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Advisory Group on Management of Nursing and Midwifery Workforce

*Report of the First Meeting
New Delhi, India, 11-13 December 2001*

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1. INTRODUCTION

The first meeting of the South-East Asia Advisory Group on Management of the Nursing and Midwifery Workforce was held in New Delhi 11-13 December 2001. Twelve participants from six countries attended in the meeting together with a resource person from UK. The list of participants and programme of the meeting appears at Annexes 1 and 2 respectively.

2. INAUGURAL SESSION

Dr Uton Muchtar Rafei, Regional Director, WHO South East Asia Region inaugurated the meeting. Welcoming the participants, he emphasized the crucial importance of the work to be done by the Advisory Group. He said that the needs and demands for health care are changing and increasing. All countries acknowledge the need for appropriate, equitable and accessible healthcare for all sections of society. The potential contribution of nursing and midwifery to the health of the population is not fully realized. As more countries are beginning to appreciate the good quality health care support that nursing and midwifery can offer, there is also a growing realization of the global crisis in managing the nursing and midwifery resource. This has resulted in shortages, maldistribution and inappropriate skill mix in the Region.

The Fifty-fourth World Health Assembly adopted Resolution WHA 54.12 (Strengthening Nursing and Midwifery) in May 2001. This resolution urges Member States to ensure the recruitment and retention of a skilled and motivated nursing and midwifery workforce. Dr Rafei highlighted that despite efforts to strengthen nursing and midwifery over the past few decades, the root causes of the problem - low pay, low status, poor working conditions and in some countries lack of sufficient sanctioned posts remained unaddressed.

Nurses and midwives alone cannot address these issues effectively. Political will, advocacy and support from policy and decision-makers, as well as from the medical profession and other major stakeholders is crucial. For countries to meet the demand for good quality, responsive and accessible

health care in the future, they will need sufficient numbers of health personnel with the right knowledge, skills and attitudes available where needed. This can only be achieved if the right policies and systems are in place locally, nationally and internationally. Conventional thinking, rigid attitudes and traditional practices need to be challenged. New and better ways must be found to manage the nursing and midwifery workforce within an integrated strategic framework for human resources for health.

The Regional director acknowledged the challenge to the Advisory Group – to find new and better ways to envision and describe how the nursing and midwifery workforce could be managed in order to improve access to health and quality health care for the people of the Region.

Dr Rafei nominated Professor Dr Azrul Azwar, Director-General of Community Health Services, Ministry of Health, Indonesia as the Chairperson of the Advisory Group and Dr Wichit Srisuphan, Vice President, Chiang Mai University, Thailand as Co-Chairperson.

Dr Naeema Al-Gasseer, Senior Scientist, Nursing and Midwifery, WHO/HQ, conveyed the good wishes of the Director General to the meeting and emphasized WHO's commitment to support countries in strengthening the contribution of nursing and midwifery to the provision of equitable and accessible health services. She indicated that the request from Member States for a clear plan of action together with an evaluation and a report to the Fifty-sixth World Health Assembly in 2003 presented a unique challenge as well as an opportunity. She commended the visionary approach adopted by the South-East Asia Region in taking the initiative and establishing this Advisory Group.

3. BACKGROUND

Dr N. Kumara Rai, Director, Health Systems and Community Health, WHO Regional Office for South East Asia recalled that the WHA resolution 54.12 on Strengthening Nursing and Midwifery requested the Director General; among others:

- To provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel,

including the impact of migration, and in developing human resources plans and programmes including ethical international recruitment , and

- To provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the population.”

He said that the foremost challenge in the SEA Region was the continuing shortage and maldistribution of nursing and midwifery personnel along with inappropriate professional skill mix. The Regional Director had constituted the Advisory Group to address this challenge. The terms of reference for this Advisory Group were as follows:

- (1) To review and analyse existing knowledge and evidence relating to effective management of the nursing and midwifery workforce;
- (2) To explore the baseline situation in countries of the region concerning management of the nursing and midwifery workforce;
- (3) To advise on the development of Guidelines on Management of Nursing and Midwifery Workforce;
- (4) To support the development of plans of action for the adaptation and application of the newly developed guidelines including framework for evaluation of the implementation of plan of action.

