

Evidence-based Policy Dialogue Strengthens Nursing Workforce

ICN-ICM-WHO Triad meetings continue

Geneva, Switzerland, 17 June 2020 - Day Two of the ICN-WHO-ICM Triad 2020 meetings opened with a focus on **Policy Dialogue for Strengthening the Nursing and Midwifery Workforces**. The session was opened by Elizabeth Iro, WHO CNO, and chaired by Dr Jim Campbell, WHO Director, Health Workforce Department.

Carey McCarthy, WHO Technical Officer, Nursing & Midwifery, underlined some of the examples of contemporary evidence on nursing and midwifery for policy dialogue. She highlighted some of the key points of the [State of the](#)



[World's Nursing](#) (SOWN) report which was populated by data from 191 countries, giving us the best data we have ever had on the state of the world's nursing. "The data and evidence from SOWN can be really empowering to inform national, regional and international policy dialogues," she concluded.

Dr James Buchan, Editor, Human Resources for Health Online, spoke about the call for papers on nursing and midwifery evidence published in [Human Resources for Health Online](#) during the Year of the Nurse and the Midwife, many of which will be particularly relevant post-COVID-19. He stressed that this is good evidence, but we need policy dialogue as well. He said that in the post-COVID-19 era, for example, it is possible there will be an increase in outward migration from low-income countries as high-income countries try to recruit overseas nurses to fill gaps in their own workforces. Dr Buchan said: "I am involved in working with ICN on this and it will be a major theme in the years following the acute phase of the COVID-19 pandemic."

How we can leverage data and evidence in policy dialogue to advance nursing and midwifery was the topic of a panel discussion with examples from Botswana, India, Saudi Arabia, and England. Prof. Sheila Tlou, Co-Chair, Nursing Now Global Campaign and former Minister of Health for Botswana, highlighted how the data generated during the AIDS epidemic in the 1980s showed the need for more human resources in health. Botswana was one of first countries to have advanced practice nurses who were educated on HIV/AIDS. "The result was outstanding," said Prof Tlou. "The rollout of ARVs meant within four years there was 80% coverage of ARV and mother to child transmissions decreased." This showed the importance of leadership roles of nurses in HIV treatment care and support. She said she applauded some African countries that had used their local knowledge and experience of dealing with Ebola outbreaks to deal with COVID-19, instead of following the 'western model' and just imposing a country-wide lockdown.

Peggy Da Silva, Chief Nursing Officer, St. Vincent and the Grenadines, and Chair, CARICOM Regional Nursing Body, explained how countries in the Caribbean came together to create a Regional Examination for Nursing Registration that enables nurses to move between the local territories. She said that, despite many common health problems, similar nursing programmes

and nursing practice, “Gathering data requires different stakeholders and funding. It took years of hard work, collaboration, consultation and sponsorship.”

ICN Board Member Lisa Little, from the Canadian Nurses Association, said the SOWN report had been useful in highlighting that the government was not fully aware of how it could inform policy making in Canada. “The government was more focused on providing the data to WHO and not fully aware of the broader intent and the analysis of this data, and how it could inform policy dialogue around the world. These data discussions led to the most important policy dialogue we had, which was on the existence of a Government Chief Nursing Officer, which was one of the indicators in the report: Canada does not currently have one. The nursing community has identified this as a priority, and we have written to the Prime Minister and the Minister of Health requesting the re-establishment of one. This *State of the World’s Nursing* report exercise allowed us to reinforce those messages, to clarify the CNO role and the importance of a Government Chief Nursing Officer with the staff of Health Canada, and get a sense of their thoughts and receptivity to the notion. That helped us inform our next steps around our advocacy efforts in trying to get a Chief Nursing Officer.”

Examples of midwifery evidence influencing policy dialogue, provided by Dr Rathi Balachandran, Assistant Director, General Nursing, Ministry of Health and Family Welfare, India; Roa Altaweli, Director of Midwifery at Saudi Arabia Ministry of Health & Chair of Saudi Midwifery Group; Mariam Al-Mutawa, Executive Director of Nursing Rumeilah Hospital, Hamad Medical Corporation, Qatar; and Jacqueline Dunkley-Bent, Chief Midwifery Officer, England, showed that leveraging evidence in policy dialogue is a continuous process requiring engagement of different partners.

