

Building better together

Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region



ABSTRACT

Nurses and midwives comprise half of the professional health workforce globally, interact with people from birth to death across all types of settings and account for about 90% of contacts between patients and health professionals. They can deliver safe, high-quality, effective and efficient health services, particularly for vulnerable, disadvantaged and hard-to-reach groups. Enabling and supporting nurses and midwives to work to their full potential is essential to achieving the Sustainable Development Goals and supporting universal health coverage, and to meeting current and future population health needs. This Roadmap reflects the priorities of the WHO European Programme of Work to set out activities organized according to the four areas of focus of the WHO *Global strategic directions for nursing and midwifery 2021–2025* report (education, jobs, leadership and service delivery) across 12 policy priorities. It proposes activities for Member States of the WHO European Region and outlines specific areas of technical support the WHO Regional Office for Europe can provide.

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Finally, deep and sincere gratitude is extended to all the nurses and midwives in the WHO European Region for their tireless work throughout the pandemic and for whom this Roadmap aims to ensure that indeed, not one of them is left behind.





Foreword from the WHO Regional Director for Europe

As I write this foreword, the world is still grappling with an unprecedented pandemic that has upended our lives, our health systems — and our health workforce.

Nurses and midwives have always carried out crucial work caring for the vulnerable in our communities. Today, the dedication, commitment and value demonstrated by nurses and midwives during the pandemic, often at great personal expense, has made it unequivocally clear that they are integral to well functioning health and care systems.

It is time to ensure these professions are recognized, valued and supported.

This is why the new Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region comes at such a pivotal time.

Through the Roadmap, we will work over the next five years to ensure that nurses and midwives have the capacity to contribute to key areas of public health, primary care, long-term care and post-COVID-19 recovery. We will put this into practice through relevant education, improved working conditions, the promotion of leadership opportunities and clear career pathways.

The Roadmap is a solid blueprint for strengthening health and care in the WHO European Region. It gives us a framework to guide action. And most importantly, it enables the contributions of nurses and midwives themselves.

However, the *State of the world's nursing* and *State of the world's midwifery* reports show that we still face a wide range of challenges in our Region.

The nursing and midwifery professions continue to struggle in terms of recruitment and retention, lack of acceptable working conditions, limited opportunities to work to the full scope of practice and few opportunities for leadership and advanced roles.

The Roadmap is a practical document that takes into consideration the reality faced by nurses and midwives, reflecting the Region's specific health challenges. It aligns with the national priorities of Member States and underscores the vast experience and expertise we have in our Region.

I am grateful for the strong regional partnerships that have made this document possible. These include collaborations with the European Forum for National Nursing and Midwifery Associations and our new WHO Regional Office for Europe Government Chief Nursing and Midwifery Officer Hub.

I encourage all our partners to continue working together to strengthen the necessary political commitment to advance this agenda.

Nurses and midwives are the backbone of our health workforce, and essential to achieving our shared objective — advancing the health and well-being of the women, men and children living in our Region.

Hans Henri P. Kluge

WHO Regional Director for Europe

Call to action

While the long-term impact of COVID-19 is still unfolding, it is obvious that we must place nurses and midwives at the centre of our actions to build health systems' resilience, maintain essential health services and strengthen public health functions to enable progressive and lasting economic and social recovery.

Three key messages have stood out from the pandemic.

First, nurses' and midwives' contributions throughout the pandemic have been life-saving and system-saving. Through their innovation, networks and resourcefulness, they have enabled our systems to respond flexibly where options, resources and bandwidth have been, or seemed, scarce.

Secondly, nurses' and midwives' well-being and physical and mental health have been disproportionately affected. And tragically, nurses and midwives have died due to COVID-19. This threatens the safety and sustainability of our health systems and, consequently, hampers advances in tackling gender inequity in a predominantly female workforce.

And thirdly, nurses and midwives in the WHO European Region are retiring or leaving the workforce at an unprecedented pace, either because they were due to retire (the health workforce in the Region is ageing rapidly) or, more worryingly, because of fatigue and burnout.

The message is clear for all to see.

We must do better.

First, because we recognize and appreciate our nurses and midwives as individuals, and we need to do more to support and protect them. This is not just the right thing to do – it is a moral obligation.

We need to listen more to our nursing and midwifery workforces and heed their calls and suggestions for how to pursue better education and decent work.

Secondly, because we cannot even start to truly make progress in improving access to quality health services in the European Region without the required number of appropriately trained and well supported nurses and midwives.

In September, the Pan-European Commission on Health and Sustainable Development, tasked to rethink health policies in the light of pandemics, produced its final recommendations. It made an unequivocal call to governments and policy-makers to invest in nurses and midwives, underlining the need to create conditions not only to attract more people to the profession, but also to retain them.

Governmental, international, regional, national and local partners and stakeholders from within the health sector and beyond are well placed to build back better and seek ways to recognize and appreciate our nurses and midwives, supporting and protecting them.

We will need both short- and long-term efforts.

At the WHO Regional Office for Europe, we are committed to promoting the leadership role of nurses and midwives across all levels of the health and care system. We will continue to work closely with the new European Government Chief Nursing and Midwifery Officer Hub and the European Forum for National Nursing and Midwifery Associations to advocate for nursing and midwifery in all countries in our Region.

The COVID-19 pandemic has shone a light on the need to address complex policy challenges to ensure we have the nursing and midwifery workforce to meet current and future health needs in our Region. The next step is to implement evidence-based policies to enable us to advance the Global Strategic Directions for Nursing and Midwifery adopted through World Health Assembly resolution WHA74.15.

We therefore call on governments and all our partners in the WHO European Region to work together in a concerted manner to ensure unwavering long-term political commitment to the nursing and midwifery workforce through sustainable investments in the following four priority areas outlined in this Roadmap:

- *strengthening nursing and midwifery education and training programmes by developing academic standards and promoting appropriate regulatory measures to ensure excellence in nursing and midwifery education and promoting access to continuing professional development opportunities;*

- *optimizing nursing and midwifery practice to enable nurses and midwives to practise in safe and supportive environments and promote their enhanced roles within multidisciplinary interprofessional health teams;*
- *creating and funding attractive jobs to increase the availability, distribution and retention of nurses while respecting the principles of the WHO Global Code of Practice on the International Recruitment of Health Personnel;*
- *building nursing and midwifery capacity at senior levels and offering clear career advancement pathways.*

Fulfilling the proposed goals of the Roadmap is seen by the WHO Regional Office for Europe as an imperative not only for nurses and midwives, but also for the health and well-being of the populations and countries they serve.