The purpose of the first meeting of the Advisory group was to establish a shared platform and common understanding among members, of the task in hand and the processes involved in achieving the objectives and to finalize the conceptual framework.

The specific objectives of the meeting were:

- (1) To identify major issues in the management of nursing and midwifery workforce in countries in the Region;
- (2) To critically review the newly developed conceptual framework for management of the nursing and midwifery workforce;
- (3) To identify essential components for the development of generic guidelines for effective management of nursing and midwifery workforce; and
- (4) To critically review proposed protocols for in-depth country assessment of nursing and midwifery workforce management.

4. MAJOR ISSUES IN NURSING AND MIDWIFERY WORKFORCE MANAGEMENT IN SEAR COUNTRIES

Relevant members of the Advisory Group were requested to present their country reports highlighting achievements, opportunities, problems and lessons learnt in managing the nursing and midwifery workforce, together with brief background and contextual information.

4.1 Bangladesh

Ms Mamataz Begum, Director, Directorate of Nursing Services, Ministry of Health and Family Welfare, Bangladesh introduced the report. The Directorate of Nursing Services, manages centrally the total nursing workforce for the government sector including qualified nurses and nursing aides. There is no unemployment in the nursing and midwifery workforce in Bangladesh. No formal workforce modelling is undertaken, but nurse:bed ratio influences staff appointments.

Achievements

50% increase in the number of nurses employed in the government sector between 1998-2000. The process of creating a further 2,000 posts is in progress. Nursing and midwifery workforce information system is being developed.

Opportunities

Bangladesh nursing is well resourced by a number of development partners. Review is being undertaken of the role and job descriptions of the nurses and midwives within the context of the wider health care workforce and the provision of responsive services. Career planning and career pathways have been introduced or underpinned by individual performance management and review. Human resource development, including nursing and midwifery will be a major area of development in the five year health plan 2003-2008.

Problems

Insufficient numbers of staff result in nurse patient ratios varying between 1:5 to 1:25 for a 24-hour requirement. Lack of career development opportunities

and fair promotion opportunities lead to loss of motivation. Difficulty is experienced in retaining staff in rural areas.

Lessons Learnt

Increased contribution of nursing and midwifery can be achieved by creation of new roles. Workforce planning models are essential to enable better use the nursing and midwifery workforce. Ensuring personal safety and the introduction of appropriate incentives could help retain staff in rural areas.

4.2 India

Mr T Dileep Kumar, President of the Indian Nursing Council and Nursing Advisor, Ministry of Health and Family Welfare, India set the context for nursing development in India including demographic and workforce statistics. The Central Government is responsible for the development of guidelines and standards and the states are responsible for their implementation.

Achievements

Studies were undertaken to assess actual nurse patient ratios in relation to the norms which were accepted at the national level for implementation at the state level. The results indicate that there is considerable gap between the recommended norms and the actual reality. Two additional posts were created to strengthen nursing at the national level. Posts were upgraded to expand promotion opportunities. Allowances, including those for uniform and washing were upgraded.

Opportunities

For the first time, a Working Group on Nursing has been constituted by the Ministry of Health to contribute to the 10th National Plan (2002-2007) and their recommendations include: converting nursing schools into colleges of nursing; periodic continuing education programme; opening of postgraduate nursing educational institutions; clinical specialization; creating cadre of speciality nurses; strengthening nursing educational institutions; nursing

research; and Improvement of working conditions of nurses. A significant increase in funding has been allocated to support the implementation of the nursing elements of the National Plan.

Problems

Implementation of nursing norms is different as the current nurse patient ratio in the region is one nurse for 30-100 patients. Inadequate training opportunities are available to nursing managers and nursing organization at the state level is ineffective. Financial constraints slow down the pace of reforms. Salary levels are low in comparison to other similar professionals. Avenues and opportunities for promotion of nurses are inadequate. There is no separate cadre for clinical specialization. Most highly qualified nurses are working in nursing education rather than in practice. There is no proper coordination between education and service. The absence of nursing management information system makes it difficult to access any information. There is no live register with the Nursing Council. No research studies have been undertaken to provide inputs to policy decisions.

