

SEA-NURS-453
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Networking of Nursing and Midwifery Education Institution for Nursing and Midwifery Development

*Report of an Intercountry Workshop
Cha-am, Thailand, 6–7 July 2006*



**World Health
Organization**

Regional Office for South-East Asia
New Delhi

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December 2006

CONTENTS

	Page
<i>Executive summary</i>	v
1. Introduction	1
2. Inaugural session	1
3. Objectives	2
4. Expected outcomes	3
5. Technical sessions	3
5.1 South-East Asia Human Resources for Health: Issues and Challenges	3
5.2 The 59 th World Health Assembly Resolutions on Nursing and Midwifery and Public Health Workforce	4
5.3 Nursing and midwifery minimal database	6
5.4 Role and function of WHO collaborating centre for nursing and midwifery development	8
5.5 Achievements of WHO collaborating centre for nursing and midwifery development in SEAR in 2004–2005	10
5.6 Nursing and midwifery education in South-East Asia	10
5.7 Core competencies of nurses and midwives	13
5.8 Global WHO collaborating centre for nursing and midwifery development	14
5.9 Nursing and midwifery contributions in scaling up the response to regional health problems and the millennium development goals	15
5.10 Establishment of the South-East Asia nursing and midwifery education institution network	16
6. Actions to be taken	18
7. Recommendations	19

Annexes

1. Programme	22
2. List of participants	25

Executive summary

An Inter-country workshop on Networking of Nursing and Midwifery Education Institutions for Nursing and Midwifery Development was conducted on 6–7 July 2006 at Cha-am, Thailand. The main objectives of the workshop were to develop the South-East Asia Nursing and Midwifery Education Institutions Network, review the achievements and challenges of five WHO Collaborating Centres for Nursing and Midwifery Development in South–East Asia Region; identify nodal nursing and midwifery education institutions in Member States in the Region; determine ways and means of sustaining the Network; and make recommendations to strengthen nursing and midwifery in the Region.

Eighteen directors and coordinators from WHO Collaborating Centres for nursing and midwifery development, directors of nursing and midwifery education Institutes, the Regional Adviser, Nursing and Midwifery/SEARO and WHO focal points participated in the workshop. The list of participants and the programme are in Annex 1 and 2 respectively.

An important outcome of the workshop was the establishment of the South-East Asia Nursing and Midwifery Education Network (SEANMEIN). The pioneer members of the network are nine nursing and midwifery institutions whose directors attended the workshop. The participants were pleased to learn that the Regional Director has supported the development of the network for information and resource sharing, strengthening of institutions and assisting the Regional Office in technical work, identifying challenges or tackling problems facing nursing and midwifery in the Region.

Main issues addressed by the participants

The participants addressed the following main issues:

- Addressing the crisis of nursing and midwifery workforce.
- Supporting the involvement of nurses and midwives in the development of national human resource for health workforce planning.
- Developing nursing and midwifery workforce planning as an integral part of human resource for health workforce planning.

- Following up on Government action on the World Health Assembly Resolutions, the WHA 59.23 and WHA 59.27 for scaling up production of public health workforce and strengthening nursing and midwifery.
- Developing projects and strategies to obtain government commitment on nursing and midwifery development based on the Nursing and Midwifery Services Strategic Directions 2002–2008 and the South-East Asia Strategic Framework for Nursing and Midwifery 2006–2010.
- Identifying minimal data set for nursing and midwifery workforce for proper planning and management.
- Having a regional meeting to adopt the minimal data set for nursing and midwifery and develop tools for a collection and reporting system.
- Improving quality of education through curriculum revision, capacity building of teachers, and infrastructure and establishing a quality assurance system in educational institutions.
- Conducting a regional meeting on quality assurance and accreditation of nursing and midwifery education institutions.
- Using or adapting the South-East Asia core competencies of nurses and midwives and related curriculum in the nursing and midwifery curriculum.
- Establishing the South-East Asia Nursing and Midwifery Education Institution Network for sharing information and resources, strengthening institutions, and assisting the Regional Office.
- Exploiting the contribution of the Network in scaling up nurses' and midwives' response to regional health problems and the MDGs.
- Sustaining the Network through regular communication among members, allocating funds for institutional activities and receiving technical and financial support from the WHO Regional Office and Country Offices.

Future course of action of the Network

The participants identified the action for the future:

- The draft of the Network mandate
- The improvement/development of the institution website
- The second meeting of the network in 2007 in India to adopt the Network mandate as well as to focus on the issues of maternal and child health and community nursing.

