Using NHWA for the State of the World Nursing report 2020

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PAHO NHWA workshop, Brasilia August 2019

Health Workforce Department, WHO, Geneva

Outline

2020 Year of nursing and midwifery

1st State of the World Nursing (SoWN) report content and process

3rd State of the World Midwifery (SoWMy) report

Data status

Workshop on indicators for SoWN

2020 international year of nursing and midwifery

The Executive Board during the 144th session (January 2019), drew attention to the **vital role of nurses and midwives in achieving universal health coverage** and called for highlighting their contributions. Noting that 2020 was the 200th anniversary of the birth of one of the founders of modern nursing, Florence Nightingale, **the Board recommended to the Health Assembly to designate 2020 as the Year of Nursing and Midwifery**.

The World Health Assembly approved it during its 72nd session (May 2019).

“These two health professions are invaluable to the health of people everywhere. […] Without nurses and midwives, we will not achieve the sustainable development goals or universal health coverage.” Dr Tedros Adhanom Ghebreyesus, director general of the World Health Organization (WHO)

Letter from Dr Tedros to

- WHO Regional Offices

- Member States

⇒ To take action to collect information on nursing personnel for the SoWN

⇒ To **nominate NHWA focal points** and **use NHWA** for reporting on SoWN

Nurses and Midwives impact health and UHC

Nursing and PHC

- 2018 Cochrane review: Nurses provide equal or better care, have equal or better outcomes, patient satisfaction, longer consultations, and return visits as compared to physicians. Cochrane Database of SR 2018, Issue 7.

Nursing and UHC

- Recruited, retained in *key, rural areas* (Kroezen et al., 2015; Graves, et al. 2015)
- Manage care for *minority groups*, such as non-white (Hooker, 2006; Morgan, Abbott, McNeil, & Fisher, 2012; DesRoches et al., 2013; Buerhaus et al., 2014)
- Provide care to those *without health insurance* (Hing & Hooker, 2011; Dill, Pankow, Erikson, & Shipman, 2013)

Midwifery care outcomes vs. GP and OB care outcomes

- 2016 Cochrane review ("Sandall review") of 8 RCTs
- 2018 population-based study of 58,000 women of low SE status testing PTB, LBW, SGA in midwifery v. GP and OB care (McRae DN, Janssen PA, Vedam S, et al.. BMJ Open. 2018;8(10):e022220.

World Health Organization

STATE OF THE WORLD NURSING REPORT

The *State of the World's Nursing* report to

1. Provide a global picture of the nursing workforce
2. Inform national policy dialogue and drive development of national nursing workforces to optimize the contributions towards UHC and PHC
3. Accelerate progress across the SDGs (e.g. education, health, gender equality, decent work, and inclusive growth)
4. Unlock investment in nursing, the health workforce, and the gender equity agenda.
5. Generate evidence to achieve the Triple Billion Goals in GPW-13.

SoWN Report

Four main sections:

- Nursing workforce contributions to the triple billion goals and gender equality
- Global picture of the nursing workforce and analysis of major policy relevant issues
- Forward-facing 2030 policy agenda
- Technical description of nursing workforce in Member States

80-page document translated in 6 languages.

E-versions and country profiles downloadable

SoWN Report: Country profiles

Country description through lens of triple billion goals and gender agenda

- Demographic, economic, health system, and health and gender indicators (GPW-13)

Technical description of nursing workforce

Analysis identifies areas for policy development and investment to reach targets for UHC, health and wellbeing, emergency preparedness and resilience, and gender equity and youth inclusion