Lessons Learnt

Active interaction of nurses' unions/professional associations; Taking up issues of Central Council Health and Family Welfare; Frequent interaction with state level nursing officers; Close cooperation and coordination between National Chief Nursing Officer and National regulation organization; Taking up projects with WHO on experimental basis; and Sensitization of policy makers with regard to nursing issues.

4.3 Indonesia

Dr Achir Yani S Hamid, Deputy Director of Nursing, Ministry of Health and President of Indonesian Nurses presented the report of Indonesia.

The Nursing and Midwifery Working Group developed a National Strategic Plan of Action for Nursing and Midwifery Workforce Development in 1998 with the support of the Ministry of Health and WHO. The Directorate of Nursing service is responsible for the implementation of the plan.

Achievements

National strategic plan of action for nursing and midwifery workforce development; establishment of Directorate of Nursing Services; involvement of nursing and midwifery associations in human resources policy making; development and implementation of nursing and midwifery standards; development of higher education opportunities; and strengthening the nursing and midwifery professional association.

Opportunities

The meeting increased the expectations of people to receive quality services. Development and decentralization of health services will lead to expanded opportunities to contribute to achievement of health targets. Change in the minimum requirements for independent practice led to increased numbers of nurses upgrading their education. There are increased opportunities for international collaboration with service and educational institutions as a result of globalization

Problems

Lack of workforce planning strategy and skills; inadequate teaching and learning resources and facilities; inappropriate working climate and conditions; maldistribution of nursing and midwifery workforce between urban and rural settings, and inadequate supervision and lack of continuing education.

Lessons Learnt

It is important to collaborate with and gain the commitment of different sectors and stakeholders. There is a paradigm shift on nursing and midwifery as viewed by other professions as nursing moves from vocational to professional status.

All factors related to the quality of nursing and midwifery education and service should be improved with consistent efforts to improve and expand

leadership capacity in nursing and midwifery. There is need to establish Nursing and Midwifery Councils to regulate and control the quality of nursing and midwifery education and practice.

4.4 Myanmar

Ms Eileen Barbaro, President, Myanmar Nurses' Association highlighted the fact that nursing in Myanmar is still an attractive profession, despite obvious problems and difficulties in the management of the nursing and midwifery workforce.

Achievements

Increased educational opportunities with the introduction of Bachelor and Masters Degrees in Nursing as well as various continuing education opportunities; improved access to educational resources; refocusing of midwifery education in community settings; and introduction of the Patient-Centred Nursing Care project

Opportunities

Nursing still attracts large numbers of applicants, so the selection process can be improved to ensure that the most suitable applicants are selected. The Nursing Council can play an increased role in regulating the quality of nursing care given by professional nurses in private settings. Improvements in mechanisms and channels of communication at all levels are required. Interaction with nursing leaders through WHO-supported workshops will give more exposure. There is increasing recognition of the contribution of diploma and graduate nurses in Community Nursing Teams.

Problems

The number of staff is insufficient at senior level to support strategic thinking and planning, resulting in focus on dealing with current issues rather than shaping the future. Inappropriate and inefficient use of nurses' time i.e. excessive engagement in "non nursing" activities is a recurrent problem.

Lack of confidence among nurses about the value of their contribution and the potential contribution of nursing is a major stumbling block.

Lessons Learnt

Collaborative working with all stakeholders; support of multiprofessional and interprofessional working and learning; need for regular review of job descriptions and continuing education is essential to the delivery of good health programmes.

4.5 Sri Lanka

Ms Susila Kalahe Arachchie, Principal School of Nursing, Ratnapura, Sri Lanka introduced her report with a brief description of Sri Lanka and the organization of health care in the public and private sectors. Health sector reform is currently underway under the leadership of a Presidential Taskforce. There has been rapid infrastructure and sub specialty expansion in the public sector and expansion of the private sector. However, a significant number of these new public health sector services cannot be opened, and existing services are severely understaffed, due to a severe nursing shortage. It is estimated that there is currently a 50% shortage of nurses resulting in a crisis situation and resulting from chronic long standing issues.