Recommendations

The Network made the following recommendations:

To the countries, the nursing and midwifery education institutions (NMEIs) and the South-East Asia Nursing and Midwifery Education Institution Network (SEANMEIN):

- (1) All NMEIs participating in the workshop are members of SEANMEIN. More leading NMEIs in the South-East Asia Region should be encouraged to become member of SEANMEIN to strengthen NMEIs for nursing and midwifery development in the Region. The charter of the network should be developed.
- (2) The NMEIs should maintain regular communication among its members and develop its own web site for data/information sharing on their education programmes, activities and publications. Each website should be linked to the proposed SEANMEIN website.
- (3) The SEANMEIN should identify the possibilities of promoting staff and student exchanges, study visits, educational programmes, joint research projects, and cooperative training activities.
- (4) The NMEIs and SEANMEIN are encouraged to actively advocate the government, nurses and midwives and the public on the World Health Assembly resolutions WHA 59.23 on rapid scaling up of health workforce production and WHA 59.27 on strengthening nursing and midwifery.

- (5) The members of SEANMEIN should call for a comprehensive national health workforce strategic plan with nurses and midwives forming an integral part. Nurse and midwife leaders should be included in the policy and strategic plan development activities related to health and nursing and midwifery.
- (6) The SEANMIEN should develop solid mechanisms or tools for follow-up and monitoring to ensure that the nursing and midwifery policies and strategic plan are implemented, and the targets achieved.
- (7) Existing WHO Collaborating Centres for Nursing and Midwifery Development (WHOCCNM) are to continuously strengthen their technical and management capabilities. Other NMEIs in the Region are encouraged to develop their own area of specialty and credibility to become centres of excellence or later on WHOCCNM.
- (8) SEANMIEN should recommend the standards of nursing and midwifery education and the mechanism to maintain quality of education. The curriculum should be regularly reviewed and updated to meet the needs of the health care system and society. Teachers' qualifications, their teaching capacity and the infrastructure including nursing labs, computers, libraries etc. should be strengthened.
- (9) The NMEIs are encouraged to review and adapt the core competencies of South-East Asia nurses and midwives for development of the nursing and midwifery curriculum.
- (10) WHOCCNM and the NMEIs should scale up their collaborative efforts in tackling the health problems in the areas of maternal and child health, HIV/AIDS, tuberculosis, malaria, avian influenza, disaster and emergency, injury prevention, Non communicable diseases and mental health.

To WHO/SEARO and Country Offices

- (1) WHO/SEARO should follow-up with regard to the expressed needs of the countries on the development of a comprehensive national plan on human resource for health. This will include the technical support rendered for developing medium and long-

term projections of health workforce requirements as part of the national HRH plans.

- (2) WHO/ SEARO, in collaboration with the Member States should develop a core data set for nursing and midwifery workforce and identify the means to integrate it in the national Health Information System. A minimum data set should be identified to adequately respond to both national and global information needs to start with.
- (3) WHO/SEARO, in collaboration with the Member States should develop quality assurance guidelines for NMEIs and an accreditation process for nursing and midwifery education institutions and services by Nursing Councils.
- (4) WHO country offices in the Region should support Member States in developing and strengthening the national standard of nursing and midwifery education based on the standard set by WHO/SEARO.
- (5) WHO country offices in the Region should support the meeting of SEANMEIN every year by allocating funds under multi-country activity.

1. Introduction

There are five WHO Collaborating Centres for Nursing and Midwifery Development (WHOCCNM) in the South-East Asia Region that assist the Nursing and Midwifery unit at the Regional Office in conducting activities to strengthen nursing and midwifery in the Region. In order to strengthen the capacity of WHOCCNM and to strengthen other nursing and midwifery institutions in the Region, networking between WHOCCNM and other leading nursing and midwifery education institutions is essential.

Nursing and midwifery education is an important component of the nursing and midwifery system. Therefore, in the initial stage of strengthening nursing and midwifery, the focus should be on to nursing and midwifery education. Meanwhile, urgent issues in relation to nursing and midwifery service, workforce, research, professional organization and leadership and management also need to be tackled.

It is believed that quality education would produce qualified practitioners who can make a difference in nursing and midwifery care and contribute greatly to the health care system and the health of the people. To address this need, an inter-country workshop on networking of nursing and midwifery education institutions for nursing and midwifery development was organized. One of the objectives of the meeting was the establishment of the South-East Asia Nursing and Midwifery Education Institutions Network. With direct experience in the education system, the network should be able to identify problems and weaknesses and help members to work together to take necessary action to strengthen nursing and midwifery in the Region.

2. Inaugural session

Dr P.T. Jayawickramarajah, Acting WHO Representative, Thailand, delivered the opening remarks on behalf of Dr Samlee Plianbangchang, Regional Director, WHO, South-East Asia Region. The Regional Director emphasized the contribution of health workforce to health system development and the need to provide them with good education, training, and working environment and adequate incentives and safety, particularly to those health workers in the remote areas or at the grassroots level.