Their current and potential roles in critical areas of primary health care, hospitals, mental health, long-term and palliative care and health promotion, and their broader societal impact in improving equity by making health care accessible to the most vulnerable populations, are invaluable. These attributes will go a long way towards building back our economies and accelerating gains in gender and social equity in our societies.

We sincerely express our gratitude to nurses and midwives in the Region for the dedication and passion they have shown, and continue to show, every day of their lives.



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Abbreviations

EPW	(WHO) European Programme of Work
GCNMOs	government chief nursing and midwifery officers
GSDNM	(WHO) <i>Global strategic directions for nursing and midwifery 2021–2025</i> (report)
NCDs	noncommunicable diseases
NHWA	National Health Workforce Accounts
SDGs	Sustainable Development Goals
SoWMy	<i>State of the world's midwifery</i> (report)
SoWN	<i>State of the world's nursing</i> (report)

Introduction

As governments in the WHO European Region rebuild health and social care systems affected by the COVID-19 pandemic, it is critical to ensure that the health and care workforce is at the centre of these efforts. Any discussions seeking to build a resilient, secure and fit-for-purpose health and care workforce will inevitably include nurses and midwives, who account for the largest single group of health professionals and are responsible for 90% of contacts between patients and health professionals.

Recent global and regional developments in nursing and midwifery have provided momentum for change in how nurses and midwives are viewed and valued. This Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region (referred to hereafter as the Roadmap) emphasizes the pressing requirement to put nurses and midwives – their activities, training, needs and expertise – firmly on political agendas and recognizes their critical contribution to achieving common health and social development targets. The Roadmap aspires to give back to nurses and midwives in the WHO European Region for the dedication and passion with which they continue to care for populations despite the many challenges and limitations they face. Fulfilling the proposed goals of the Roadmap is seen by the WHO Regional Office for Europe as an imperative not only for nurses and midwives, but also for the populations and countries they serve. Fulfilling the proposed goals of the Roadmap is seen as central to the WHO European Programme of Work (EPW) (WHO Regional Office for Europe, 2021a), which guides the work of the WHO Regional Office for Europe and has placed the workforce at the heart of the three EPW goals and four flagship programmes.

The role of nurses and midwives in addressing health challenges in the WHO European Region

Nurses and midwives comprise half of the professional health workforce globally, interact with people from

birth to death across all types of settings and account for about 90% of contacts between patients and health professionals (Crisp et al., 2018). They are often the first, and only, point of contact for people with health and care systems. They can deliver safe, high-quality, effective and efficient health services, particularly for vulnerable, disadvantaged and hard-to-reach groups. Enabling nurses and midwives to work to their full potential is essential to achieving the Sustainable Development Goals (SDGs) and universal health coverage, and to meeting current and future population health needs.

Recent global and regional developments in nursing and midwifery have provided momentum for change in how nurses and midwives are viewed and valued.



Ageing populations and epidemiological changes linked to communicable and noncommunicable diseases (NCDs) have led to increased demand on health systems across the WHO European Region. NCDs are the leading cause of death, disease and disability in the Region. The risk of dying prematurely from the four major NCDs (cardiovascular diseases, cancer, respiratory diseases and diabetes) is below 10% in some countries, but as high as 31% in others (WHO Regional Office for Europe, 2021a). Nurses and midwives play a key role within a multidisciplinary health workforce and are central to providing health promotion and fostering health literacy in the prevention and management of NCDs (WHO, 2018).

Health inequality is visible in infectious diseases like tuberculosis, with around 83% of estimated cases occurring in 18 countries of the 53 in the Region. Thirteen of these are in eastern Europe and central Asia (WHO Regional Office for Europe & European Centre for Disease Prevention and Control, 2021). Nurses play an essential part in infectious disease prevention, management and control, including detecting, treating and caring for people who are infected; this became unequivocally apparent during the COVID-19 pandemic. Ensuring bachelor's-level education and opportunities for advanced practice therefore are critical components of securing health system improvements in hospitals, primary care and community settings, particularly in relation to improving patient outcomes, and needs to be strengthened.

The COVID-19 pandemic has created additional challenges to health systems in the Region and reinforced the central role of health and care workers in providing effective care and maintaining a functioning health system. Evidence on the full scope of the long-term consequences of the COVID-19 pandemic is still emerging within and beyond the health and social sectors. Although many questions remain about the implications of long COVID on mental, physical and social functioning and its long-term impact on health services, the pandemic has revealed and exacerbated pre-existing weaknesses in the health system, including challenges with shortages of, imbalances in, and recruitment and retention of health workers in general and nurses and midwives in particular. It has also emphasized the need for Member States of the Region to enable nurses and midwives to work to the full scope of their education and training and highlighted the need for decent working conditions, strengthening nurses' and midwives' professional resilience and protecting their occupational, physical and mental health.

Most concerning is the rise of burnout and stress among nurses, midwives and other health workers, supported by emerging evidence of post-traumatic stress disorder among nurses and midwives, and the lack of understanding of the full implications of this for workers, populations and services. Now more than ever stakeholders in the WHO European Region need to sharpen their focus on the critical need for a well educated, skilled, competent, empowered and regulated health workforce.



Nurses and midwives account for about 90% of contacts between patients and health professionals.

The situation of nursing and midwifery in the WHO European Region

The first *State of the world's nursing* (SoWN) (WHO, 2020) and the third *State of the world's midwifery* (SoWMy) (United Nations Population Fund, 2021) reports provide the largest collections of evidence on the role of nurses and midwives in improving health outcomes worldwide. The reports offer invaluable data and insights to guide collective understanding of the four policy focus areas and accompanying policy priorities in the *Global strategic directions for nursing and midwifery 2021–2025* (GSDNM) (WHO, 2021a). Some of the areas that will be key for enabling the EPW in the European Region are as follows.