Process

Data

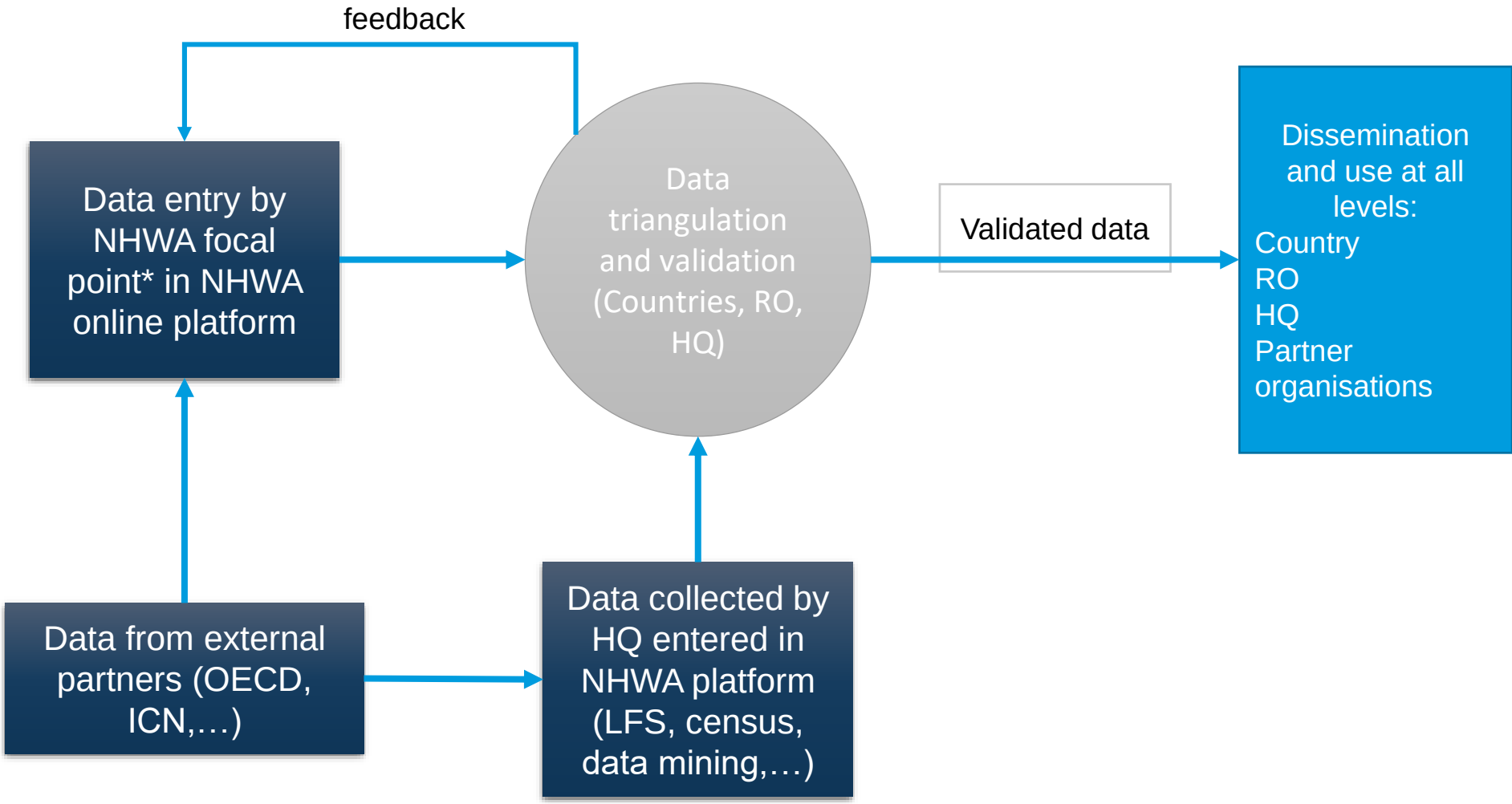
- National Health Workforce Accounts (NHWA)
- Additional data sources as needed; validated through NHWA process

Policy Dialogue

Decision-Making

Support from JHPiego for these steps

NHWA data process: country at the center of data collection/validation



* in charge of country reporting and validation of data entered in the platform.

Description of national nursing workforce

Active Stock of Nurses: Number, demographics, distribution (geographical, service category)

Nursing Education: duration, standards, annual graduates, accreditation, fitness for practice assessments

Nursing Regulation: Nursing council model, continuing professional development

Labour Market Flows: graduates starting practice, in-migration, unemployment rate

Employment Characteristics: working conditions, entry-level wages, social protections

Governance and Leadership: GCNMO positions, leadership development, leading care teams

Timing

Data: Collection, Validation

- NHWA as primary data source. GCNMOs supporting and engaging associations, councils, Collaborating Centers, NGOs, Nursing Now!
- **Data gathering through End of September 2019**
- **Analysis of data and writing of the report September-December 2019**, followed by translation
- **Country Profile online: continuous activity**

Dialogue

- Second half of 2019
- In-country policy dialogue using nationally validated data, prioritization of areas for investment, National agenda for reaching UHC and SDGs

Decision making

- Anticipated discussion at 73rd World Health Assembly (tbc), 2020 Regional Committees, National dissemination and launches

Global Engagement for SoWN

World Health Organization

Co-Chairs: ICN and Nursing Now!

Steering Committee

WHO CCs for NM

GCNMOs

Nursing Now Networks

Nursing and midwifery leaders

Stakeholders

3rd State of the World Midwifery report 2021

Previous editions:

Two global reports:

- SoWMy 2011 (58 LMICs)
- SoWMy 2014 (73 of 75 Countdown countries)

Three regional reports:

- Arab States 2015 (13 countries)
- East & Southern Africa 2017 (21 countries)
- Pacific Islands 2019 (15 countries)

National reports:

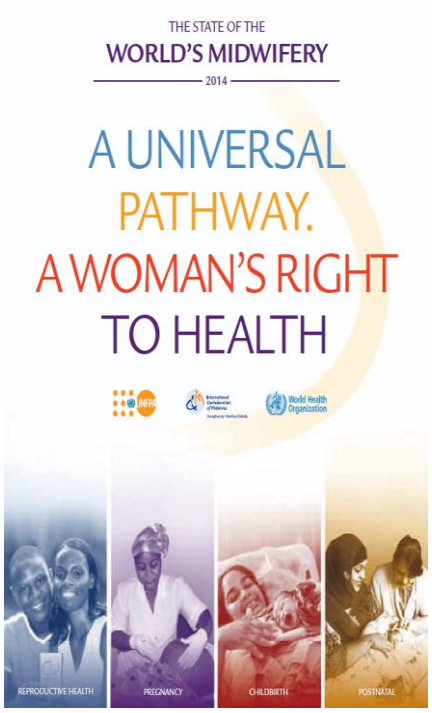
2015 Mozambique

2016 Myanmar

2019 Haiti?

97 countries have submitted data for at least one

State of the World Midwifery 2014



Source: The state of the world's midwifery 2014

World Health Organization

RAZIL – a brief for policy discussion

BRAZIL

In 2012, of an estimated total population of 198.7 million, 78.6 million (40%) were living in rural areas and 54.6 million (28%) were women of reproductive age; the total fertility rate was 1.8. By 2030, the population is projected to increase by 12% to 222.7 million. To achieve universal access to sexual, reproductive, maternal and newborn care, midwifery services must respond to 4.5 million pregnancies per annum by 2030. The health system implications include how best to configure and equitably deploy the SRMNH workforce to cover at least 369.1 million antenatal visits, 55.4 million births and 221.7 million post-partum/postnatal visits between 2012 and 2030.

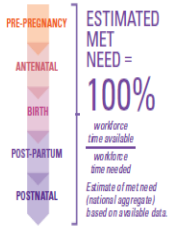
WHAT WOMEN AND NEWBORNS NEED (2012)

5,151,000 PREGNANCIES A YEAR = HOW MANY EPISODES OF CARE?

PRE-PREGNANCY (all women of reproductive age)	= APPROX.	120,438,000 family planning visits
ANTENATAL (pregnancies x 4)	=	20,605,000 routine visits
BIRTH	=	3,094,000 skilled birth attendance
POST-PARTUM (births x 4) + POSTNATAL (newborns x 4)	=	12,377,000 routine visits

WORKFORCE AVAILABILITY (2012)

	Country classification of staff working in MNH[1]	Time spent on MNH %
Midwives	2,981	100
Midwives, auxiliary	*na*	*na*
Nurse-midwives	*na*	*na*
Nurses	909,610	–
Nurses or nurse-midwives, auxiliary	528,483	–
Clinical officers & medical assistants	*na*	*na*
Physicians, generalists	167,225	–
Obstetricians & gynaecologists	22,815	100



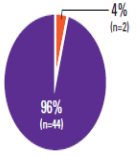
ESTIMATED MET NEED = 100%

workforce time available / workforce time needed

Estimate of met need (national aggregate) based on available data.

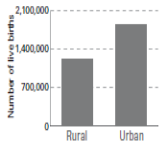
FINANCIAL ACCESSIBILITY

Percentage of 46 RMNH Essential Interventions included in minimum health benefits package, 2012



GEOGRAPHICAL ACCESSIBILITY

Number of births with a skilled birth attendant (SBA)[2]



MIDWIFERY EDUCATION[3]

Minimum high-school requirement to start training	Grade 12+
Years of study required to qualify (rounded)	4
Standardized curriculum? Year of last update	Yes, 2011
Minimum number of supervised births in curriculum	20
Number of 2012 graduates/as % of all practising midwives	–/–
% of graduates employed in MNH within one year	–

MIDWIFERY REGULATION

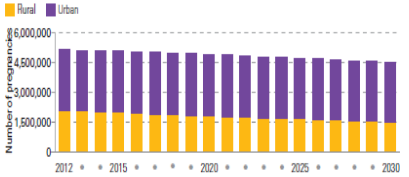
Legislation exists recognizing midwifery as an autonomous profession	Yes
A recognized definition of a professional midwife exists	Yes
A government body regulates midwifery practice	Yes
A licence is required to practise midwifery	Yes
A live registry of licensed midwives exists	No
Number of EmONC basic signal functions that midwives are allowed to practise (out of a possible 7)	4
Midwives allowed to provide injectable contraceptives/intrauterine devices	Yes/Yes

PROFESSIONAL ASSOCIATIONS[4]

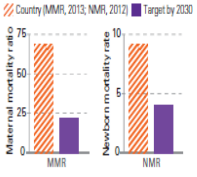
Year of creation of professional associations	1926, 1995, 2001
Roles performed by professional associations:	
Continuing professional development	Yes
Advising or representing members accused of misconduct	No
Advising members on quality standards for MNH care	Yes
Advising the Government on policy documents related to MNH	Yes
Negotiating work or salary issues with the Government	Yes

na = not applicable; – = missing data

PROJECTED NUMBER OF PREGNANCIES BY YEAR: URBAN VS. RURAL



MORTALITY REDUCTION[5]

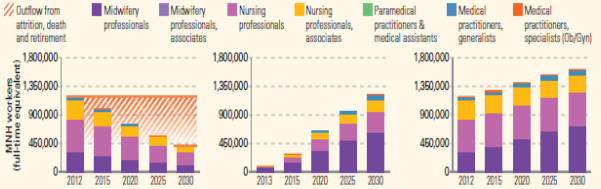


ESTIMATES AND PROJECTIONS TO 2030

This section of the brief uses reported country data to calculate needs-based planning estimates and projections to 2030. The projections are sensitive to reported enrolment, graduation, % time spent on MNH services, age distribution, roles and attrition. In the absence of country data, standardized, evidence-based assumptions are used. The projections are indicative and should be used to verify the accuracy of country data and inform further policy discussion. Further information in the "How to read" section on page 50.