The Regional Director referred to the crisis in health workforce globally and in the South-East Asia Region in particular. Nurses and midwives at the regional and global levels were facing many challenges including shortages, migration, inadequate competency and low motivation that prevented them from providing effective services. To tackle the problems, a proper workforce strategic plan and workforce management, good governance and leadership, strong professional organization and good education were needed.

Dr Samlee indicated that the 59th World Health Assembly had adopted two important resolutions in relation to public health workforce and nursing and midwifery. He hoped that the Member States would give full recognition and be committed to nursing and midwifery development.

Dr Samlee conveyed his appreciation to five WHO Collaborating Centres for Nursing and Midwifery Development (WHOCCNM) for their efforts in strengthening nursing and midwifery in the Region. However, he would like to see other nursing and midwifery education institutions strengthened and involved in the activities. He urged WHOCCNM and nursing and midwifery education institutions to form a network with the ultimate aim to strengthen such institutions in the Region.

The Regional Director emphasized that a network could facilitate sharing of information, resources and collaborative efforts in tackling health as well as nursing and midwifery problems. In addition, a network could avoid duplication of efforts and reduce costs.

Dr Rutja Phuphaibul, Director of the joint WHOCCNM Department of Nursing, Ramathibodi Hospital, Faculty of Medicine and Faculty of Nursing, Mahidol University, and the local organizer welcomed the participants.

3. Objectives

The objectives of the workshop were:

- (1) To develop South-East Asia nursing and midwifery education institutions network
- (2) To adopt the South-East Asia strategic framework of nursing and midwifery, 2006–2010.

- (3) To review achievements and challenges of five WHO Collaborating Centres for Nursing and Midwifery Development in the South–East Asia Region.
- (4) To identify nodal nursing and midwifery education institutions in Member States in the Region.
- (5) To determine ways and means of sustaining the network.
- (6) To make recommendations on strengthening nursing and midwifery, particularly nursing and midwifery education system.

4. Expected outcomes

- (1) Establishment of a South-East Asia Nursing and Midwifery Education Institution Network.
- (2) Exchange of information, curriculum, teachers, educational resources and experiences.
- (3) Nursing and midwifery institutions in South-East Asia are strengthened.

5. Technical sessions

5.1 South-East Asia Human Resources for Health: Issues and Challenges

Human Resources for Health (HRH) are crucial for managing and delivering health services. A dedicated workforce can prevent illness, provide effective care and rehabilitation and promote health. According to the World Health Report, 2006, the current workforce situation shows 59 million health workers globally, of which 7 million are health in SEAR. While one in three of global workforce is in the Americas, only one in eight is in the South East Asia Region.

The imbalance in health workforce includes quantitative imbalance; skill-related imbalance; distributional imbalance; lack of appropriate career structures; inadequate supervision; poor working environment; lack of opportunities for personal development; and migration. The quantitative

imbalance can be due to demand or supply factors. The demand factors include: demographic and epidemiological trends and service use. The supply factors include: availability of HRH; workload and productivity; government policy and priorities; policies affecting migration; and licensing requirements for foreign health workers.

The skill-related imbalance includes: inadequacy of required competency; mismatch of health workers to perform specific tasks; low standards; inadequate facilities in training institutions; mushrooming of private health professional schools; lack of adequate facilities and competent teachers and entry requirements based on ability to pay; absence of regulation of the private sector; inadequate quality assurance policies and accreditation systems; and the low standards of educational programmes in private institutions.

To ensure the right balance in HRH, information is needed on the total number of public, private and traditional health practitioners. The source of information can be household surveys, census surveys of institutions and administrative registration. In addition, determination of health needs, improvement of structure (legislation, governance, management, working environment, remuneration, incentives, recruitment process and career prospects) and clear definition of competencies are also needed.

There is a need for a network of HRH to enhance collaborative networking between countries to improve collection, analysis and comparison of HR and to determine indicators and capacity development with aggregated outcomes. In addition, the network could enhance tangible and intangible resources, legitimacy, and leadership.

5.2 The 59th World Health Assembly Resolutions on Nursing and Midwifery and Public Health Workforce

The 59th World Health Assembly adopted two resolutions related to public health workforce and nursing and midwifery in 2006. World Health Assembly resolution WHA 59.27 on strengthening nursing and midwifery development urged Member States, among other things to:

- Establish comprehensive programmes for the development of human resources for health which support recruitment and retention, while ensuring equitable geographical distribution, in

sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services;

- Actively involve nurses and midwives in the development of their health systems, and in the framing, planning and implementation of health policy at all levels, including ensuring that nursing and midwifery are represented at all appropriate governmental levels and have real influence;
- Ensure continued progress toward implementation at country level of WHO's strategic directions for nursing and midwifery;
- Regularly review legislation and regulatory processes relating to nursing and midwifery in order to ensure that they enable nurses and midwives to make optimum contribution in the light of changing conditions and requirements;
- Provide support for the collection and use of nursing and midwifery core data as part of national health information systems; and
- Support the development and implementation of ethical recruitment of national and international nursing and midwifery staff.

