

Nurses and midwives look to the future of next Global Strategic Directions for Nursing and Midwifery

ICN-ICM-WHO Triad Statement to be released next week

Geneva, Switzerland, 18 June 2020 – The third and final day of the ICN-WHO-ICM **Triad 2020** meetings focused on a review of the current [Global Strategic Directions for Nursing and Midwifery](#) (SDNM) and a look toward development of the next SDNM.

The meeting was opened by Howard Catton, ICN CEO, who said, “Today will be focusing on the future. This is a real opportunity to create a new future of optimism of where we want to go.”

Elizabeth Iro, Chief Nursing Officer, WHO, presented the background on the SDNM, including its history and purpose. Over the past 70 years, many decisions have been made in favour of strengthening nursing and midwifery, with the most recent resolutions focusing on data and evidence, international mobility, recruitment and retention, education and training, legislation and regulation, and policy-making. She emphasized that the SDNM has purpose and power and is a roadmap for the future. While not binding, they do provide important goals and targets.

Professor Rowaida Al-Maaitah, Jordan, gave an overview of the current SDNM, 2016-2020 which are drawing to a close. She presented the four main themes of the SDNM and demonstrated the full alignment of SDNM with the [Global Strategy on Human Resources for Health](#), which was also launched in 2016.

“One of the powerful things in this report is the monitoring approach,” said Professor Al-Maaitah. We have very well articulated the monitoring approach. We



SDNM 2016-2020: Four Themes

1. Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings.
2. Optimizing policy, effective leadership, management and governance.
3. Working together to maximize the capacities and potentials of nurses and midwives through intra- and interprofessional collaborative partnerships, education and continuing professional development.
4. Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development.

Speaker, Jordan, Prof. Rowaida AlMaaitah

We have all the interventions for all levels and seen how these have been applied. We have to keep this approach and improve for the future directions.”

Professor Al-Maaitah provided examples of SDNM advancements shared by GCNMOs in 2018 and showed how the SDNM have been used in practice. She raised two important issues: the importance of alignment between SDNM and other key documents including national strategic directions, and the importance of how we are monitoring progress.

Several speakers from across the regions shared what they found useful in the current SDNM and what they would like to see in the next iteration. Soh Chin Tan from Singapore said that the current SDNM has great impact on development of nursing for the future and mobilizing

political will, but emphasized that without the full support of governments and adequate resources, some countries may not be able to evaluate.

Patricia Titulaer, Technical Midwife Officer at ICM, shared her experience in Sierra Leone, saying that political will is needed to get things moving. “The SDNM was used as a push for development for the national SDNM and HRH strategy as well as to push for educational standards and tools, especially accreditation,” she said. She called for more elaboration on barriers such as gender and equity and strengthening of the scope of practice.

Karen Bjørø, ICN Board Member from Norway, presented lessons learned in the European region, stressing the need for alignment at the regional level and across health systems. She called for a summary of data from each region; for nursing and midwifery issues to be more central to all WHO departments; for increased visibility at the World Health Assembly and regional committees; and for good interprofessional collaboration.

“Leadership is critical in the development and implementation of SDNM,” she stressed, pointing out that in countries “where there is GCNMO and leadership programmes, we see positive development in strengthening professions.” She was pleased to report that the new WHO Regional Director for Europe, Dr Hans Kluge, has promised to establish the position of CNO for the EURO region, saying “this is a powerful message to national governments”.

Prior to the Triad meeting, all participants were sent a link to a prioritization exercise and asked how they prioritised areas. Carey McCarthy, Health Workforce Department, WHO, presented the results of this prioritization exercise to which 303 participants responded, including 72 from national nursing associations. In all three groups of respondents (GCNMOs, nurses, midwives), there was consensus on the top three priorities: 1) education and training programmes match health system objectives; 2) use of competency-based curricula and appropriate technology in education and training programmes; and 3) leadership present at local, national, regional and global levels. In addition, education capacity was important for nursing and midwifery associations, and salary and pay were high priorities for nursing associations.

When asked “Should the next SDNM have a reporting requirement per country?”, 87% of respondents said yes; and to the question “What should the time horizon be?”, there was a tie between a four-year time horizon and a 10-year time horizon with a check in at 2025. Only 8% thought we should wait until 2030.

Elizabeth Iro led an open discussion on the reactions to findings of the prioritization exercise, saying “We are looking at a process where we can really inform the next SDNM. This is one of the first opportunities to hear from you and it is really great to hear how you see this going forward based on elements in the exercise.”

Dr Ying Wu, ICN Board member from China, commented on the need to use competence-based programmes and improve educational capacity; and said that there should be national reporting requirements and indicators for each intervention. She stressed that, because the situation is rapidly changing globally, it is better to have a five-year period check (2025) for the time horizon, so we can change indicators if needed.

The meeting heard from Oman about how its ministry of health adapted the global strategic directions into its own five-year strategic plan. The approach used was to look at the evidence and create and initiate policies that enabled it to be implemented. A lot of focus is on how to create an environment that is conducive to the delivery of effective nursing care, and enhancing the professions within organisations, including the introduction of the Magnet Hospital initiative and research on competency development for nurses. Oman also worked

on succession planning, focused on the leadership and decision making of key individuals in the nursing and midwifery professions.