PROJECTED OUTFLOWS | PROJECTED INFLOWS | PROJECTED WORKFORCE

by International Standard Classification of Occupations (ISCO-08)

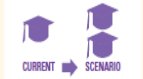


WHAT IF... *Estimates of met need based on available data.*

1 The number of pregnancies was reduced by 20% by 2030?

Immediate increase in met need for pregnancy, birth, post-partum/postnatal care. Acceleration in met need for pre-pregnancy services from 2026 onwards.

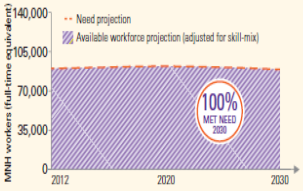
2 The number of midwife, nurse and physician graduates doubled by 2020?



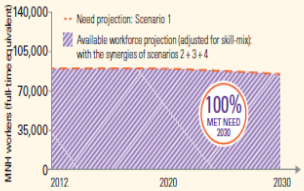
3 Efficiency improved by 2% per year until 2030?

4 Attrition was halved in the next 5 years (2012-2017)?

CURRENT TRAJECTORY

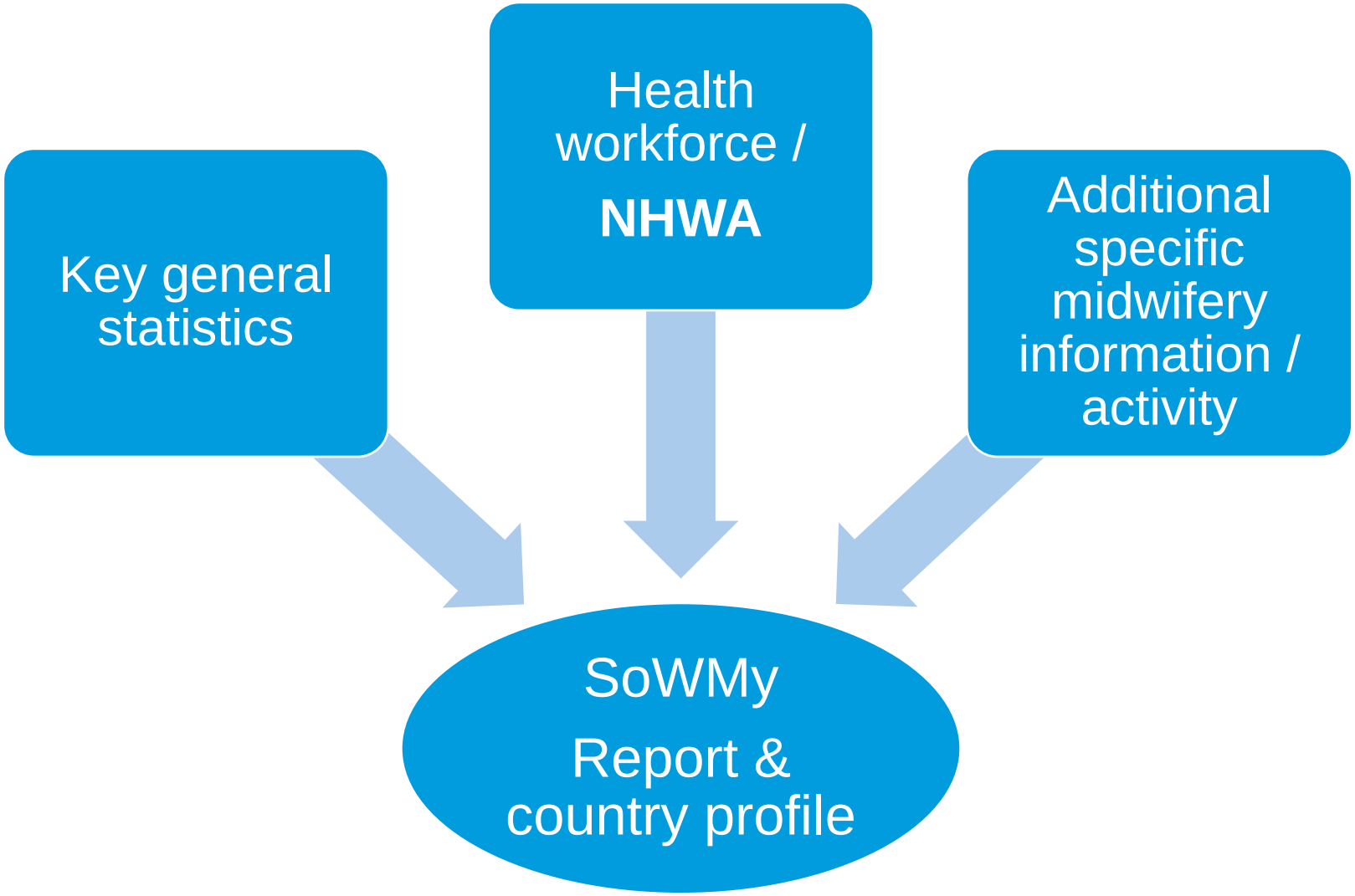


WHAT IF... TRAJECTORY



1. These health worker categories include the following country titles - Midwives: includes obstetricians, obstetric nurses; Nurses: includes generalist nurses, family health nurses, specialised nurse, nurse technicians; Auxiliary nurse-midwives: includes nursing assistants; Generalist physicians: includes general practitioners, general surgeons, family health doctors; Obstetricians & gynaecologists: includes obstetric doctors and gynaecologists. Source: SoWMy 2014 or secondary sources (WHO Global Health Observatory; government policy documents).