Similarly, World Health Assembly resolution WHA 59.23 on rapid scaling up in production of public health workforce urged Member States, among other things to:

- Establish mechanisms to mitigate the adverse impact on the developing countries of the loss of health personnel through migration, including means for the receiving developed countries to support the strengthening of health systems, in particular human resources development, in the countries of origin;
- Promote the training in accredited institutions of a full spectrum of quality professionals, and also community health workers, public health workers and paraprofessionals;
- Encourage financial support by global health partners, including bilateral donors, priority disease and intervention partnerships, for health training institutions in developing countries;

- Promote the concept of partnerships between nursing schools in industrialized and developing countries involving exchange of faculty and students;
- Promote the creation of planning team in each country facing health worker shortages, drawing on wider stakeholders, including professional bodies, the public and private sectors and nongovernmental organizations whose task would be to formulate a comprehensive national strategy for the health workforce, including consideration of effective mechanisms for utilization of trained volunteers; and
- Use innovative teaching approaches in developed and developing countries with state-of-the-art teaching materials and continuing education through innovative use of information and communication technology.

The South-East Asian Regional Strategy on Human Resources for Health and the resolution to strengthen public health workforce in South-East Asia would be drafted for submission to the Regional Committee meeting in Dhaka, Bangladesh in August 2006.

In conclusion, none of the countries in the Region has a comprehensive plan for human resources for health. Some countries are working on it. Midwifery and nursing workforce planning should be included in the human resource workforce plan. Nurses and midwives should be involved in the process of planning and implementation. There should be a mechanism for monitoring the implementation of the plan. In addition, under workforce planning, there should be strategic directions for nursing and midwifery development which includes other aspects such as education, training and service and regulation. DPRK is one of the countries that has a national strategic plan for nursing and midwifery development (2004–2010).

5.3 Nursing and midwifery minimal database

Minimal data set was meant as a guide for listing minimal type of data, which is relevant and necessary to collect from each registered nurse/midwife in the database. The purpose of having minimal data set is for planning, monitoring, managing, regulating, benchmarking and payroll. Minimal data for supply and demand factors include:

Supply: Age, sex, place of birth, type of nursing education, year of graduation, licensure/registration status, post-basic education/certification, institutional setting, geographic location, type of work, job title/classification and employment status (full time, part time).

Demand: size of population, by age group, size of urban population, size of rural population, birth rate, infant mortality, life expectancy, population covered by health facilities, number of health care facilities by category, distribution of health facilities by category and utilizing data of health facilities, work hours (full time equivalent) of health personnel, vacancy/retention/turnover rates, staffing costs, training costs and number of training institutions and students per year.

Examples of minimal data set were provided:

Demographic data

I.D. number	Unique number assigned to individuals at country level
Date of birth	A format may be decided at country level but the recommended format is DD/MM/YY
Sex	Gender of individual, i.e. male/female
Marital status	Current status (need for countries to determine what is acceptable).

Education/training

Basic education level	Education prior to start of professional training expressed in years
Category of nursing Personnel	Based on national criteria, including non-nurses who are engaged in nursing activities at regional level only, trained/non-trained
Type of nursing qualification	Basic entry professional training undertaken by nursing personnel expressed by type, date and country
Post-basic training	Any extended accredited professional training beyond basic qualification undertaken by nursing personnel expressed by type, date, country and funding source

Work related

Organization	Employment agent <ul style="list-style-type: none">– Organizational unit, i.e., hospital, clinic, etc.– Unit address/geographical location– Funding source, i.e., governmental, NGO
Position, title/grade	Defined by national criteria
Type of job	Primary function performed within position categorized by clinical, administration, research, teaching and non-nursing
Employment status	Full-time or part-time as per national criteria
Area of nursing	Field of nursing practice

A programme developed by Thailand's Ministry of Public Health to collect and analyze nursing and midwifery data was introduced. The data were from all types of hospitals in every province. Input data sets include demographic, educational and professional information, licensing etc. The participants suggested that this experience should be shared.

In conclusion, each country has developed its own system to collect nursing and midwifery data. Data to be collected depends on the country's needs and health system context. Information management systems in nursing and midwifery in most countries have not been well developed. The participants agreed that minimal data set of nursing and midwifery particularly in the area of workforce should be identified. Data for service were also important. However this was complicated and needed to be developed later. There is a planned MCA on this activity to identify minimal data set, develop tools and direction for data collection and reports in the workplan 2006–2007. WHO/SEARO was requested to lead the MCA.