EDUCATION

The EPW calls for aligning the education, training and production of the future workforce with population health needs, including the requirements of post COVID-19 recovery. However, the education, roles and responsibilities of the nursing and midwifery professions vary greatly across the Region. The minimum levels of nursing and midwifery education and the quality of training programmes often do not prepare nurses and midwives to meet the health needs of the populations they serve. Primary capacity limitations revolve around numbers and qualifications of educators, infrastructure and clinical practicum sites.

In relation to pre-service education, most countries in all WHO regions, including the European Region, have three- or four-year programmes, with five-year programmes

being rare. In relation to pre-service education, the SoWN report shows that four-year bachelor-level nursing education programmes are associated with better performance and better patient outcomes. As countries consider reforms to nursing education, it is important to ensure that these are delivered by nurses, and that curricula are informed by evidence, guided by national health priorities, and provide a combination of theory and practice. It is also important to engage practising nurses to ensure their voices are heard in the reform process.

It is also now clear that when midwives are educated to international standards and midwifery includes the provision of family planning, more than 80% of all maternal deaths, stillbirths and neonatal deaths could be averted (WHO, 2019a). Midwifery and nursing care provided by nurses and midwives educated to international standards have broader benefits for family and community health across a range of settings, from low- to high-income countries and including fragile and conflict-affected areas (Homer et al., 2014; Renfrew et al., 2014).



SERVICE DELIVERY

Equally important to the EPWs goal of aligning training and production of the future workforce with population health needs is the need to optimize the scope of nursing and midwifery practices. Differences in nursing and midwifery practices within the Region are substantial, however. In some countries, nurses can prescribe medication, perform minor surgery, independently manage chronic diseases and lead hospitals, while in others, nurses and midwives are struggling to practise to the full scope of their training.

There is significant scope for nurses to play a far greater role in primary care in particular, strengthening primary health services in multidisciplinary teams by managing NCDs and promoting health and disease prevention (WHO, 2018). Implementing advanced and specialist roles with new and innovative models of care is key to achieving universal health coverage (Crisp et al., 2018; Rosa et al., 2021).

Nurses and midwives need safe and supportive environments to practise to the full extent of their education. This is about far more than ensuring fair working conditions, important though that is. It is also about putting in place regulations to support safe and enabling working environments for patients and health workers, including measures to ensure supportive conditions during emergency situations like the COVID-19 pandemic.

Within midwifery services, women's access to woman-centred, respectful and rights-based skilled midwifery care across the whole childbirth continuum varies between Member States and settings. The 2021 SoWMy report observed that the WHO European Region is one of the regions in which midwives most commonly are not able to work to their full scope of practice, which can have grave consequences: beyond preventing maternal and newborn deaths, quality midwifery care improves over 50 other health-related outcomes, including in sexual and reproductive health, immunization, breastfeeding, tobacco cessation in pregnancy, tuberculosis, HIV and obesity in pregnancy, early childhood development and postpartum depression (United Nations Population Fund, 2021).

The evidence for improved outcomes and experiences of women and newborns when care is provided by a skilled midwife is strong (Nove et al., 2021; United Nations Population Fund, 2021). Midwifery-led birthing units increase the likelihood of spontaneous vaginal birth and decrease the rate of caesarean sections (Hodnett et al., 2012); this explains why midwifery education and services should be harmonized across the Region in compliance with WHO guidelines and international standards to ensure that no woman and her baby are left behind.



JOBS

The EPW calls for sustainable health workforces by building consensus around regional and subregional initiatives to reach a fairer distribution of the health workforce and address shortages. Nurses are the biggest group of professionals in the health workforce of the WHO European Region, numbering 7.3 million and comprising 57% of the total health workforce. There is maldistribution of nurses and midwives in the Region between rural and urban areas. The Region faces substantial shortages due to multiple factors such as an ageing workforce (Buchan et al., 2020), the impact of the COVID-19 pandemic, exacerbation of stress and burnout among the health workforce, an expected increase in nurses leaving the profession, lack of adequate recruitment and retention policies, lack of systematic health workforce planning strategies and complex patterns of international migration.

Limited ability to work to the full scope of education and training and slow progression in implementing advanced roles are additional challenges, exacerbated by gender inequality in relation to, for instance, leadership, pay and career opportunities (WHO, 2019b). According to both the SoWN and SoWMy reports, progress toward the establishment of advanced nursing and midwifery roles in the European Region has been slow. Only 30% of countries in the European Region report having regulation in this area for nurses (WHO, 2020).



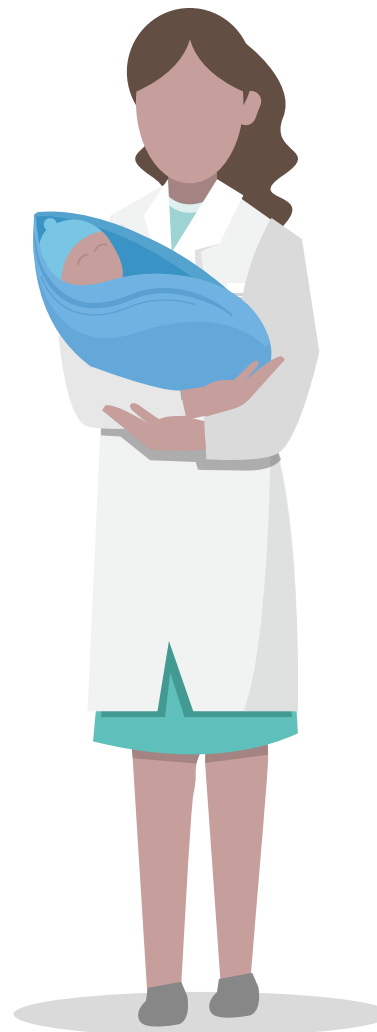
LEADERSHIP

The EPW calls for the formulation of national strategies for improving working conditions and retaining and motivating the existing workforce. Creating leadership opportunities for nurses and midwives is a strong factor in strengthening nursing and midwifery, including through retention and motivation. Nursing and midwifery leadership in clinical settings and policy-making spheres nevertheless faces challenges. The SoWN report (WHO, 2020) estimated that 86% of countries in the Region reported having a government chief nurse with most positions being assumed by nurses, although some continue not to be filled by nurses or midwives. Their roles, however, do not extend their reach into shaping health policies or key areas of workforce and service delivery planning. While the appointment of chief nurses and midwives indicates a true elevation of trust to participate in policy-making and is a sign of a strong turn towards strengthening the role of nurses and midwives at government level, nurses and midwives must be further supported in executing leadership roles. Analysis has shown that the presence of a government chief nursing or chief midwifery officer position and the existence of a nursing/midwifery leadership programme are associated with a stronger regulatory environment for the profession (WHO, 2020; United Nations Population Fund, 2021).