Roswitha Koch, ICN Board member, and International Nursing Development manager, Swiss Nursing Association, explained how the engagement in SOWN initiated dialogue in Switzerland: “If you don’t have a CNO, it is very difficult to coordinate data collection within a country.” As a result of this experience, the Swiss National Nursing Association (SBK-ASI) is increasing lobbying for a CNO and has a meeting later this month with nurse leaders and the Ministry of Health in Switzerland.

Petra Ten Hoop-Bender from UNFPA spoke about the development of the State of the World’s Midwifery 2021 and the importance of understanding what the numbers mean and how they can be used in policy development.

In response to questions from participants from Ireland, Lesotho and Turkey, Dr Buchan said, “It is encouraging to hear NNAs are getting engaged to ensure data is accurately presented...in some countries this will require further improvement”. He encouraged participants to push for research and evidence to demonstrate the contribution of nurses and midwives with hard numbers.

ICN Chief Executive Officer Howard Catton said the data from the SOWN report would enable nurses to drill down into the nursing workforce in their countries and pose questions to their leaders and governments. He added there may be good reasons for why neighbouring countries have differences in their nursing workforces, but the report enables nurses to ask the right questions to explore those issues. Mr Catton concluded: “It is important to dig beneath headline figures to really understand what is going on. For example, about 70% of countries report having a CNO, but if you dig deeper you find they don’t have budget or staff. We now have fabulous data from the *State of the World’s Nursing* report, but we need to drill down into it to make it effective. This data enables us to get down and dirty with the data with our politicians and to advocate for our cause. We are so excited by the data and are already thinking about the second and third reports.”

Karen Daniels, Health Workforce Department, WHO, highlighted the opportunity that exists with the publication of SOWN and the pending publication of SOWM to use in discussion with key decision makers in-country. “Driven by a theory of change, SOWN is conceptualised as being a tool through which data is collected, aggregated and returned to countries,” she said, adding that “Data is part of a continuum which will lead to dialogue.”

Dr Daniels gave examples of successful policy dialogues and said that WHO will be developing a set of materials that can assist the nursing and midwifery professions to take the data forward through dialogue. She outlined WHO’s three-phased approach to the SOWN National Policy Dialogue Process: 1) inception and pre-planning; 2) identifying policy priorities and planning for action; 3) implementing and capturing policy changes.

Elizabeth Iro summed up the discussions: “It is really important that you understand your own internal mechanisms for making policy changes and understand your political environment and the timing to push forward your agenda. Use international stakeholder partners to push forward the policy changes you want. And understand your community stakeholders.”

Dr Campbell closed the day commenting: “The International Year of the Nurse and Midwife 2020 is a unique moment in history. This is a first: we haven’t had a year of celebration, awareness and recognition for an occupation in WHO’s history. The same with the COVID-19 pandemic: it is a unique experience for all our generations. What we have seen in the last six months since the first cases were reported, into the reality of today, and this outpouring of awareness for the contribution of health workers to the essential care services, to the pandemic response around the world has been quite phenomenal. We mourn the tragic loss of nurses and midwives around the world who lost their lives in responding to the pandemic, the same as we saw previously in the Ebola response. We mourn their loss.”

He urged nurses to use the data available in the SOWN report to advocate for change: “We have unprecedented attention towards Universal Health Coverage, Health for All and Primary Health Care. We have the pandemic of COVID-19 and its emphasis on the essential role of health workers, of nurses and midwives who perform their roles with professionalism. There is no better time than today to take that step forward to action.”

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Held virtually for the first time, the biennial Triad meeting of Global Nursing and Midwifery Leaders is being held from 16-18 June with participants from the WHO regions of EURO, WPRO and SEARO joining in the morning and participants from AFRO, EMRO and PAHO joining in the afternoon.

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