5.4 Role and function of WHO collaborating centre for nursing and midwifery development

The role and functions of a WHO Collaborating Centre (WHOCC), criteria for designation, designation/re-designation processes; and the management system was presented. A WHOCC is a national institution designated by the Director-General of the World Health Organization to form part of an

international collaborative network carrying out activities in support of WHO's mandate for international health work and its programme priorities. A WHOCC can be an entire institution, a department or laboratory within an institution or a group of facilities for reference, research or training belonging to different institutions.

The strategic role of a WHOCC is to help the Organization meet two major needs:

- (1) Contribute to implementing WHO's programme priorities, in close coordination with the units concerned in WHO's six Regional Offices and at headquarters.
- (2) Strengthen institutional capacity in countries and regions.

The functions of a WHOCC are:

- Collection and dissemination of information
- Standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures
- Education and training, including research training
- Provision of reference substances and of services such as quality assurance
- Participation in collaborative research developed under WHO's leadership, including the planning, conduct, monitoring and evaluation of research, and the promotion of the application of its results
- Coordination of activities carried out by several institutions on a given subject
- Development, application and evaluation of appropriate technology
- Provision of information and advice on scientific, technical and policy issues.

Details regarding the application form, designation and re-designation process can be obtained from <http://www.who.int/about/en/>

5.5 Achievements of WHO collaborating centre for nursing and midwifery development in SEAR in 2004–2005

Representatives from the following institutions reported on the key achievements and constraints of their respective WHOCCNM during 2004–2005 and shared their plans for 2006–2007:

- College of Nursing, Christian Medical College, Vellore, India by Mrs. Bharathy Jacob;
- Joint WHOCC, Nursing Department, Ramathibodi Hospital and Faculty of Nursing, Mahidol University, Thailand by Professor Dr Rutja Phuphaibul;
- Faculty of Nursing, Chiang-Mai University, by Associate Professor Dr Wipada Kunaviktikul;
- National Institute of Nursing Education, College of Nursing, PGIMER, Chandigarh, India by Dr Indarjit Walia; and
- University of Yangon, Myanmar, by Dr Nang Htawn Hla.

It was concluded that each WHOCCNM is effective in delivery of activities as planned. Each WHOCCNM should provide more assistance to other leading institutions in their countries and they should work together more to strengthen each other. The designation of a WHOCC is based on the technical capability and financial credibility of the institution. Therefore, each WHOCC should mobilize its own resources to support its activities. WHO/SEARO provides financial support for particular activities but does not provide funds to operate the centres. The administration of a WHOCC should be integrated in the institution's administrative work so resources can be shared. Any institution which is interested to apply for designation as a WHOCC may study the template in the website. The institution may start as a centre of excellence in particular area.

5.6 Nursing and midwifery education in South-East Asia

The participants were divided into two groups to discuss the issues and challenges in nursing education in South-East Asia and to identify actions to improve the situation or solve the problems. The results of the group work were as follows:

Group work 1: issues were divided into inputs, processes and outputs

Inputs	Processes	Outputs
Curriculum	Teaching/nursing methodologies; clinical practice	Poor quality Graduates
Teacher	Motivation	Effect on health outcomes
Students	Collaboration between education and services	Limited research
Facilities/Environment	Quality control mechanisms	Migration
Attitude of policymakers toward nursing education	Nursing representation at policy decision-making and planning networking	

Actions

- Review and revision of curriculum
- Continuing education for teachers
- Motivation for students
- Sensitization and advocacy
- Rewards and remuneration
- Development of collaborative models and network
- Faculty development in new teaching and learning methods
- Establishment of a quality assurance programme or accreditation system
- Empowering faculty/course clinicians
- Promotion of measurement , evaluation and research

Group work 2: The issues were as follows:

- (1) Inadequate clinical training:
 - Insufficient qualified teachers
 - Lack of hospital facilities

- Lack of skills/training lab
- Inadequate clinical content (curriculum)
- (2) Quality of training
 - Accreditation
 - Quality assurance mechanisms
- (3) Curriculum:
 - Competency-based
 - Community-based
- (4) Training/capacity building of teachers:
 - Teaching technology (education units)
- (5) Policy and regulation
 - certification
 - deployment
 - retention

It was concluded from the group work and discussions that most countries faced problems in nursing and midwifery education. The problems could be summarized as follows:

- (1) The number of schools is either inadequate or over-supplied.
- (2) The curriculum is out of date, has limited clinical experience and hours of practice.
- (3) The teachers are inadequate in number and are less qualified. Teachers have no advance training, a limited ability in teaching skills, no experience in practice and no research work.
- (4) The teaching/learning does not promote adult learning, multidisciplinary approach, critical thinking and self-learning.
- (5) The infrastructure including skilled laboratory, library and computers are inadequate or are lower than the acceptable standard.

