Monitoring and evaluation

INDICATORS
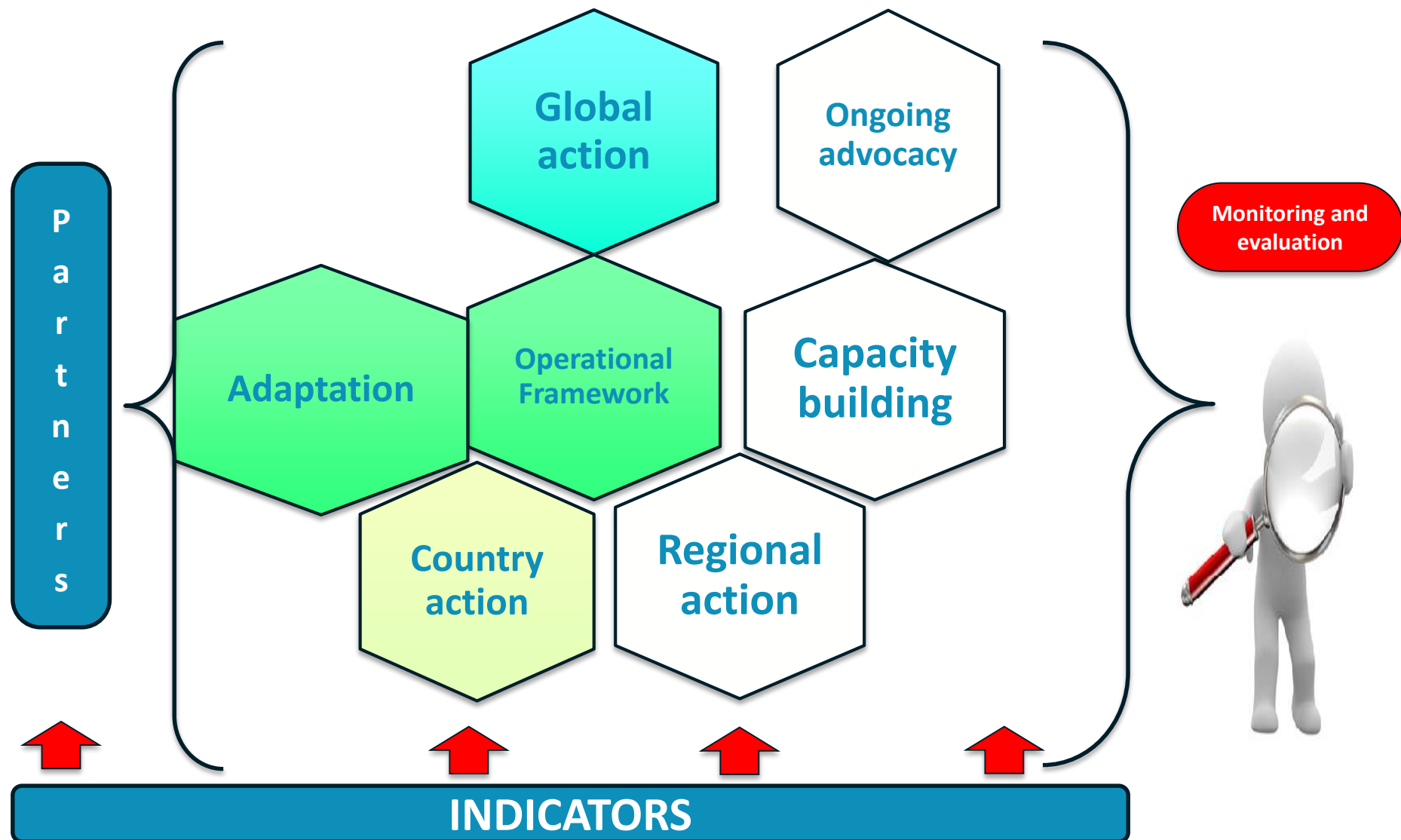
Levels of nursing and midwifery leadership actions
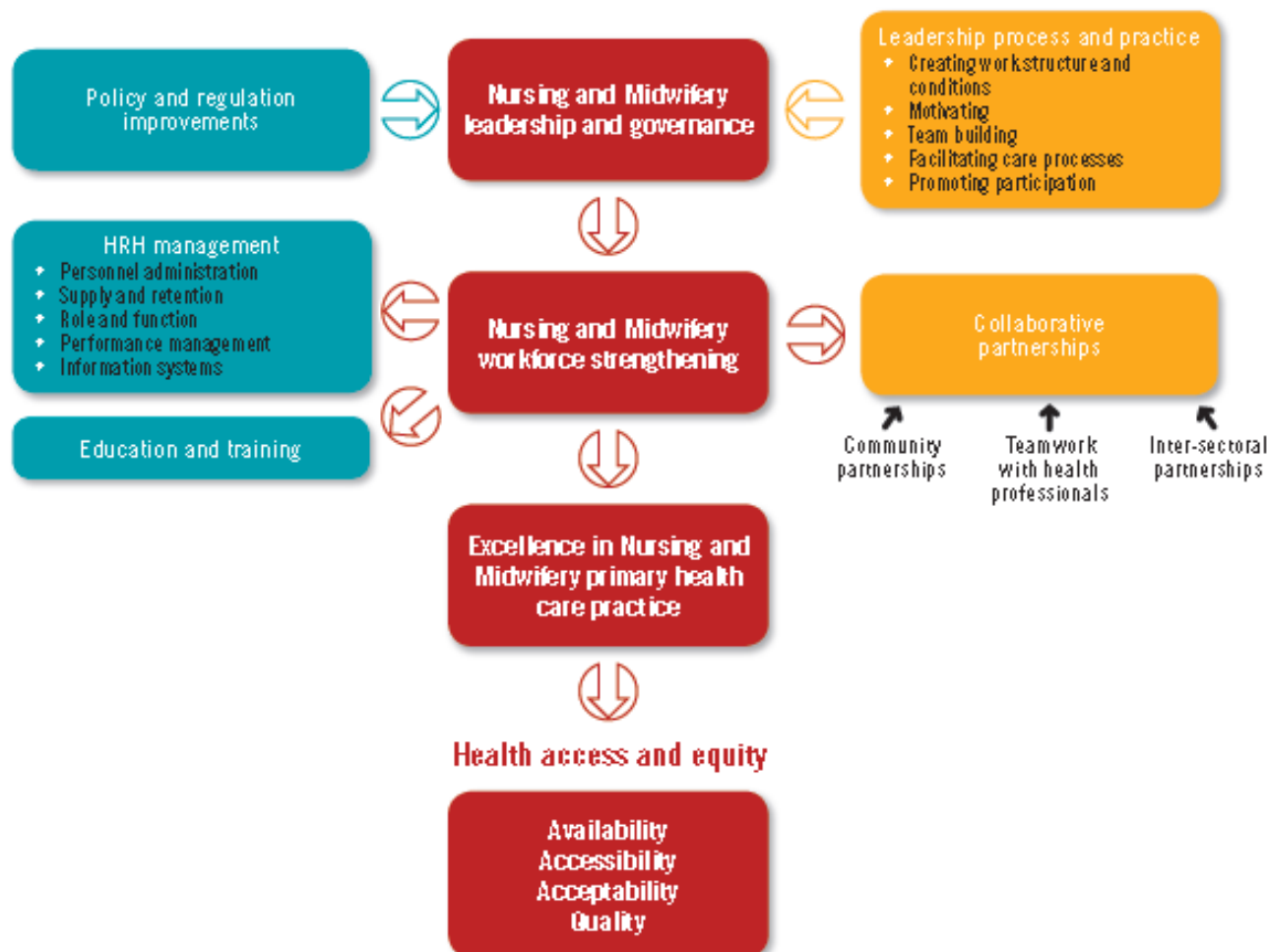
