



### Where are we at the start of 2020 The Year of the Nurse and the Midwife?

In 1994, a major international study of GCNO positions<sup>1</sup> highlighted that 98 of the 173 countries (about 57%) listed in the Human Development Report of the United National Development Programme had a GCNO. The GCNO positions were found in all three of the human development categories - high, medium and low and they also included countries with differing socio-economic, socio-political, religious and cultural characteristics.

At the end of 2019, ICN through the regularly scanning it undertakes of health systems, undertook a snapshot of the current number of GCNO roles globally. The intention is to provide a benchmark at the start of 2020, the WHO designated International Year of the Nurse and Midwife. The key findings were:

#### 1. About two thirds of countries report having a GCNO “point of contact”, but this is NOT necessarily the same as having a GCNO position

Approximately two thirds (about 67%) of WHO Member States report having a nominated government senior nursing officer or a central point of contact for nursing. However, it is clear that “GCNO point of contact” may not have the authority and full range of responsibilities associated with a GCNO position. In addition, these senior nursing positions are unevenly distributed across member countries globally. For

example, there are more senior nursing officers in the WHO African Region (AFRO) compared to the WHO European Region (EURO).

#### 2. Significant variations exist in the functions and influence of the role

It is not clear in many countries whether the GCNO role requires the postholder to be a registered nurse or midwife. The postholder may also not have responsibility for health and nursing policy at a senior level. Some of the GCNO positions do not have the authority and/or the direct influence on health policy formulation. Some of them may work only within discrete areas of a health system i.e. hospitals. Many roles are also located at a mid-management level rather than at strategic decision-making levels of government. It was not possible to identify a standard approach to the creation or recognition of government leadership positions for nurses.

#### 3. Lack of support and uneven resource distribution

There does not appear to be a correlation between the presence of a GCNO position, the size of the nursing workforce, or economic status of a country. Some high-income countries with significant nursing resources have no GCNO position whereas many low-income countries with only a small nursing workforce report having a GCNO contact point.

**On the basis of this ICN snapshot, it is highly probable that the number of countries with a GCNO position operating at a strategic level with the authority to lead nursing and midwifery and contribute to the determination of health policy, and where the postholder is a registered nurse or midwife, is around 50% of countries in the world. The number of GCNOs does not appear to have improved since 1994. This is a clear indication that world has not fully recognised the potential of what GCNOs can bring to improving the health needs of the world.**

# ICN CALL TO ACTION

## 1. ICN is calling on all countries to:

- Recognise the critical role of nurses in reaching universal health care and achieving the SDGs, and the importance of engaging nurse leaders in policy making at a national level.
- Establish a GCNO position within appropriate units of Government Ministries of Health, with sufficient resourcing and senior level decision-making responsibilities and authority.
- Ensure GCNO must be a nurse and/ or a nurse midwife.
- Include their GCNO in delegations to the World Health Assembly in 2020 and onward.

## 2. ICN is calling on WHO to establish a GCNO position in every WHO region.

To support this, the ICN intends to undertake a further assessment of the prevalence of GCNO roles at the end of 2020, and also to develop a comprehensive position statement over the next few months to define and describe the roles, importance, contribution and benefits such strategic positions offer.

In 1895, the Government of New Zealand appointed Grace Neill, the first nurse in a senior position within public health service. In her term, she strongly fought for nursing to be an educated and regulated profession. She worked closely with politicians, health professionals, health systems and consumers to bring about positive advances to health. As a result, in 1901, New Zealand became the first country to have nursing legislation. Later, New Zealand was to become one of the first countries in the world to introduce nurse registration, setting the standards for nursing practice and ultimately improving the quality of health care. New Zealand also recognized the importance of having nurses in senior positions in government by creating a nursing division in the Department of health in 1920.