- (6) There is a gap between education and service in producing graduates.
- (7) Funds to support school development are limited.
- (8) There is a quality assurance programme in the schools but no accreditation done by professional organization.

Actions to be taken

- Maintain formal and informal communication within the network; develop an institutional profile and support the exchange programme within the region.
- Develop an institutional quality assurance mechanism/ accreditation process to be shared among nursing institutions in the Region.

5.7 Core competencies of nurses and midwives

The South-East Asia core competencies of nurses and midwives and related curriculum were developed and adopted in a regional consultative meeting in November, 2006. The core competencies were developed on the framework of the International Council of Nurses and Confederation of Midwives and on a review of literature. A nursing and midwifery curriculum based on the identified core competencies has also been proposed. The core competencies are divided into five domains as follows:

- Professional, ethical and legal practice
- Nursing or midwifery provision
- Care management
- Human relations
- Continuous professional development

The participants were urged to review the documents and provide suggestions to WHO/SEARO. Nursing and midwifery education institutions in the Region should be informed about these core competencies and curriculum based on identified core competencies. Institutions should review and use or adapt them in their pre-service curriculum. Similar core

competencies of nurses and midwives in countries of the Region will help clarify role and functions of nurses and midwives and professional development.

5.8 Global WHO collaborating centre for nursing and midwifery development

The mission of the Global Network is to maximize the contribution of nursing and midwifery in order to advance health for all in partnership with WHO and its Member States, regional offices, member centres, NGOs, and others interested in promoting the health of populations. The Network will carry out advocacy and evidence-based policy activities within the framework of World Health Assembly and regional resolutions and WHO's Areas of work.

Guiding principles for 2004–2008

- Advance health for all through advocacy and evidence-based policy activities;
- Involve and support all Centres in the principal activities of the Network and the WHO priority areas;
- Utilize and demonstrate the network's unity in diversity;
- Share knowledge, skills and resources on an ongoing basis;
- Develop centres individually and the network as a whole;
- Promote communication that is clear, focused, disseminated, factual and timely;
- Recognize and seek involvement with relevant stakeholders-nationally and internationally.

Operating Principles for 2004–2008

- All centres actively support the mission and are committed to the goals, objectives, and principles of the network.
- The network will be managed in helping with its mission and goals.

- Management of the network will utilize participation of its member Centres in strategic and collaborative arrangements necessary to complete its work and produce outcomes.
- The Secretariat has the ultimate responsibility for the coordination and communication of the network in collaboration and consultation with member centres.
- Long-range strategic planning takes place on a four-year cycle.
- Evaluation of strategic plans takes place every two years in conjunction with each biennial meeting. Goals are formed and adjusted taking into account accomplishments to date and emerging priorities.

In 2006 there was a meeting of the Global Network of WHOCC for Nursing and Midwifery Development in Glasgow, Scotland to review the bylaws and strategies.

5.9 Nursing and midwifery contributions in scaling up the response to regional health problems and the millennium development goals

The participants were divided into groups of three persons each to discuss the network contribution in scaling-up responses to regional health problems including maternal and child health, HIV/AIDS-TB, malaria, disaster-Avian Influenza, Injury and noncommunicable diseases and mental health. The common activities that the network should undertake included the following:

- Sharing and circulating the information on prevention, management/treatment, research, training modules and guidelines and lessons learned;
- Collaborating in research;
- Collaborating in training;
- Maintaining communication through the thematic sub-networks, if necessary;

- Reviewing the curriculum to ensure that important health problems (TB, HIV/AIDS, AI, principles of emergency/disaster care/management) are part of the curriculum with the latest updates;
- faculty exchange between network institutions;
- continuing education;
- resource mobilization for sustaining network and activities; and
- Joining ongoing nursing and midwifery community of practice/knowledge management initiatives.

5.10 Establishment of the South-East Asia nursing and midwifery education institution network

The SEAR Nursing and Midwifery Education Institution Network (SEANMEIN) was established in July 2006.

The participants agreed that all institutions participating in the workshop are members of the network. These included:

- Faculty of Nursing, Mahidol University
- Nursing Department, Ramathibodi Hospital, Faculty of Medicine, Mahidol University
- School of Nursing, Christian Medical College, Vellore, India
- Faculty of Nursing, Chiang Mai University
- National Institute of Nursing Education, PGIMER, Chandigarh, India
- University of Nursing, Yangon, Myanmar
- Nursing Campus , Institute of Medicine, Maharajgunj, Nepal
- Faculty of Nursing, University of Indonesia, Jakarta, Indonesia
- Royal Institute of Health Sciences, Bhutan.
- College of Nursing, Bangladesh

More members will be considered after the bylaws are approved.

The participants proposed ideas on the network as follows:

Mission

Promotion of nursing and midwifery education, service and research among members in SEAR countries.