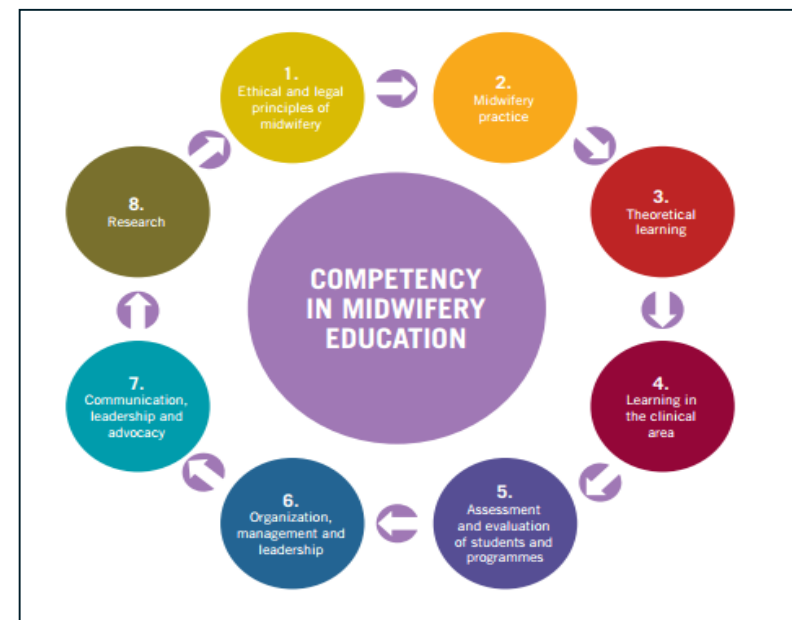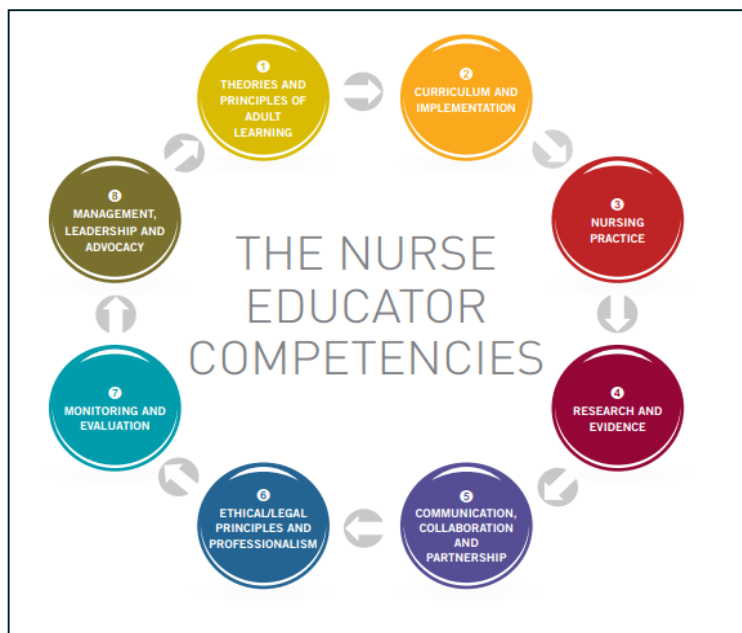# High Level Commission on Health Employment and Economic Growth