That said, only 56% of countries in the Region report having nursing leadership programmes in place. These must be introduced from the very beginning to ensure that leadership opportunities are not missed (WHO, 2020). In midwifery, the SoWMY report showed that 54% of reporting countries in the European Region have midwives in leadership positions, with only 15% of these within national

ministries of health (United Nations Population Fund, 2021). Although not all countries chose to introduce chief midwifery officers, those that have chosen to do so ensure the existence of midwife role models, enable prospects for career advancement and allow midwives to work to the full scope of their education and training.

Analysis has shown that the presence of a government chief nursing or chief midwifery officer position and the existence of a nursing/midwifery leadership programme are associated with a stronger regulatory environment for the profession



1. Policy context

Global and regional policy tools

By adopting the Agenda for Sustainable Development and its 17 SDGs, United Nations Member States have confirmed their commitment to eradicating poverty (SDG 1), achieving good health and well-being for all (SDG 3), ensuring inclusive and equitable education (SDG 4), achieving gender equality (SDG 5), and promoting decent work and inclusive and sustainable economic growth (SDG 8). WHO leads the global health efforts to accelerate progress on SDG 3, which is rooted in the concept of universal health coverage.

A key priority area for the EPW (WHO Regional Office for Europe, 2021a) is to support Member States to build sustainable health workforces in fulfilment of actions identified in the *Towards a sustainable health workforce in the WHO European Region: framework for action* (WHO Regional Office for Europe, 2017) and in the *Toolkit for a sustainable health workforce in the WHO European Region* (WHO Regional Office for Europe, 2018). This includes: building consensus around regional and subregional initiatives to reach a fairer distribution of the health workforce and address shortages; enabling a better understanding of health labour-market dynamics; monitoring health-worker mobility; promoting shared strategies to mitigate so-called push factors (including burnout and demotivation); and sustaining and enhancing trust between health workers and health authorities. The work is further grounded in four cross-cutting flagship programmes intended to accelerate and mobilize action around issues of high importance in the WHO European Region:

- The Pan-European Mental Health Coalition (WHO Regional Office for Europe, 2021b);
- Empowerment through Digital Health (WHO Regional Office for Europe, 2021c);
- The European Immunization Agenda 2030 (WHO Regional Office for Europe, 2021d); and
- Healthier Behaviours: incorporating Behavioural and Cultural Insights (WHO Regional Office for Europe, 2021e).

Global nursing and midwifery policy context

The SoWN and SoWMy reports informed the GSDNM's four strategic policy focus areas (education, service delivery, jobs and leadership) and corresponding 12 policy priorities. The GSDNM was endorsed through a resolution at the Seventy-fourth World Health Assembly in 2021, where Member States committed to working towards its implementation policy priorities (WHO, 2021b). The policy priorities are based on the best available evidence and reflect the most effective health-workforce strengthening approaches to date, using a health labour-market lens. The policy priorities aim to support Member States to fully enable the contribution of nurses and midwives to meet population health needs and build resilient and agile health systems. A framework of monitoring has been developed based on National Health Workforce Accounts (NHWA)¹ to monitor progression based on established data-collection processes.

¹ NHWA are a set of 78 core indicators across 10 modules covering three labour-market components: education, labour force and serving population health needs. The NHWA ensure regular and timely health workforce data collection to support country workforce forecasting and planning efforts.

Developing a regional Roadmap to guide implementation of the GSDNM

The Roadmap was conceptualized and developed with collaboration partners and through a broad consultative process that included key nursing and midwifery stakeholders in the WHO European Region. WHO collaborating centres for nursing and midwifery and the European Forum of National Nursing and Midwifery Associations (EFNMA) were essential partners in its development.

The Roadmap aims to capture region-specific challenges while operationalizing the four strategic directions (education, service delivery, jobs and leadership) and the 12 policy priorities of the GSDNM in alignment with national health priorities to inform targeted actions and areas

for investment in nursing and midwifery. It also sets out the workplan for Member States and the WHO Regional Office for Europe for the next five years to contribute to the implementation of the GSDNM priorities and the three pillars of the EPW (Fig. 1).

In March 2021 at the WHO European Region biennial meeting of Government Chief Nursing and Midwifery Officers (GCNMOs) and Focal Points, European Forum of National Nursing & Midwifery Associations and WHO Collaborating Centres (WHO Regional Office for Europe, 2021f), key stakeholders (GCNMOs, professional associations, unions, ministry focal points and academics) discussed and identified key priority areas and actions across the Region in each of the GSDNM four areas of focus (Fig. 2). This formed the foundation for the actions in the regional Roadmap presented in Chapter 2.

Fig. 1. WHO core pillars of work



Fig. 2. Nursing and midwifery priority areas identified during the March 2021 meeting of key nursing and midwifery stakeholders



EDUCATION

- Aligning education and training with scope of practice
- Ensuring that evidence-based practice is a core component of pre-service education
- Improving digitalization and simulation tools in education
- Securing mentoring and quality during clinical placements
- Securing midwifery education in line with international standards



JOBS

- Ensuring that systematic human resources for health planning is underpinned by updated nursing and midwifery data
- Implementing both short-term and long-term retention and recruitment strategies like fair wages, safe staffing, continuing professional development, career paths and rural retention strategies



LEADERSHIP

- Empowering and supporting the next generation of nurse and midwifery leaders through leadership competence development for students and early-career nurses and midwives
- Supporting leadership networks at different levels
- Developing the potential of leadership-skills formation in fields like economics, advocacy and political engagement



SERVICE DELIVERY

- Continuing the work of implementing and developing nursing, midwifery and multiprofessional (where relevant) clinical guidelines
- Utilizing digitalization of health systems to collect systematic data that document the impact of nursing and midwifery interventions
- Developing legislation and regulation that support the development and implementation of advanced roles in nursing and midwifery and nursing- and midwifery-led care

2. The regional Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery

How to read the Roadmap

Taking into account the priorities of the European Region as described in the EPW (WHO Regional Office for Europe, 2021a) and discussed at the 2021 WHO European Region biennial meeting (WHO Regional Office for Europe, 2021f), the Roadmap sets out a series of activities organized according to the four GSDNM areas of focus and 12 priority areas. It proposes activities for Member States and outlines specific areas of technical support that the Regional Office can provide. Activities in the Roadmap can be implemented and developed in many ways and may engage different constellations of stakeholders, depending on country contexts and priorities. The country examples collected for the purpose of illustrating elements of the Roadmap in practice were developed by nursing and midwifery leaders, government focal points, educators and researchers across the Region. The links to the country case studies are included after each section to highlight examples of implementation to advance nursing and midwifery, focusing on challenges and key elements of success.