Comments were also given by Roshani Tuituit, GCNMO, Nepal; Florminda Tejano, Philippine League of Government and Private Midwives; and Rita Borg Xuereb, ICM Board member from Malta.

Rowaida Al-Maaitah agreed that the post-COVID-19 context may affect priorities for the next SDNM and Elizabeth Iro said that it is important to realign thinking and keep our focus on UHC and Health for All as well as the SDGs to strengthen nursing and midwifery.

Howard Catton then opened the discussion on the place and alignment of global strategies in local, national, and regional contexts. He summarized participants' comments, saying that there was a clear consensus on the role of leadership and education issues and that many delegates had talked about the importance of supporting autonomous, independent practice, decision-making, working to full scope, and increased capacity. He reiterated the fact that the next SDNM will be part of a new COVID-19 and post COVID-19 environment. "Countries will be thinking about where they need to strengthen their health systems. I would encourage you to think about alignment in terms of the real-world context we will be going into."



Carey McCarthy agreed, noting that the prioritization exercise had been posted at the beginning of the pandemic and this might affect prioritization and the time horizon. Michelle Rumsey, Australia, added that reporting needs to be flexible enough to meet the needs of every country.

ICN Board Member Pam Cipriano said the great work done in preparing SOWN report created a road map that reinforced the strategic direction for nursing and midwifery. "What is important are the priorities on leadership in particular, which we have embraced across our National Nursing Associations. We have seen that it is our ability to influence policy through leadership and working with other stakeholders, holding our health ministers' feet to the fire to act on providing the resources that will support education, the robust workforce that are going to achieve the effective outcomes and be able to help us address the sustainable development goals and universal healthcare, and to be able to improve the working conditions of nurses and midwives everywhere and increase the impact of their education. We cannot emphasise enough the work we all must do to develop leadership positions to have them at the highest levels in our countries and to bring evidence to policy makers, because we know that is truly powerful. ICN is working aggressively on these issues with our member countries and we believe this is a great opportunity to craft the next strategic direction for everyone."

Sally Pairman, CEO, ICM moderated the discussion and final comments on the Triad statement which will be finalised and published next week. A lively discussion followed with comments given orally by Sung Rae Shin, ICN Board member, South Korea; Caroline Homer, Australia, ICM; Jose Luis Cobos Serrano, Spain; Ase Boysan, from the Ministry of Health in Turkey; Roa Ataweli, GCNMO Saudi Arabia; Margareth Broodkoom, GCNMO, New Zealand; Kateryna Balaanova, GCNMO, Ukraine; Fatima Almaqbali, GCNMO, Oman; and Lisa Apini-Welcland, Germany, as well as many other comments shared on the chat group.

In summarising the discussions about the Triad statement, ICN CEO Howard Catton emphasised it should reflect what is happening in the wider world.

“The energy, the dynamism, the leadership that we have seen over the last few days are hugely powerful and give us an enormous platform to take forward the development of both our professions. My final challenging observation or question is: are we absolutely sure that what we are going to be saying and what is going to be coming out from this Triad is grounded in the reality of the world that we currently live in? COVID-19 is seeing our colleagues die, have mental health problems, being subject to assault. Many of our colleagues will be looking to us to address those issues. COVID-19 also presents a huge opportunity for a ‘new normal’ and strengthened health systems. What is our vision for what we want that to be? It has exposed huge inequalities that run through our health systems including in terms of deaths we are seeing of black, Asian and minority ethnic groups right around the world. And if we think that COVID-19 is bad, what might climate change bring, and what are the implications and impacts for health for all of the planet? At this time when we are addressing these major real-world issues, it is probably the most difficult time to make a case for resources, especially if we are heading for a global economic downturn. Those are some of the real-world issues that are out there at the moment. My challenge to us is to think about how we are looking out and really doing the most that we can do for the health of people everywhere.”

Annette Kennedy, ICN President, commented on the need to ensure that the statement is short and sharp. “We have to think in terms of policy,” she said. “The priorities will always be about investment, about getting into policy, and about influencing the health sector. Together we work better than separately.”

The organizers and hosts all gave final expressions of appreciation to all participants for the discussion and dialogue in the 8th Triad Meeting.

Sally Pairman, ICM CEO said, “This virtual opportunity to meet has really meant that many more midwives and nurses have been able to participate. It is important that more people get to have their say and we can listen to what they have to say. I really hope we can use this again in the future. I have to agree with Howard, we are essential workers everywhere and we are collaborative. We are distinct and have many differences, but we have many similarities and it is important we work together for the benefit of the people we care for.”

Anshu Banerjee, WHO Senior Advisor, Department of Reproductive Health and Research, said, “The COVID-19 pandemic has really put healthcare professionals in the spotlight...this is a real opportunity to highlight the important role of the health workforce and make a pitch for investments in the healthcare workforce.”

Franka Cadée, ICM President said, “I feel really excited to see midwives and nurses working so well together, supporting each other...we can do so much for people worldwide.”

Annette Kennedy concluded, “My watchword for my presidency is ‘Together’ and this is certainly the year of being together. It stands to us to protect our profession, protecting the nurses and midwives on the front line.” She reminded participants of the “Four Ds” process mentioned by Jim Campbell: Data, Dialogue, Decision and Dollars, and reiterated Howard Catton’s call to “get down and dirty” with the data with our politicians.

* * *