2. Rural/urban SBA coverage is not available. Figure refers to rural/urban births only.
3. Information refers to the midwife cadre category.
4. National associations for midwifery and nursing.
5. These are proposed targets for MMR and NMR by 2030 from the recommendations of *Ending Preventable Maternal Mortality by 2030* and the *Every Newborn Action Plan*.

Type of data


Key general statistics
Health workforce / NHWA
Additional specific midwifery information / activity
SoWMy
Report & country profile

Which indicators for SoWN, SoWMy, modelling?

World Health Organization

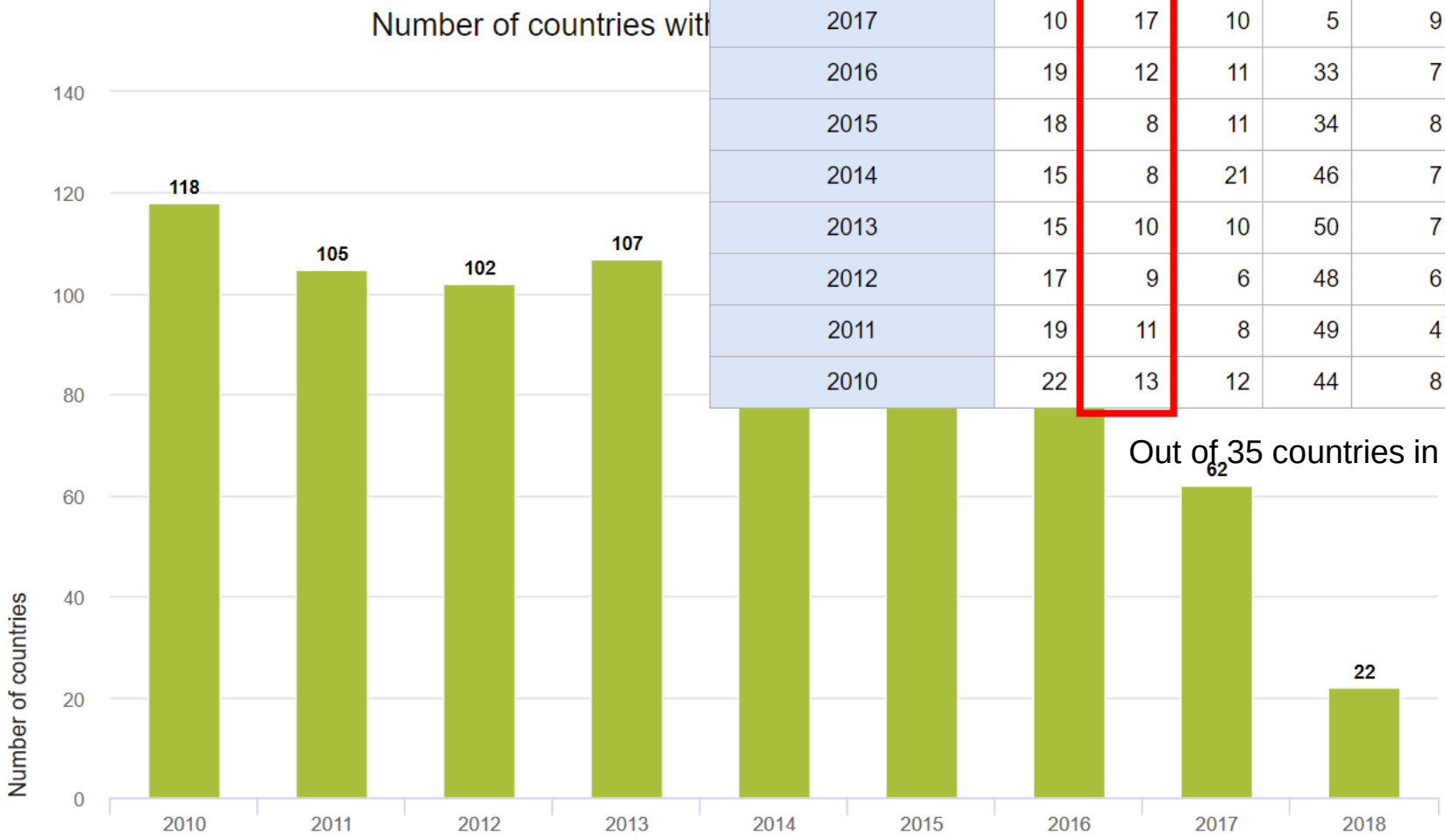
NHWA	SoWN (36,{30 NHWA})	SoWMy (68,{47 NHWA})	Modelling (17,{13 NHWA})
Module1	1-01,02,03,04,05,06,07,08	1-01,02,03,04,05,06,07,08,09	1-01,03,04,06
Module2	2-01,02,03,05	2-01,02,03,04,05,07	2-02,06
Module3	3-01,02,06,08	3-01,02,03,04,05,06,07,08,09	
Module4	4-05	4-03,05,06,08	
Module5	5-01,02,03,04,06	5-01,03,04,05,06,07	5-01(num),03,04,05,06,07
Module6	6-02,03,04,05,09	6-01,02,03,04,05,06,07,09	
Module7	7-05,07	7-05,07	7-05
Module8	8-06	8-05,06	
Module9			
Module10		10-03	
Other indicators	6 indicators	21 indicators	4 indicators