Throughout this document, the terms “midwife” and “nurse” refer to the distinct occupational groups as described by the International Standard Classification of Occupations in 2008 (International Labour Organization, 2008). WHO recognizes and appreciates the professional distinctions and scopes of practice of the nurse and the midwife, as well as the fact that many countries choose to educate and regulate midwives and nurses jointly to meet health service delivery needs. The GSDNM highlights prioritized issues that are of the highest relevance to both occupations. Where challenges and responses at policy level are different, they are articulated separately.

Monitoring

Monitoring and evaluation of the activities outlined in this Roadmap should be aligned to the monitoring mechanisms outlined in the GSDNM (WHO, 2021a) (see the Annex). In addition to the global mechanisms, at European level, the WHO Collaborating Centre for Human Resources for Health Research and Policy at the Katholieke Universiteit Leuven in Belgium has developed a set of region-specific indicators that can inspire countries to monitor progress. Countries are encouraged to share updates on progress at WHO European regional meetings, including the biennial meeting of GCNMOs and focal points, the European Forum of National Nursing & Midwifery Associations and WHO collaborating centres.











Policy focus. Education

Strengthening and transforming education capacity and quality is essential to ensuring that nursing and midwifery roles are optimized to meet population health needs and align with health workforce planning strategies. It is a key measure that will positively contribute to the achievement of healthy lives and well-being, universal health coverage and resilient health systems in Member States (WHO Regional Office for Europe, 2017).















POLICY FOCUS. EDUCATION








Strategic direction: midwife and nurse graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
<p>Align the levels of nursing and midwifery education with optimized roles within the health and academic systems</p>	<p> moving towards developing and expanding bachelor-level programmes for general entry roles to ensure optimal care, safety of patients and improved health outcomes in line with the EPW priorities; where needed, bridging and articulation programmes can facilitate transition of non-degree-educated nurses and midwives;</p>	<p> providing technical country support and engaging WHO collaborating centres for Member States that want to develop and strengthen their pre-service education programmes, in line with a labour-market analysis and a wider health systems approach;</p>
	<p> establishing clear educational pathways for nursing and midwifery to support the distinct professional roles;</p>	<p> providing support for countries seeking to strengthen their midwifery education through the dissemination and implementation of the Midwifery Assessment Tool for Education (WHO Regional Office for Europe, 2020);</p>
	<p> ensuring nursing and midwifery education benefits from alignment with the European Professional Qualification Directive 2013/55/EU (European Union, 2013), while midwifery education is guided by the International Confederation of Midwives Global Standards for Midwifery Education (International Confederation of Midwives, 2021);</p>	<p> working with WHO collaborating centres to strengthen educational pathways;</p>
	<p> working towards master's- and PhD-level programmes that are dedicated to preparing nurses and midwives for more advanced roles in service delivery, policy and academia;</p>	<p> establishing a regional midwifery expert group to support countries in strengthening midwifery education;</p>

Policy focus. Education contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
		 <p>conducting analyses to support the development of advanced roles for nursing and midwifery in the Region;</p>  <p>working with WHO collaborating centres to strengthen nursing and midwifery master's- and PhD-level programmes in Member States;</p>
<p>Optimize the domestic production of midwives and nurses to meet or surpass health system demand</p>	 <p>supporting education institution capacity in line with demand-driven systematic human resources for health planning approaches to secure the nursing and midwifery workforce pipeline;</p>  <p>implementing regulatory systems for the review and approval of education programmes;</p>  <p>financing possibilities and giving special attention to groups that face social, geographical and economic barriers in accessing education;^a</p>	 <p>conducting an analysis of the economic impact and return on investment of scaling-up education;</p>  <p>supporting Member States through regional and subregional dialogues in developing human resources for health workforce planning models and tools;</p>  <p>supporting Member States with an analysis of student recruitment policies into nursing and midwifery programmes;</p>
<p>Design education programmes to be competency-based, apply effective learning design, meet quality standards and align with population health needs</p>	 <p>supporting the development of regulatory mechanisms to assure competency-based education programmes;</p>  <p>supporting the development of competency frameworks that secure competencies in primary health care, social determinants of health, ageing, mental health and digital health;</p>	 <p>supporting Member States with an analysis of effective regulation of nursing and midwifery education and training programmes;</p>  <p>organizing regional and subregional support in developing competencies in the EPW priority areas:</p> <ul style="list-style-type: none"> • primary health care • public health • mental health • long-term care • digital health;

Policy focus. Education contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
	 <p>supporting evidence-based practice as a core component of pre-service education for nurses and midwives;</p>  <p>allocating resources to ensure that practice-based training is included in pre-service education so that students' practice-based learning is protected from demands placed on staff and that they are trained by qualified clinical nursing and midwifery mentors/tutors;</p>	 <p>engaging WHO collaborating centres specializing in evidence-based practice to support countries working towards strengthening evidence-based practice;</p>
<p>Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas</p>	 <p>promoting midwifery and nursing programmes that are led and delivered by nurses and midwives who have postgraduate qualifications and understanding of current pedagogical methods; and</p>  <p>supporting collaborations across academia and clinical settings to ensure nursing and midwifery educators can facilitate up-to-date and experiential learning for their students.</p>	 <p>working with WHO collaborating centres to support the development of nursing and midwifery faculty who have postgraduate qualifications and understanding of current pedagogical approaches; and</p>  <p>working with WHO collaborating centres to build expertise in academic–practice collaborations.</p>

^a Underrepresentation of students from different backgrounds impacts the ability to reach certain population groups.