Foundation:

- Importance of investing in health and wealth established
- Critical role of health economy in stimulating economic growth and job creation
- Investments health workforce creates conditions for economic growth and job creation and greater economic stability
- Requires gender equality and women's empowerment, transforming health workforce education, investing in rural and training to reach the underserved, re-appraising the contribution of nurses and midwives, community-based health workers, non-professionals, young peoples' need for decent jobs, technical and vocational training
- Need to investing in the skills of an expanding number of health workers and increase employment to meet the need of PHC.
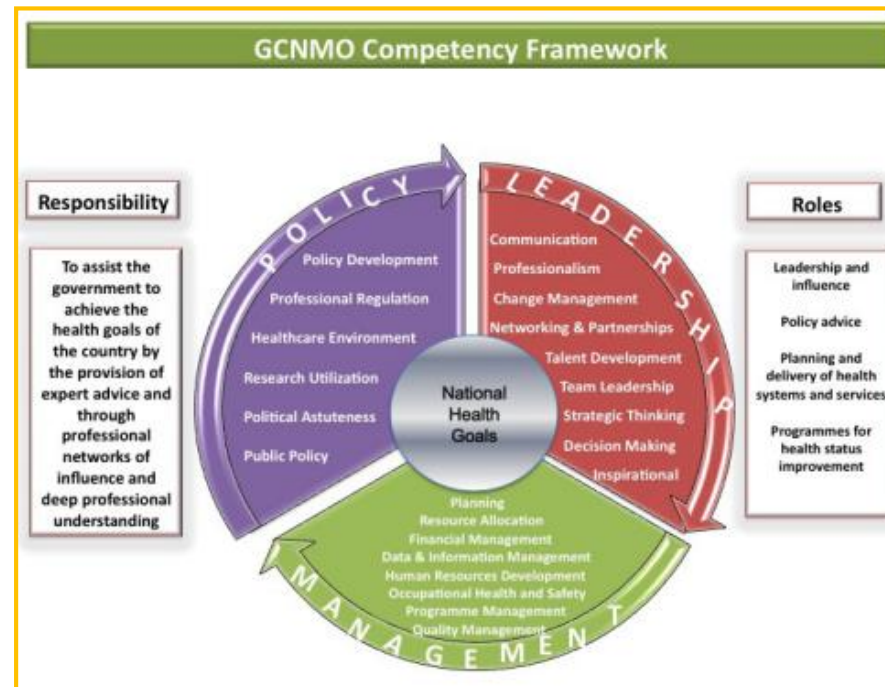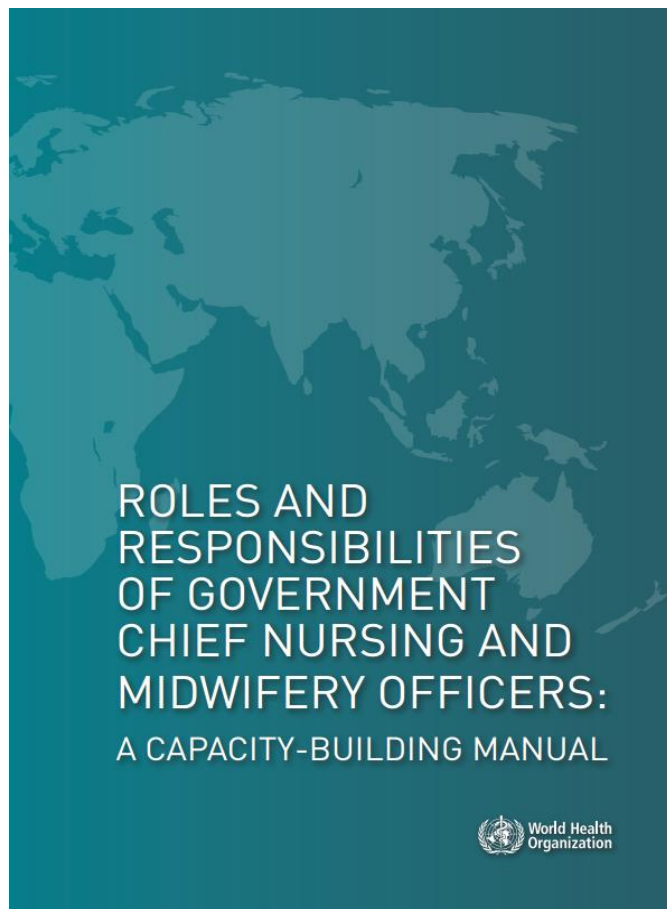- Five-year action plan proposed (2016-2021}