27 NHWA indicators in common between SoWN and SoWMy,
9 indicators in common and required for My modelling

1-01 Nursing stock availability

World Health Organization

Number of countries with Nursing personnel stock							
Data	Nursing Personnel Stock Total						Total
Period / Organisation unit	AFR	AMR	EMR	EUR	SEAR	WPR	
2018	5	6	3		1	7	22
2017	10	17	10	5	9	11	62
2016	19	12	11	33	7	12	94
2015	18	8	11	34	8	14	93
2014	15	8	21	46	7	17	114
2013	15	10	10	50	7	15	107
2012	17	9	6	48	6	16	102
2011	19	11	8	49	4	14	105
2010	22	13	12	44	8	19	118

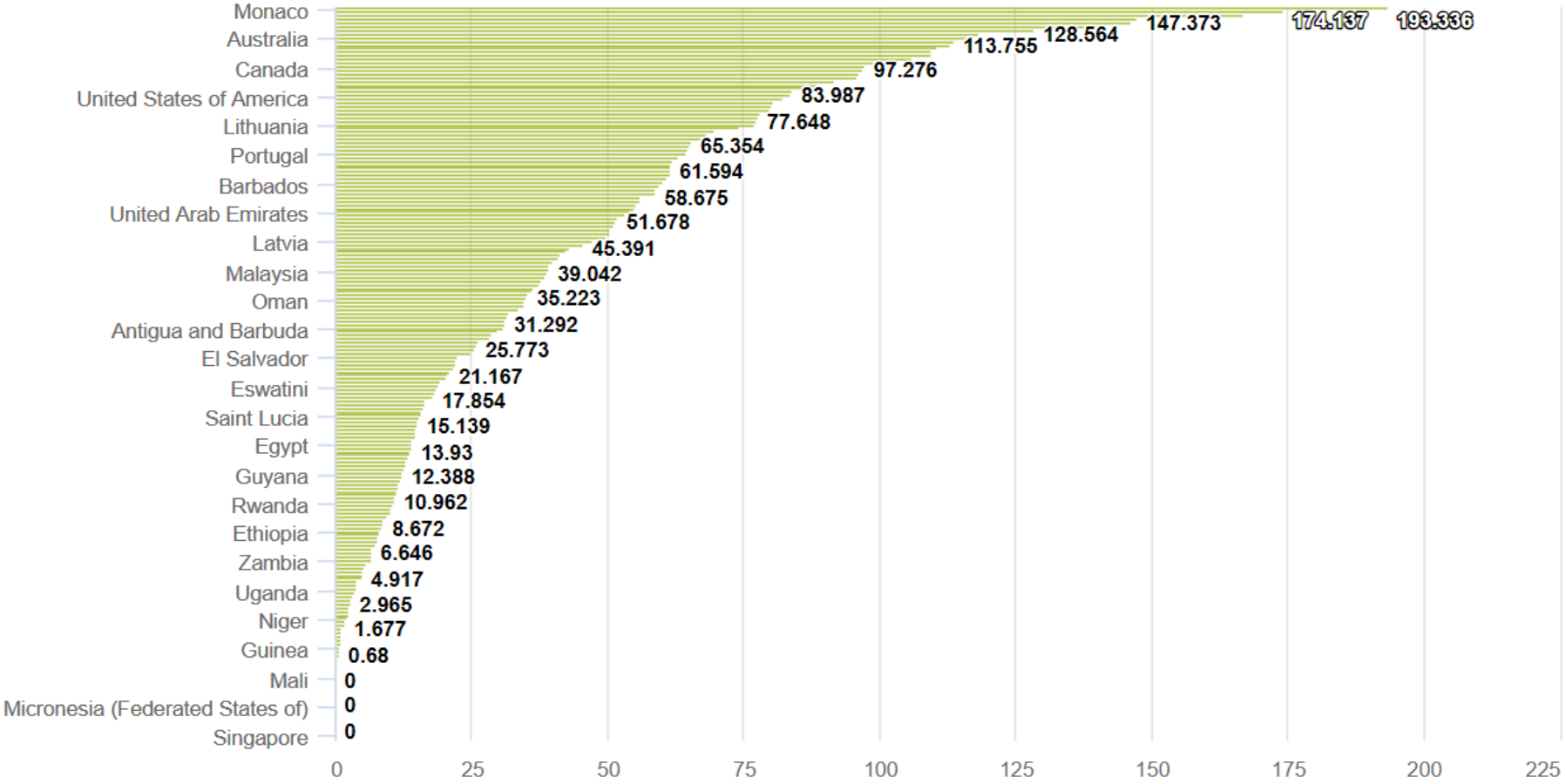


Out of 35 countries in AMR

World Health

Density of nurses personnel per 10,000 population 2013-2018

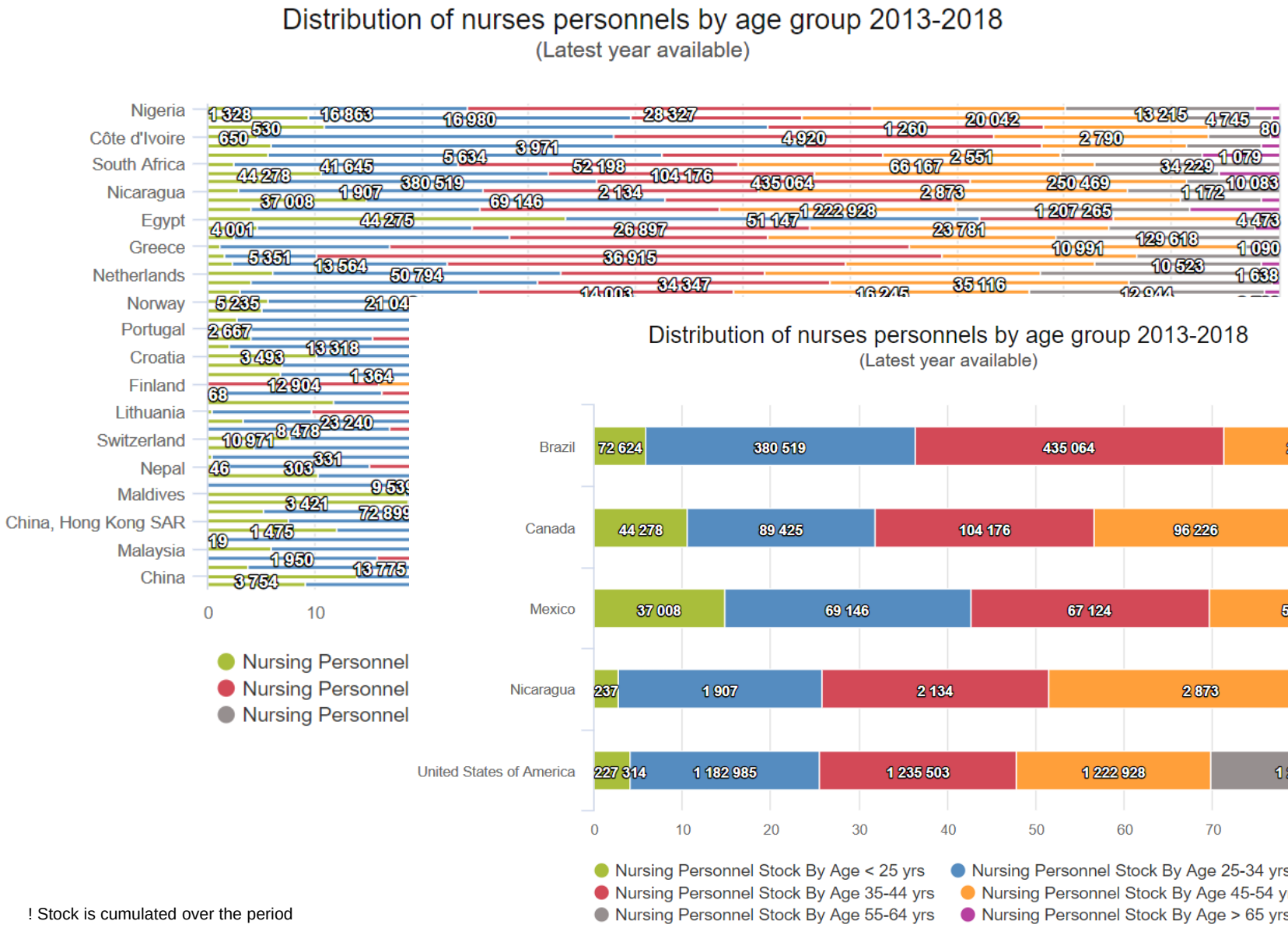
(Latest year available)