Achievements

Health workforce numbers in most categories have increased. The number of nurses per 100 000 population has increased from 75 in 1997 to 77 in 1998. Increased opportunities are available for in-service education programmes for nurses and midwives. Increased attention is being focused on issues of nursing management by the Ministry of Health, resulting in the provision of workshops on quality assurance; management courses for middle level managers; contractual appointments for those who are retired from sections of nursing education and hospitals. Postgraduate training is conducted both locally and abroad, for example, BSc. and MSc. nursing degrees. A national strategic plan for nursing and midwifery development in Sri Lanka for 2001-2010 has been developed.

Opportunities

Improvements in post-basic education including degree courses in management for nurse managers in education, hospital and public health should be made. The top-level managers in nursing could be given more authority in policy-making and decision-making regarding nursing and midwifery. Research opportunities could be provided to nursing and midwifery personnel in order to uplift health standards.

Problems

Lack of appropriate nursing input and representation of the current governing body of the nursing and midwifery profession; low staffing levels resulting in excessive workloads, high levels of stress among staff, and lack of job satisfaction; Lack of appreciation of the contribution of nurses and midwives; poor quality of service provision; decreasing opportunities and resources such as training centres, to support career development ; professional conflicts, and no nursing students recruited in 1994 and 1996.

Lessons Learnt

Decisions about student recruitment should reflect service needs and should be addressed as an integral part of strategic workforce planning; strategic workforce planning should also guide and inform the creation of posts for nursing sisters, and tutors in hospitals and public health sector.

4.6 Thailand

Dr Wichit Srisuphan, Vice President, Chiang Mai University, outlined the development of nursing and midwifery in Thailand.

Achievements

Establishment of the well-developed nursing education system; National Plan for the Development of Nursing and Midwifery (1997-2006); Amendments to the 1997 Nursing Act; involvement of nurses and midwives in health service reforms; and networking among nurses.

Opportunities

The development and implementation of curriculum guidelines, competencies and regulations to support advanced practice nurses (APNs), to develop nurse specialists and nurse practitioners in five areas: caring for children, adults, mental health and psychiatric patients, the community and reproductive health; the assessment, development and implementation of practice guidelines for the independent practice of nurses and midwives, including regulations; the production of more research in response to HSR to provide new knowledge, practice guidelines and standards, including models for development and evaluation; health system reform and nursing reform efforts necessitating the need to prepare nurses for changes; establishment of a system and mechanism to provide training and continuing education for nurses at all levels to promote quality of care; establishment of a database for the NM workforce; inclusion of nurses/midwives in leadership training in multidisciplinary groups or professional groups at national and international levels to prepare nurse leaders, and encouraging the establishment of Academic Societies for nurses in all area of expertise.

Problems

Reduction in the production of nurses; the economic crises in 1997, the health system reform, the Devolution Act and the National Education Act alter the role of the MOPH and other sectors in which nursing education is offered and who produce nurses for their own usage point to the possibility that the country could face the threat of a shortage of nurses again; lack of an overall planning system for human resource development in health, including nursing and midwifery; plans for human resources are currently separate efforts, not part of the health system as a whole; lack of preparation for sound nurse leaders for the next generation.

Lessons Learnt

Key successes developed from the Strategic Plan: inter and intra profession networking; evidence based decisions; Teamwork; support from the Ministry of University Affairs and politicians; strategic Plan for the continuity and sustainability of the development of the Nursing and Midwifery sector

5. COMMON THEMES

The common themes emerging from the country presentations and the subsequent discussion were identified as follows:

- Nursing and midwifery services and education include the whole health sector - public, private and not for profit and not just the public sector as is often assumed.
- The problems and solutions expand beyond nursing and midwifery and often beyond the health sector. Key influences include Government, politics and politicians; economic circumstances, budgets and resource allocation; as well as a whole range of local, regional and global factors.
- To ensure quality nursing and midwifery services appropriate attention needs to be paid to roles, competencies, rewards, incentives, and career structures etc. These must be supported by appropriate regulation underpinned by a philosophy of continuing quality improvement, and facilitated through effective leadership.
- Awareness of the crisis in nursing and midwifery is more acute in countries which are experiencing obvious shortages. The shortages are influenced by a range of supply and demand factors - direct and indirect. The consequences of the shortages impact on those in need of nursing and midwifery care as well as on nurses and midwives, communities and governments.