Policy focus. Jobs

Creating jobs, putting in place proper recruitment and retention mechanisms and conducting health workforce planning in alignment with a health labour-market lens are essential elements in ensuring the availability and sustainability of the nursing and midwifery workforce.



POLICY FOCUS. JOBS

Strategic direction: increase the availability of health workers by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses, and ethically managing international mobility and migration

Policy priority

It is suggested that by 2025, WHO European Region Member States should consider:

By 2025, the WHO Regional Office for Europe will have worked towards:

Conduct nursing and midwifery workforce planning and forecasting through a health labour-market lens



engaging nursing and midwifery leadership in decision-making and in the process of developing effective health workforce policies;



using systematic approaches to service need for the health and care workforce, including nurses and midwives, and ensure data are in accordance with the International Standard Classification of Occupations, disaggregated by age and gender;



strengthening data-collection and analysis capacity to support effective service needs assessment that can enable mobilization of staff, including staff reserve pools, better monitoring of absence rates and effective legislation/regulation;







supporting Member States with human resources for health workforce planning models and tools and, upon request, supporting Member States with comprehensive labour-market analysis;







providing regional and subregional support to all relevant nursing and midwifery stakeholders on the collection of health and care workforce data;

Policy focus. Jobs contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities	 <p>prioritizing the strengthening of nursing and midwifery employment opportunities in primary health care and public health to meet population health needs;</p>	 <p>supporting Member States in developing new models of service provision in primary health care by sharing examples and policy recommendations;</p>
	 <p>promoting nurses and midwives as key members of multidisciplinary, integrated, networked, team-based models for delivering primary health care services across the whole life-course and childbirth continuum where and when needed;</p>	 <p>providing technical support to Member States that are working to identify gaps in care provision in primary health care and in the development of new policies that enable nurses and midwives to uptake new roles and maximize their contribution;</p>
	 <p>implementing the recommendations from the <i>WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas</i> (WHO, 2021c) to ensure adequate staffing and services in rural and remote areas;</p>	 <p>supporting regional and subregional dialogues about the implementation of the <i>WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas</i> (WHO, 2021c) to their national context;</p>
Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2021d)	 <p>adopting the principles of the Global Code of Practice (WHO, 2021d) to their national context;</p>	 <p>supporting Member States with technical guidance on implementing the WHO Global Code of Practice and supporting countries working towards bilaterally agreed recruitment agreements;</p>
	 <p>monitoring data on in/out migration of the health workforce, including nurses and midwives, and analysing reasons for in/out migration;</p>	
Attract, recruit and retain midwives and nurses where they are most needed	 <p>developing and implementing sustainable recruitment and retention policies based on national health priorities and improving job satisfaction in alignment with the International Labour Organization decent work agenda (International Labour Organization, 1999), with particular focus on:</p>	 <p>supporting Member States with evidence synthesis of successful recruitment and retention strategies for nurses and midwives;</p>

Policy focus. Jobs contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
	<ul style="list-style-type: none"> • closing gender gaps in employment, ensuring decent work for all women and equal pay for work of equal value to achieve gender equality; • ensuring safe staffing levels and safe work environments; • creating clear career path opportunities and possibilities for moving to advanced and leadership roles; • ensuring the ability to work to the full scope of practice; • providing psychosocial support; and • providing occupational health and safety training; <div style="text-align: center; margin-top: 20px;">  <p>working towards having up-to-date and functional regulatory systems in place that oversee and guide safe professional practice of the workforce, including nurses and midwives; and</p> </div> <div style="text-align: center; margin-top: 20px;">  <p>working towards securing and protecting nursing and midwifery scopes of practice in line with their education as a means of ensuring job satisfaction and increasing attractiveness of the professions.</p> </div>	<div style="text-align: center; margin-bottom: 20px;">  <p>carrying out a pay-gap analysis on the health workforce, including the nursing and midwifery workforces; and</p> </div> <div style="text-align: center;">  <p>supporting regional and subregional dialogues on health and care workforce occupational safety and psychological supports.</p> </div>



[CLICK HERE FOR JOBS CASE STUDIES](#)







Policy focus. Leadership

Enabling leadership capacity that supports the governance and regulation mechanisms covering the performance of the entire health sector is essential to developing a sustainable health workforce. Leadership is also key to supporting and enabling the existing health workforce to contribute to the achievement of universal health coverage (WHO Regional Office for Europe, 2017).











POLICY FOCUS. LEADERSHIP

Strategic direction: increase the proportion and authority of midwives and nurses in senior health and academic positions and continually develop the next generation of nursing and midwifery leaders

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy	 <p>moving towards having a GCNMO or a senior nursing and midwifery policy adviser(s) to advise ministers of health and support the development of national health policies that meet population health needs, in line with resolution WHA 74.15 (WHO, 2021b);</p>	 <p>establishing and supporting networking and capacity-building of a European GCNMO hub to engage with the new nursing and midwifery global community of practice;</p>
	 <p>developing, implementing and maintaining senior nursing and midwifery leadership roles to engage in policy development beyond nursing and midwifery;</p>	 <p>monitoring the development of GCNMOs in the Region and collecting data on their roles and impact;</p>
		 <p>continuing to host the biennial regional meeting to take stock of progress in strengthening senior nursing and midwifery leadership;</p>
		 <p>engaging national GCNMOs in country missions and national health policy dialogues;</p>

Policy focus. Leadership contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
Invest in leadership skills development for midwives and nurses	 <p>supporting the development of clinical and non-clinical leadership opportunities for nurses and midwives at various stages of their career pathways at different levels of education (pre-service, advanced and continuing professional development);</p>	 <p>collaborating with key stakeholders like the European Forum of National Nursing and Midwifery Associations, the International Council of Nurses and the International Confederation of Midwives to develop and disseminate information about leadership and award programmes;</p>
	 <p>supporting nurses' and midwives' enrolment in leadership programmes; and</p>	 <p>supporting the development of a digital platform to scale up leadership training for nursing and midwifery managers and policy leaders in the Region;</p>
	 <p>addressing discrepancies in leadership representation of nurses and midwives.</p>	 <p>delivering a series of courses in human resources for health leadership and management that will be open to senior nursing and midwifery managers and leaders;</p>
		 <p>engaging with youth leadership initiatives for nurses and midwives and exploring opportunities for accreditation at the WHO Regional Committee for Europe and through the work of WHO; and</p>
		 <p>supporting Member States by conducting an analysis of nursing and midwifery leadership in countries.</p>


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Policy focus. Service delivery

Optimizing service delivery and practice to transform health services, particularly in resource-limited settings, can be accomplished by creating an expanded scope of practice for nurses and midwives while ensuring safe and supportive working environments in which they can fulfil their new roles. Reviewing and updating regulatory mechanisms to facilitate this process must go hand in hand with policy changes to ensure their enforcement.