Current publications (1)
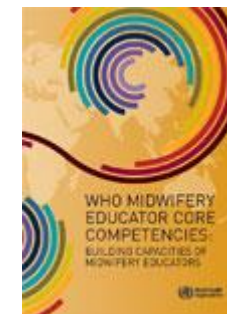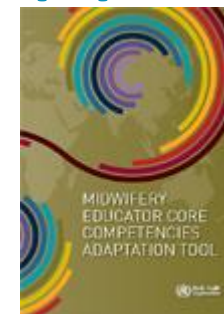
http://www.who.int/hrh/nursing_midwifery/en/

http://www.who.int/hrh/nursing_midwifery/educator_competencies/en/

Current publications (2)

ROLES AND RESPONSIBILITIES OF GOVERNMENT CHIEF NURSING AND MIDWIFERY OFFICERS: A CAPACITY-BUILDING MANUAL

- **Field-tested at the WHO subregional meeting in Barbados with CNOs and senior officials of Health Directorates in attendance.**

Upcoming publications

✓ The history of nursing and midwifery in WHO

✓ SDNM monitoring and evaluation tool

Conclusion

- Political will and leadership essential
- Concrete investments in:
  - Education and training
  - Governance, leadership and accountability
- Solutions are in the local context
- Context differ, necessitates adaptation
- Coordinated implementation efforts needed

Key partnerships
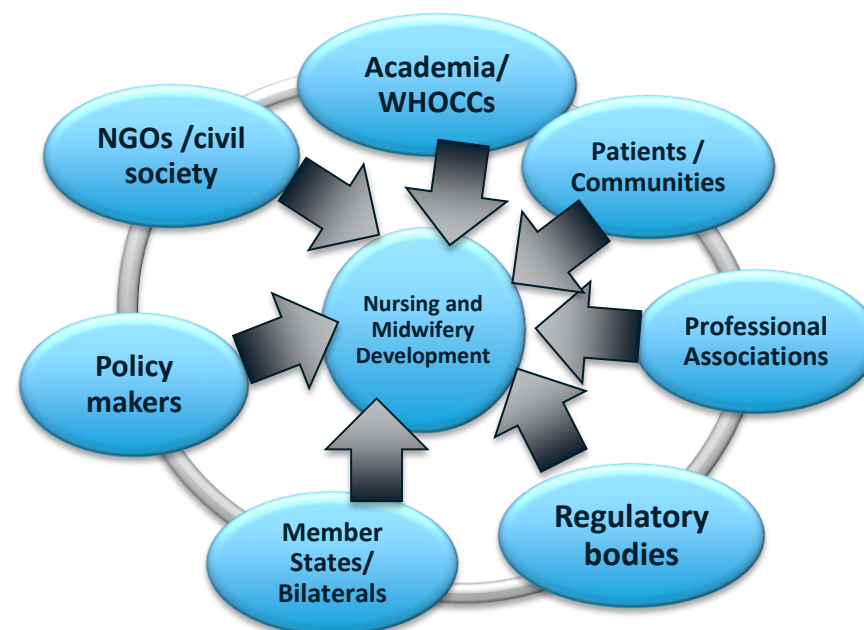
THANK YOU

who.int/hrh
#workforce2030

The Health Workforce 2030