Overall objective

To improve the quality of nursing and midwifery education, service and research among institutions in Member countries in SEAR.

Specific objectives

- (1) Share and exchange information and education resources.
- (2) Contribute/facilitate in setting the standard and quality of NM education and training of pre-service, in-service and continuing education.
- (3) Facilitate strengthening/capacity building of member institutions in teaching, learning and education.
- (4) Facilitate the development of standards, protocols and evidence-based nursing and midwifery practice.
- (5) Encourage and enhance research activities in collaborating institutes.

The following mechanisms were suggested to sustain the SEAR Nursing and Midwifery Education Institution Network:

- Regular communication – e-mails, telephones
- Development of institution network website to be linked with all institution members' website
- Selection/election of network secretariat/coordinator (rotate every year)

- Nomination of executive members (may be 10)
- Having a network meeting every year for the first three years
- WHO country office to provide technical and financial support.

For 2006–2007, the Network Secretariat will be headed by Dr Indarjit Walia, Principal, National Institute of Nursing Education PGIMER, Chandigarh, India.

The office of the network will be changed according to the network secretariat.

Proposed activities

- Development of network website
- Drafting bye-laws of the network
- The network meeting in 2007 to be held in mid-March or September at Chandigarh, India. The Agenda should include:
 - Bye-laws of the network
 - Minimal dataset in nursing and midwifery
 - Midwifery teaching and practice
 - Community nursing and midwifery

Membership criteria, application for membership, membership fee and duration of membership will be decided by the executive members in 2007.

6. Actions to be taken

The participants identified the following actions to be taken:

- Draft the bye-laws of the network to be adopted in the next meeting;
- Improvement/development of the institution website;
- Development of the network website;

- Preparation for the second meeting of the network in 2007 in India including the preparation of working papers; and
- Follow-up on the country actions on World Health Assembly resolutions WHA 59.23 and WHA 59.27.

7. Recommendations

- (1) All NMEIs participating in the workshop are members of SEANMEIN. More leading NMEIs in the South-East Asia Region should be encouraged to become a member of SEANMEIN to strengthen nursing and midwifery development in the Region. The charter of the network should be developed.
- (2) The NMEIs should maintain regular communication among members and develop its own web site for data/information sharing on their education programmes, activities and publications. Each website should be linked to the proposed SEANMEIN website.
- (3) The SEANMEIN should identify possibilities for staff and student exchange, study visits, attending education programmes, joint research project, and cooperative training activities.
- (4) The NMEIs and SEANMEIN are encouraged to actively advocate with Government, nurses and midwives and the public on the World Health Assembly resolutions WHA 59.23 on rapid scaling-up of health workforce production and WHA 59.27 on strengthening nursing and midwifery.
- (5) The members of SEANMEIN should call for a comprehensive national human workforce strategic plan with nursing and midwifery as an integral part. Nurse and midwife leaders should be included in the policy and strategic plan development activities related to health, nursing and midwifery.
- (6) The SEANMIEN should to develop solid mechanisms or tools for follow-up and monitoring to ensure that the nursing and midwifery policies and strategic plan are implemented, progress is made and the targets are achieved.

- (7) Existing WHO Collaborating Centres for Nursing and Midwifery Development (WHOCCNM) should continuously strengthen their technical and management capability. Other NMEIs in the Region are encouraged to develop their own area of specialty and credibility to become centres of excellence or later be designated as a WHOCCNM.
- (8) SEANMIEN should recommend the standard of nursing and midwifery education and the mechanism to maintain quality of education. The curriculum should be regularly reviewed and updated to meet the needs of the health care system and society. The number of teachers and the infra structure should be strengthened.
- (9) The NMEIs are encouraged to review and adapt the South-East Asia Core Competencies of Nurses and Midwives for developing nursing and midwifery curriculum.
- (10) The WHOCCNM and the NMEIs should scale-up their collaborative efforts in tackling the health problems in the areas of maternal and child health, HIV/AIDS, tuberculosis, malaria, avian influenza, disaster and emergency, injury prevention and non-communicable diseases and mental health.

To WHO SEARO and country offices

- (1) WHO/SEARO to follow-up to meet the expressed needs of the countries with regard to the development of a comprehensive national plan on human resource for health. This will include the technical support rendered for developing medium and long-term projections of health workforce requirements as part of the national HRH plans.
- (2) WHO/SEARO, in collaboration with Member States should develop a core data set for nursing and midwifery workforce and identify the means to integrate it in the national Health Information System. A minimum data set should be identified initially to adequately respond to both national and global information needs.
- (3) WHO/SEARO, in collaboration with Member States, should develop a quality assurance guideline for NMEIs and

accreditation process for nursing and midwifery education institutions and services by Nursing Councils.