POLICY FOCUS. SERVICE DELIVERY

Strategic direction: midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
Review and strengthen professional regulatory systems and support capacity-building of regulators, where needed	 <p>reviewing and aligning regulatory levers to ensure coherence between education, practice and health-policy goals;</p>	 <p>providing technical support to Member States to explore regulatory levers for ensuring coherence between education, practice and health-policy goals;</p>
	 <p>engaging multiple stakeholders, including nursing and midwifery leaders, academia and associations, to develop professional regulation and legislation models that reflect the skills and competencies of the workforces;</p>	 <p>providing technical support to Member States in maintaining and regularly updating professional registries to enable an overview of nursing and midwifery workforce dynamics;</p>
	 <p>enabling and protecting nurses and midwives to practise to their full scope of education and training (general and advanced practice);</p>	 <p>providing technical support to Member States to implement resolution WHA72.6 on global action on patient safety (WHO, 2019c);</p>
	 <p>introducing or regularly updating professional registries to have an overview of nursing and midwifery workforce dynamics as part of a larger human resources for health information system;</p>	
	 <p>adopting mechanisms for reporting and investigating concerns related to service delivery environments to secure patient and health workforce safety in accordance with resolution WHA72.6 on global action on patient safety (WHO, 2019c);</p>	

Policy focus. Service delivery contd

Policy priority	It is suggested that by 2025, WHO European Region Member States should consider:	By 2025, the WHO Regional Office for Europe will have worked towards:
<p>Adapt workplaces to enable nurses and midwives to contribute maximally to service delivery in interdisciplinary health-care teams</p>	 <p>ensuring that nurses and midwives are involved in decision-making at all levels of service delivery;</p>	 <p>engaging key nursing and midwifery voices in country missions and policy dialogues related to planning service delivery;</p>
	 <p>supporting nurses' and midwives' representation in interdisciplinary working groups for improving service delivery (such as those on quality improvements, clinical guidelines, research and continuing professional development);</p>	 <p>engaging with WHO collaborating centres to provide evidence for developing midwife- and nurse-led care within the priority areas of the EPW to meet population health needs;</p>
	 <p>supporting initiatives that disseminate knowledge and evidence of nurses' and midwives' abilities to meet population health needs through midwife- and nurse-led care, with a special focus on the priorities of the EPW (primary health care, maternal child health, sexual and reproductive health, mental health/perinatal mental health and long-term care);</p>	 <p>supporting Member States in improving up-to-date continuing professional development approaches that ensure nurses and midwives are fit for purpose and practice;</p>
	 <p>ensuring that nurses and midwives receive regular and as-needed continuing professional development in the context of their employment to ensure they are fit for purpose and practice;</p>	 <p>developing a rapid review of continuing professional development across the Region, with a special focus on the priorities of the EPW;</p>
	 <p>aligning evidence-based clinical guidelines and protocols with electronic patient records; and</p>	 <p>working with WHO collaborating centres to share examples of how continuing professional development can be tailored to the specific context of service delivery; and</p>
	 <p>developing digital supports for nurses and midwives to document and monitor their service provision based on nursing and midwifery perspectives.</p>	 <p>organizing regional and subregional dialogues about digital health services, including the use of electronic patient records, for improving the monitoring and evaluation of nursing and midwifery interventions and ensuring patient safety.</p>

 [CLICK HERE FOR SERVICE DELIVERY CASE STUDIES](#)

3. Conclusion

The regional Roadmap to implement the Global Strategic Directions for Nursing and Midwifery 2021–2025 has been developed to support Member States in the European Region in realizing key priority areas for strengthening nursing and midwifery while accounting for regional specificities and policy context, as well as common and unique challenges. Although goals and activities proposed for Member States reflect collective regional

aims, implementation of activities will depend on country contexts and the inputs of constellations of stakeholders. Corresponding areas of support from the WHO Regional Office for Europe will be aligned to these unique needs and approaches to ensure that every Member State in the WHO European Region can benefit from the full contribution of nurses and midwives.



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Annex. Global Strategic Directions for Nursing and Midwifery 2021–2025: monitoring and accountability framework