6. GLOBAL PERSPECTIVES ON NURSING AND MIDWIFERY WORKFORCE ISSUES

Dr Naeema Al-Gasseer, provided a global perspective on WHO support to strengthen nursing and midwifery. WHA Resolution 54.12: Strengthening nursing and midwifery, recognized the essential role of nurses and midwives in reducing mortality, morbidity and disability; in promoting healthy lifestyles; and in contributing to quality health services that are equitable and accessible. Item 7 of the Resolution requested the Director-General to “rapidly prepare a plan of action for strengthening nursing and midwifery and to provide for external evaluation at the conclusion thereof” and to present a report to the

110th session of the WHO Executive Board in May 2002 on progress in implementing the plan of action.

WHO, in collaboration with all relevant partners, has recently articulated a global strategic direction and a plan of action for strengthening the contribution of nursing and midwifery to quality, equitable and affordable health systems. The vision underpinning the strategic direction and plan of action is the achievement of better health outcomes for all people through strengthening the contribution of nursing and midwifery services in health policies and systems.

Five key result areas were identified:

- **Health planning, advocacy and political commitment:** National development and health plans provide for adequate nursing and midwifery services and expertise.
- **Management of health personnel for nursing and midwifery services:** National employment policies for nursing and midwifery workforce are gender-sensitive and are based on healthy and safe work environments and conditions, equitable rewards, and recognition of competencies, and are linked to a transparent career structure.
- **Practice and health system improvement:** Nursing and midwifery expertise is fully integrated into decision-making processes and health systems utilize the best available practices for the care of individuals, families and communities.
- **Capacity building:** Adequate numbers of competent providers with effective skill mix are produced to efficiently deal with the current and future challenges of practice.
- **Stewardship and governance:** Stewardship and governance of nursing and midwifery services actively engages the government, civil society and the professions to ensure quality of care.

In conclusion, the work of the Advisory Group fits clearly with the agreed strategic direction and the activities indicated in the terms of reference of the Advisory Group clearly complement those identified in the global plan of action.

7. LESSONS LEARNT FROM THE UK EXPERIENCE OF NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

Professor James Buchan, Queen Margaret University College Edinburgh, Scotland made a presentation about how the current crisis in the nursing and midwifery workforce is being experienced in UK.

UK is facing significant shortages of nurses and midwives. There are currently about 20 000 vacant posts in England and it has been estimated that to meet this need over the next five years will require the recruitment of an additional 120 000 nurses and midwives. A National Health Service Plan (2000-2004) was introduced in England and it is acknowledged politically that delivery of the plan will require an actual growth in health care funding. Human resource plans have been developed on the basis of that funding being available.

Efforts to improve workforce planning include integrating workforce planning with planning for service delivery; planning for an integrated workforce ie. multidisciplinary teams, and integrating the process of planning –across disciplines, regions and sectors. Planning is not sufficient to prevent shortages, but it highlights where and when shortages are likely to occur and what can be done. The existence of a “live” register provides useful data to inform workforce planning.

Aggressive recruitment and retention initiatives have been introduced in order to meet a well-publicized government target. Policy interventions have resulted in increased numbers of nurses and midwives returning to practice, and targeted international recruitment. Investment has also been made in marketing nursing, raising the starting salary for the newly qualified, improving conventional recruitment as well as recruiting through non-conventional sources.

Some organizations and some specialties are clearly better than others in recruiting and retaining staff even during times of acute shortage. Ensuring appropriate skill mix and effective deployment and utilization is important for delivering sustainable, high quality cost-effective services.