- (4) WHO country offices in SEAR should support Member States in the development and strengthening of the national standard of nursing and midwifery education based on the standard set by WHO SEARO.
- (5) WHO country offices in SEAR should support the meeting of SEANMEIN every year by identifying the activity in the work plan under multi-country activity and by allocating funds.

Annex 1

Programme

July 5, 2006

- 16.00–17.00 Registration
- 17.00–18.30 Meeting of WHOCC for Nursing and Midwifery Development and RA NUR, WHO focal points of IND, THA

July 6, 2006

- 08.30–08.45 Opening of the meeting
- RD's Opening Remarks
- Delivered by *Dr P.T.Jayawickramarajah*, Ag.WR Thailand
- Welcome speech
- *Dr Rutja Phuphaibul*, Director WHOCCNM, Mahidol University
- 08.45–09.00 Keynote Speech: Human Resource for Health in South-East Asia Region :Issues and Challenges
Dr P.T. Jayawickramarajah, Ag. WR Thailand
- 09.00–09.20 Workshop Objectives
- *Dr Arvind Mathur*, MO, WHO India
- Introduction of participants
- *Dr Arvind Mathur*, MO, WHO, India
- 09.20–09.35 Group Photo
- WHA resolution on HRH and Nursing and Midwifery and Regional Implications and SEAR Strategic Framework for Nursing and Midwifery
- *Dr Prakin Suchaxaya*, RA-NUR/SEARO
- 09.35–10.00 Discussion: Actions to Strengthen Nursing and Midwifery Workforce
- Moderator – *Dr Prakin Suchaxaya*
- 10.00–10.20 Coffee break
- 10.20–10.40 Minimal Data Set or Profile and NM Workforce
- *Dr Arvind Mathur*, MO, WHO India

10.40–11.00	WHO Collaborating Centre: Role and Function <ul style="list-style-type: none">• <i>Ms Natapakwa Skunodom</i>, NPO, TC, WHO Thailand
11.00–12.00	Key achievements and constraints of WHOCCNM in 2004–2005 and plan for 2006–2007 <ul style="list-style-type: none">• College of Nursing, Christian Medical College, Vellore, India• Joint WHOCC .Nursing Department, Ramathibodi Hospital and Faculty of Nursing, Mahidol University, Thailand• Faculty of Nursing, Chiang Mai University• National Institute of Nursing Education, College of Nursing, Chandigarh, India• Institute of Nursing, Yangon, Myanmar
12.00–12.30	Discussion: The work of WHOCCNM, how can it be expanded? <ul style="list-style-type: none">• Moderator – <i>Ms Natapakwa Skunodom</i>, NPO, TC, WHO Thailand
12.30–13.30	Lunch
13.30–15.00	Group Work on Nursing Education in SEAR :Issues, Challenges and Actions and Group Presentation <ul style="list-style-type: none">• Moderator – <i>Dr Prakin Suchaxaya</i>, RA NUR,SEARO
15.00–15.20	Coffee break
15.20–16.00	Core Competencies of Nurses and Midwives and the Curriculum: Country Implementation <ul style="list-style-type: none">• <i>Ms Rose Johnsen</i>, Nurse Administrator, WHO Bangladesh
16.00–16.15	Meeting of Global WHOCCNM in Glasgow, 5–6 June 2006 <ul style="list-style-type: none">• <i>Dr Rutja Phupaibul</i>, Director WHOCC
18.00–20.00	Dinner
20.00– 21.00	Establishment of the Network of Nursing and Midwifery Education Institutions <ul style="list-style-type: none">• <i>Dr Prakin Suchaxaya</i>, RA NUR/SEARO

July 7 2006

- 08.00–10.00 Role of Network in scaling up nursing and midwifery in response to national health problems and plan of action in:
- Maternal and child health
 - HIV/AIDS
 - Tuberculosis
 - Malaria
 - Avian Influenza
 - Disaster and emergency
 - Injury
 - Noncommunicable diseases including mental health
- Discussion led by *Dr Arvind, Ms Natapakwa, Ms Rose, Dr Akjema, Dr Yuristiani*
- 10.00–10.20 Coffee break
- 10.20–11.00 SEAR Nursing Midwifery Education Institutions Network (SEANMEIN) : Plan of Action
- Moderator *Dr Arvind Mathur, MO, WHO India*
- 11.00–11.30 Mechanism of Working and Sustaining of SEANMEIN
- Discussion led by *Dr Prakin Suchaxaya*
- 12.00–12.15 Recommendations to NUR/Regional Office
- Discussion led by *Dr Akjema Magtymova and Ms Rose Johnsen*
- 12.15–12.20 Conclusion and closing
- *Dr Arvind Mathur and Ms Natapakwa Skunodom*
- 12.20–13.00 Lunch
- 13.00–13.15 Depart for Bangkok

Annex 2

List of participants

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