1-03 Age group distribution

Nursing personnel

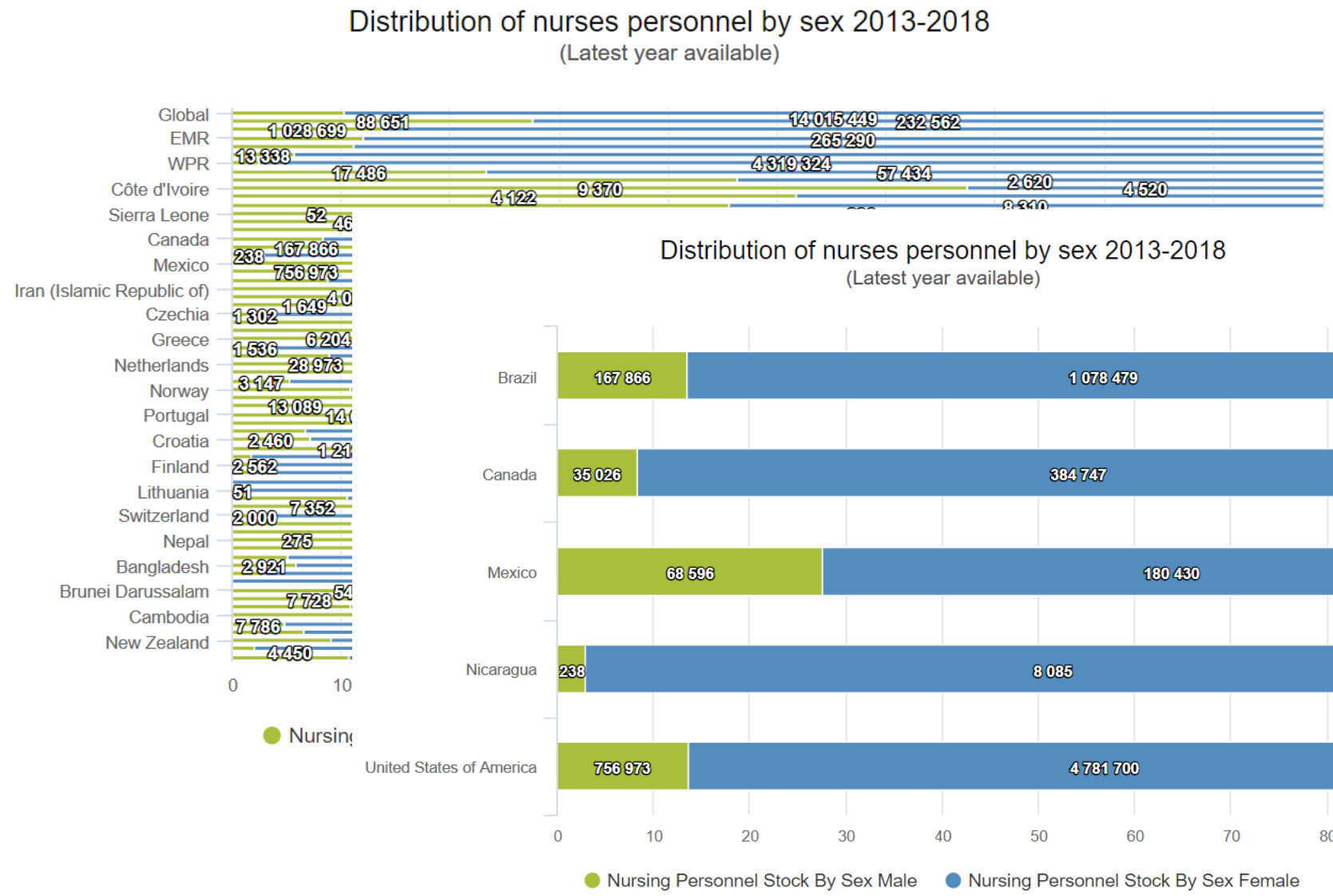
World Health Organization



! Stock is cumulated over the period

1-04 female workforce

Nursing personnel



! Stock is cumulated over the period

Workshop (Group work)

Activities

- Discuss the classification of nursing and midwifery occupations

- Review indicators:

  1. What are the **clarifications** required for the definition for the indicator ?

  2. Are data for the indicator **available** in your country?

  3. What are **data sources** for each indicator ?

  4. What are some of the **challenges** in data collection for the indicator?

The use of data:
State of the World Nursing 2020

A quick win

Feasibility of NHWA for one key occupation for UHC, selected indicators

Essential information for the written report

-> deadline 30th September 2019

Country profiles a continuous process, high visibility (Year of the Nurse)

Thank you

World Health Organization

WHO

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1211 Geneva

Switzerland

Contact us at hrhstatistics@who.int

Access NHWA documents:
http://www.who.int/hrh/statistics/nhwa/en/