8. CONCEPTUAL FRAMEWORK FOR MANAGEMENT OF NURSING AND MIDWIFERY WORKFORCE

The aim of the conceptual framework is to assist countries develop strategies that assure a strong and effective nursing and midwifery workforce. These strategies should achieve the right numbers of nursing and midwifery personnel with the right knowledge, skills, and attitudes at the right location.

Strengthening nursing and midwifery workforce is more than simply improving education and training, pay, working conditions, and performance and career development. Strengthening nursing and midwifery is multi-dimensional. It involves interdependency between an individual and the organizational culture, policies and enabling strategic capacity for linkages between myriad issues such as information, ethics, awareness, motivation and behaviour. This requires system change. Simplistic, single issue approaches have a weak impact at best, and, at worst, fail to stop a decline in the quality of a country's nursing and midwifery workforce.

A well-managed nursing and midwifery workforce is defined as "having competent and motivated nursing and midwifery personnel who contribute to equitable and accessible quality health services by providing quality nursing and midwifery care when and where needed.

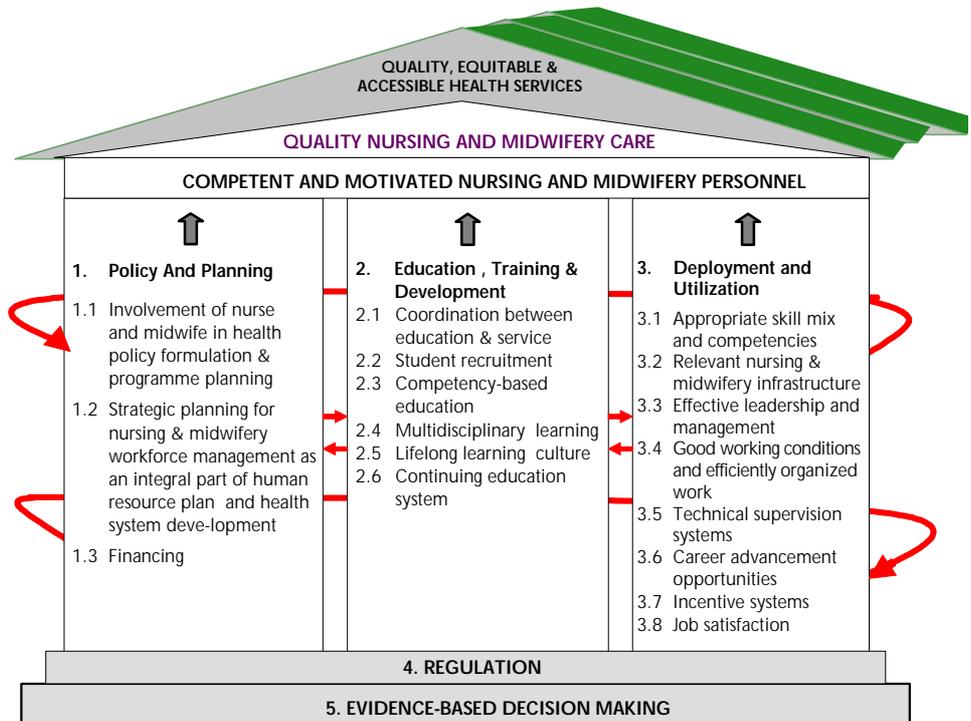
A well-managed nursing and midwifery workforce requires:

- Effective and efficient nursing and midwifery workforce policy and planning
- Effective and efficient education, training and development of nursing and midwifery personnel, and
- Effective and efficient deployment and utilisation of nursing and midwifery personnel

The framework was designed to provide the strategic context for in-depth country analysis in 2002. This will enable development of strategically targeted interventions, which, when implemented, will significantly strengthen the contribution of the nursing and midwifery workforce to quality health services that are equitable and accessible.

The Advisory Group provided inputs in group work and plenary sessions to further develop the framework.

The agreed conceptual framework is presented schematically below.