### Government Chief Nursing Officer Movement

As early as 1933, ICN started its advocacy of the establishment of GCNO positions, and over the years, national governments have increasingly recognised the importance of having nursing advice at the highest levels of decision making. At the ICN Paris-Brussels Congress (1993), a major resolution of the Board was 'ICN stress that a Department of Nursing is a valuable part of the Ministry (or Department) of Health and

urge that such a department be established in all countries'<sup>2</sup>. The linked issues of government chief nurse positions and the nursing contribution to development national health plans and policy have received attention from the World Health Organization (WHO). In 1993, the First WHO Meeting of Government Chief Nurses of the Newly Independent States identified the need for the position of chief nurse in Ministries of Health and for each country to develop a national action plan for nursing.<sup>3</sup>

Today, GCNOs' primary responsibilities are directed at achieving national health goals for the betterment of health for individuals, families and communities. They are considered as critical agents to health improvement and policy reforms, to facilitate the integration of health care and to align nursing practice across the continuum of care.

In addition to supporting country level health needs and policies, GCNOs are often required to work with other countries and international organisations to enhance global efforts in improving health and wellbeing. Health needs often transcend national boundaries and much work is required in the coordination of response, planning, prevention, preparedness and other care and human resource issues.

With these issues in mind, GCNOs have a vitally important role to play and therefore should be fully engaged in the planning, development, implementation, and evaluation of health system development and policy initiatives. To do this they must be represented at the highest level of policy decision making.

However, in reality, the nursing contribution at national government levels is often non-existent, under-recognised or underutilised and nurses are still at a distance from central decision making on health policy. **The ICN firmly believes that a Government Chief Nursing Officer (GCNO) role should exist in every country.**

## Government Chief Nursing Officer (GCNOs)

Senior nursing leadership is often the most visible in the form of the role of GCNO. According to the WHO <sup>4</sup>, GCNOs are often positioned at the strategic policy level of Ministries of Health where they can provide policy advice and support governments in strengthening the nursing and midwifery workforce. The roles of the GCNO are mainly categorized under leadership and influence, advising on policy, planning and delivery of health systems and services, and advising on programmes for health status improvement.<sup>5</sup>

A well-supported and effective GCNO position would:

### 1. Influence substantially on policy reform

The health care system landscape is changing and there is a paradigm shift taking place from the hospital and medically-based care model to integrated people-centred, primary health care approaches. Nurses are close to the community, work in a wide range of non-hospital settings and frequently may be the only or most consistent health profession a person sees. The GCNO position is critical to supporting the design of these new models of healthcare. GCNOs possess the capability to steer the development and implementation of health policy, strengthening of health systems and access to health care. The position also serves as the focal point for nursing in respect to both domestic and international nursing and health issues. In the WHO, the office of the Chief Nursing Officer convenes the WHO Task Force on Nursing and Midwifery and

provides an interdisciplinary platform to embed nursing and midwifery perspectives in WHO's work and global health initiatives.<sup>6</sup>

### 2. Ensure optimal utilization of nursing workforce

An empowered GCNO can provide effective leadership on different aspects of health system plans and policy, particularly those that have nursing implications. GCNOs also have the capacity to assist governments to achieve the health goals of the country through the nursing and midwifery workforce. They can lead the development of country action plans for nursing to increase the positive impact of nursing on health. This is most pronounced in human resource issues such as recruitment and retention strategies and the development and deployment of the nursing workforce. GCNOs are also able to realize the nursing contribution to its full potential and support the development of nursing practice by promoting quality nursing education, motivating research and training, to meet emerging health needs. A recent WHO report on the implementation of the Global Strategic Directions for Strengthening Nursing and Midwifery (SDNM)<sup>7</sup> suggests GCNOs take up a leadership role to advance the agendas for universal health coverage (UHC) and primary health care (PHC) through strengthened regulations, accreditation and workforce data collection.

### 3. Coordinate nursing profession

GCNOs liaise within the nursing profession and across professions and sectors throughout the health system to ensure cost-effective planning and sustainable delivery of health services. The position can bring together leaders of the profession's representative, educational and regulatory organizations to build consensus on the development of health policy. This key role can strengthen the capacity of governments and help bridge that policy into action to serve the public interest and public good. The GCNO positions are important in synthesizing evidence, public opinion and nursing perspective to identify health priorities, opportunities and contribute to solutions.

## References

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