The Global Strategic Directions for Strengthening Nursing and Midwifery
2016-2020
3 October 2016
Mexico City, Mexico

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)

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

Emergencies

Increasing health services demand
Nearly 35% of the global burden of disease has roots in adolescence. By 2050 the proportion of the world’s population aged over 60 years will nearly double from 12% to 22%.

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.

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

3. GOOD HEALTH AND WELL-BEING

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
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

SDG 3 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

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 subnational, 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...

Resolution WHA69.24
## UHC/SDGs: What health workforce might be needed?

<table>
<thead>
<tr>
<th>SDG Tracer Indicator</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care</td>
<td>MNCH</td>
</tr>
<tr>
<td>Antiretroviral therapy</td>
<td>ID</td>
</tr>
<tr>
<td>Cataract</td>
<td>NCD</td>
</tr>
<tr>
<td>Diabetes</td>
<td>NCD</td>
</tr>
<tr>
<td>DTP3 immunization</td>
<td>ID</td>
</tr>
<tr>
<td>Family planning</td>
<td>MNCH</td>
</tr>
<tr>
<td>Hypertension</td>
<td>NCD</td>
</tr>
<tr>
<td>Potable water</td>
<td>ID</td>
</tr>
<tr>
<td>Sanitation</td>
<td>ID</td>
</tr>
<tr>
<td>Skilled birth attendance</td>
<td>MNCH</td>
</tr>
<tr>
<td>Tobacco smoking</td>
<td>NCD</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>ID</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>World Health Assembly Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>WHA64.7: Strengthening nursing and midwifery</td>
</tr>
<tr>
<td>2006</td>
<td>WHA59.27: Strengthening nursing and midwifery</td>
</tr>
<tr>
<td>2001</td>
<td>WHA54.12: Strengthening nursing and midwifery</td>
</tr>
<tr>
<td>1996</td>
<td>WHA49.1: Strengthening nursing and midwifery</td>
</tr>
<tr>
<td>1992</td>
<td>WHA45.5: Strengthening nursing and midwifery in support of strategies for health for all</td>
</tr>
<tr>
<td>1989</td>
<td>WHA42.27: Strengthening nursing/midwifery in support of the strategy for health for all</td>
</tr>
<tr>
<td>1983</td>
<td>WHA36.11: The role of nursing/midwifery personnel in the strategy for Health for All</td>
</tr>
<tr>
<td>1977</td>
<td>WHA30.48: The role of nursing/midwifery personnel in primary health care teams</td>
</tr>
<tr>
<td>1950</td>
<td>WHA3.67: Increasing and improving the supply and use of nurses</td>
</tr>
<tr>
<td>1949</td>
<td>WHA2.77: Expert Committee on Nursing</td>
</tr>
</tbody>
</table>
Global Strategic directions for strengthening nursing and midwifery 2016 – 2020
The SDNM 2016-2020 process

CNMO 2014
1st recommendations

SDNM Survey 2014-2015
Key informants recommendations

Expert meeting
Jordan Apr. 2015
1st expert consultation

2nd Expert Consultation,
Geneva, Sept, 2015

Global web-based Consultation, Nov-Dec. 2015

Experts consultation in Geneva from 18-19 January 2016
Option analysis

- 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 result

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

96% of CNOs and CMOs in favour of a stand-alone SDNM
The Global strategic directions 2016 – 2020

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

- 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

Principles:
- Ethical Action
- Relevance
- Ownership
- Partnership
- Quality

Vision

Thematic Areas

Countries
Regions
Global
Partners
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

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

**CROSS-cutting**
Implementation scope

- Global action
- Operational Framework
- Adaptation
- Country action
- Regional action
- Capacity building
- Ongoing advocacy
- Monitoring and evaluation
Levels of nursing and midwifery leadership actions

Policy and regulation improvements
- HRH management
  - Personnel administration
  - Supply and retention
  - Role and function
  - Performance management
  - Information systems
- Education and training

Nursing and Midwifery leadership and governance
- Leadership process and practice
  - Creating work structure and conditions
  - Motivating
  - Team building
  - Facilitating care processes
  - Promoting participation
- Collaborative partnerships
  - Community partnerships
  - Teamwork with health professionals
  - Inter-sectoral partnerships

Nursing and Midwifery workforce strengthening

Excellence in Nursing and Midwifery primary health care practice

Health access and equity
- Availability
- Accessibility
- Acceptability
- Quality

Increased health promotion efforts and outcomes; improved early detection of health conditions; increased capacity to treat disease; and increased rehabilitation efforts and outcomes.
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)

• 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
THANK YOU

who.int/hrh
#workforce2030