Detailed information of this conceptual framework would be finalized and published as a WHO publication taking into accounts comments that would be received from countries in relation to their experiences in carrying out the in-depth country assessment.

9. ESSENTIAL COMPONENT OF GUIDELINES FOR EFFECTIVE MANAGEMENT OF NURSING AND MIDWIFERY WORKFORCE

Guidelines to support countries in achieving the effective management of the nursing and midwifery workforce are based on essential components that reflect the key elements of the conceptual model.

The components are presented against two levels of accountability and responsibility: governments and nurses/midwives. The components provide a broad strategic framework that can guide countries in developing their action plans and strategies to meet identified needs and priorities. The guidelines will provide more focused support to countries in addressing specific components. Expanded guidelines will be developed for components that are identified as key priority areas.

The principles underpinning the guidelines include:

- (1) Working in partnership with government and other key stakeholders;
- (2) Harmonizing relationships between union, professional organizations, government and other key stakeholders; and
- (3) Being culturally sensitive and country- specific.
- (4) These guidelines would be further developed as a WHO publication taking into consideration the outcomes of the in-depth country assessment.

10. PROTOCOLS FOR IN-DEPTH COUNTRY ASSESSMENT OF NURSING AND MIDWIFERY WORKFORCE MANAGEMENT

The Protocols for In-depth Country Analysis provide a framework for the collection and analysis of data and information. They are designed to encourage strategic thinking of key individuals and groups. Some of the protocols seek basic information, such as quantitative data on the number of nurses and midwives, patient nurse/midwife ratios etc. The non-quantitative protocols require thought and discussion, and analysis of key documents, to find the answers.

The protocols do not consist of a simple questionnaire but provide a framework for the necessary strategic thinking for quantitative and qualitative data collection, its analysis, and the development of conclusions and strategies to address priority issues. The output of the interviews, discussions, and focus groups, should be analyzed to arrive at conclusions for responding to each of the protocols.

11. WORK PLAN

The meeting identified the work plan of the Advisory Group as follows:

Planned Activities	Time Line
The revised documents on conceptual framework; Essential Components of Guidelines; and Protocols for In-depth Country Assessment, to be sent to Advisory Group by electronic mail for final feedback	21 December 2001
Advisory Group members to provide final feedback on the revised documents	15 January 2002
Final documents to be sent to the Advisory Group members, for the in-depth country assessment.	First week of February 2002
The designated focal point to submit country work plan and detailed budget breakdown for in-depth country assessment	End of February 2002
In-depth Country Assessment	First week of February 2002 onwards
The designated focal point to submit the report of the in-depth country assessment to WHO	August 2002
Second Meeting of the Advisory Group	28 October – 1 November 2002

If a member of the WHO SEAR Advisory Group on Management of Nursing and Midwifery Workforce from a particular country is different to the individual who is designated as the focal point for the in-depth country assessment, he/she should be a key advisor to the person conducting the country analysis.

12. CLOSING SESSION

The following recommendations were made on behalf of the Group:

- (1) The membership of the Group be expanded for full participation of all countries of the Region. Hence, Bhutan, DPR Korea and Maldives need to be represented in the Group.

- (2) The meeting should also be convened in other Member Countries in addition to the Regional Office or India in order to allow members to see nursing and midwifery situations in other countries in order to broaden their perspectives. As such, field visit should also be arranged during the subsequent meeting to have first hand experience on how nursing and midwifery services are provided and managed. In this connection, it is recommended to convene the second meeting of the Advisory Group in Myanmar during 28 October – 1 November 2002, including 1-2 days' field trip.
- (3) The WHO Regional Office should provide additional support to countries to carry out initiatives or research studies towards improvement of quality of nursing and midwifery care.

Mr T Dileep Kumar (on behalf of the Advisory Group) thanked the regional office for its special attention to constitute the Advisory Group to address nursing and midwifery workforce issues. He said that all members had learnt a great deal through sharing experience and group work. Continued technical assistance from WHO was required to realize the full potential of nursing and midwifery to contribute to national health development.

In her closing remarks, the Deputy Regional Director, Ms Poonam Khetrapal Singh emphasized the fact that the establishment of the Regional Advisory Group on Management of Nursing and Midwifery Workforce was an indication of the increased commitment of WHO to the importance of having a well managed nursing and midwifery workforce. She acknowledged the belief of WHO and many senior officials at the country level that nursing and midwifery is vital if a country's health system is to provide quality health services that are accessible and equitable, and that nurses and midwives are key contributors to accessibility, whether it is financial, geographical or cultural. She said that the conceptual framework provided a comprehensive and rigorous framework, within which, countries could identify their key strategic priorities.

She acknowledged that more work was still awaiting the Advisory Group including leading or supporting the in-depth country analysis. The results of this assessment will help WHO and countries to have a clearer picture of the nursing and midwifery workforce in the countries. Without this clear picture, it is impossible to develop clear and targeted strategies that will be successful. The results will also inform policy-makers at countries of technical support needed from WHO and other regional and international organizations.

Annex 1

LIST OF PARTICIPANTS

Bangladesh

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Nursing and Midwifery
WHO/HQ

Ms I Rose Johnsen
Nurse Administrator
WHO Bangladesh

Dr Arvind Mathur
National Professional Officer
(Health Systems and Community Health)
WHO India

Ms Gillian Biscoe
Consultant

*Unable to attend

Annex 2

TENTATIVE PROGRAMME

Tuesday, 11 December 2001	
0830 – 0900 hrs	Registration
0900 – 0930 hrs	Inaugural Session
0945 – 1015 hrs	Introduction to the Consultation – Dr N Kumara Rai, Director, CHS
1015 – 1200 hrs	Major Issues in Nursing and Midwifery Workforce Management in SEAR Countries <ul style="list-style-type: none">• Bangladesh – Ms Mamataz Begum• India – Mr T Dileep Kumar• Indonesia – Dr Achir Yani S. Hamid – Ms Wastidar Musbir• Myanmar – Ms Eileen Barbaro• Nepal – Dr B.D. Chataut• Sri Lanka – Ms S Kalahe Arachchie• Thailand – Dr Wichit Srisuphan
1300 – 1310 hrs	Major Issues in Nursing and Midwifery Workforce Management in SEAR Countries: Common Themes – Ms Pat Hughes
1310 – 1355 hrs	Global Perspectives on Nursing and Midwifery Workforce Issues – Dr Naeema AlGasseer, WHO/HQ
1355 – 1440 hrs	Lessons learned from UK experience of Nursing and Midwifery Workforce Management – Professor James Buchan
1500 – 1520 hrs	Draft Conceptual Framework for Management of the Nursing and Midwifery Workforce – Dr Duangvadee Sungkhobol
1520 – 1630 hrs	Groupwork Session I – Reflection on draft Conceptual Framework

Wednesday, 12 December 2001	
0830 – 1000 hrs	Feedback from Groupwork Session 1
1020 – 1040 hrs	Proposed essential components of guidelines for effective management of the nursing and midwifery workforce – Ms Gillian Biscoe
1040 – 1200 hrs	Groupwork Session 2 – Reflection on proposed essential components of guidelines for effective management of the nursing and midwifery workforce
1300 – 1400 hrs	Groupwork Session 2 (contd.)
1400 – 1500 hrs	– Feedback from Groupwork Session 2
1520 – 1530 hrs	Proposed protocols for in-depth country assessment of Nursing and Midwifery Workforce Management – Ms Gillian Biscoe
1530 – 1630 hrs	Groupwork Session 3 – Reflection on proposed protocols for in-depth country assessment of Nursing and Midwifery Workforce Management
Thursday, 13 December 2001	
0830 – 1000 hrs	Groupwork Session 3 (contd.)
1020 – 1200 hrs	– Feedback from Groupwork Session 3
1300 – 1340 hrs	Implementation plans for in-depth assessment – Proposed timeframe – Identification of support available and needed
1340 – 1420 hrs	Agenda Management – Reflection on process and outcomes to date – Identification of outstanding issues – Workplan of the Advisory Group
1420–1430 hrs	Closure