POLICY FOCUS: EDUCATION				Monitoring frequency	Monitoring mechanism
STRATEGIC DIRECTION					
Midwife and nurse graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities				Once, 2025	Analysis by WHO of NHWA data and reports from country delegations to the GCNMO Forum, held with the "Triad" meeting ^a
POLICY PRIORITIES					
Align the levels of nursing and midwifery education with optimized roles within the health and academic systems	Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs	Optimize domestic production of midwives and nurses to meet or surpass health system demand	Ensure faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas	Once, 2025	Analysis by WHO of NHWA data and reports from country delegations to the GCNMO Forum, held with the "Triad" meeting ^a
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK (WHO, 2017) FOR THE DEFINITIONS OF INDICATORS					
NHWA 2-02 NHWA 3-01 NHWA 9-04	NHWA 3-02 NHWA 3-03 NHWA 3-04 NHWA 3-06 NHWA 3-07 NHWA 9-04	NHWA 2-03 NHWA 2-04, 2-05 NHWA 2-07 NHWA 4-02 NHWA 9-04 NHWA 10-04	NHWA 2-05 SoWN NN-3	Annually 2021–2025	NHWA Platform
PROPOSED REGIONAL INDICATORS					
<p>Percentage of bachelor-educated professional nurses and midwives/ total number of nurses and midwives</p> <p>Numerator: total number of bachelor professional nursing and midwifery graduates (ISCO 2221/ISCO 2222)</p> <p>Denominator: total number of nursing and midwifery graduates (ISCO 2221/2222 + ISCO 3221/3222)</p> <p>Percentage of master's and/or PhD trained nurses and midwives/all nurses and midwives</p> <p>Numerator: total number of masters + PhD nursing and midwifery graduates (survey to higher education institutions)</p> <p>Denominator: total number of nursing and midwifery graduates (ISCO 2221/2222 + ISCO 3221/3222)</p>	<p>Percentage of education programmes addressing the UHC2030 goals^b through a dedicated course/ specialization or clinical practice (survey)</p>	<p>Percentage of the number of nurses trained/number of nurses needed</p> <p>Numerator: number of nursing and midwifery graduates + number of nurses and midwives immigrating – number of nurses and midwives emigrating</p> <p>Denominator: number of nurses and midwives retiring + number of nurses and midwives leaving the profession + net change in average job time + net expected increase in nursing and midwifery needs</p> <p>Indicators to calculate increase in nursing needs: overall economic growth and population > 65 years (Scheffler & Arnold, 2018)</p>	<p>Percentage of nursing and midwifery teaching staff with at least the minimum general requirements for teaching staff (master's level for vocational education; PhD for bachelor education)</p> <p>Numerator 1 (N1): number of nursing and midwifery teaching staff who have at least a master's qualification in vocational nursing education</p> <p>Numerator 2 (N2): number of nursing and midwifery teaching staff who have at least a PhD qualification in bachelor nursing education</p> <p>Denominator 1 (D1): total number of nursing and midwifery teaching staff in vocational nursing education</p> <p>Denominator 2 (D2): total number of nursing and midwifery teaching staff in bachelor nursing education</p> <p>Indicator = (N1 + N2)/(D1 + D2)</p>	<p>ABBREVIATIONS GCNMOs: government chief nursing and midwifery officers. ISCO: International Standard Classification of Occupations. NHWA: National Health Workforce Accounts. SoWN: <i>State of the world's nursing</i> (report).</p> <p>FOOTNOTES ^a The "Triad" meeting is a biannual meeting hosted by WHO of key nursing and midwifery partners, including GCNMOs, regulators, representatives of national nursing associations and midwifery associations and WHO collaborating centres for nursing and midwifery.</p> <p>^b The UHC2030 goals relate to: primary and community care; vulnerable populations; reproduction, maternal and newborn childcare; adolescent care; mental health; healthy ageing; communicable diseases; and noncommunicable diseases.</p> <p>REFERENCES Scheffler RM, Arnold DR (2019). Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead. <i>Health Econ Policy Law</i> 14(2): 274–90. doi:10.1017/S174413311700055X.</p> <p>WHO (2017). <i>National Health Workforce Accounts (NHWA: a handbook)</i>. Geneva: World Health Organization (https://score.tools.who.int/tools/optimize-health-service-data/tool/national-health-workforce-accounts-nhwa-a-handbook-44/, accessed 4 November 2021).</p>	

POLICY FOCUS: JOBS				Monitoring frequency	Monitoring mechanism
STRATEGIC DIRECTION					
Increase the availability of health workers by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses, and ethically managing international mobility and migration				Once, 2025	Analysis by WHO of NHWA data, the National Reporting Instrument, and reports from country delegations to the GCNMO Forum, held with the "Triad" meeting ^a
POLICY PRIORITIES					
Conduct nursing and midwifery workforce planning and forecasting through a health labour-market lens	Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities	Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel	Attract, recruit and retain midwives and nurses where they are most needed	2022 2024	GCNMO Forum/"Triad" meeting ^a country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK (WHO, 2017) FOR THE DEFINITIONS OF INDICATORS					
NHWA 9-01 NHWA 9-03	NHWA 1-01 NHWA 1-05 NHWA 7-01 NHWA 10-05	NHWA 1-07 NHWA 1-08 NHWA 10-02	NHWA 1-02 NHWA 6-06 NHWA 5-07 NHWA 6-01 NHWA 6-02 NHWA 8-03	Annually 2021–2025	NHWA platform
PROPOSED REGIONAL INDICATORS					
Density of nurses per 10 000 population (NHWA)	Percentage of nurses and midwives in public health facilities and primary care (NHWA 1-05)	Health authorities signing WHO Global Code of Practice (WHO Regional Office for Europe)	Introduction of a selected set of attractivity measures ^b that are offered in health-care institutions (survey)	ABBREVIATIONS GCNMOs: government chief nursing and midwifery officers. ISCO: International Standard Classification of Occupations. NHWA: National Health Workforce Accounts. OECD: Organisation for Economic Co-operation and Development. SEPEN: Support for the Health Workforce Planning and Forecasting Expert Network. FOOTNOTES ^a The "Triad" meeting is a biannual meeting hosted by WHO of key nursing and midwifery partners, including GCNMOs, regulators, representatives of national nursing associations and midwifery associations and WHO collaborating centres for nursing and midwifery. ^b Attractivity measures include: scholarships for nursing students; practice not being dependent on students; continuing professional development seen as working time; nurses replaced during continuing professional development activity; and end-of-career measures. ^c Professionally active: include practising care personnel and other care personnel for whom their education is a prerequisite for the execution of the job in, for example, administration, management, research or education. ^d Licensed to practise: completed a programme of education and is qualified and authorized in his/her country to practise. REFERENCE WHO (2017). National Health Workforce Accounts (NHWA: a handbook). Geneva: World Health Organization (https://score.tools.who.int/tools/optimize-health-service-data/tool/national-health-workforce-accounts-nhwa-a-handbook-44/ , accessed 4 November 2021).	
Density of midwives per 10 000 births (NHWA, OECD)			Percentage of nurses and midwives showing high levels of burnout and high intention to leave the profession (RN4CAST survey)		
Density of midwives per 10 000 women < 65 years (NHWA, OECD)			Percentage of professionally active ^c nurses and midwives/licensed to practise ^d nurses and midwives (OECD health statistics)		
Engagement in health workforce planning for nurses/midwives (SEPEN survey)					

POLICY FOCUS: LEADERSHIP

Monitoring frequency	Monitoring mechanism
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STRATEGIC DIRECTION

Increase the proportion and authority of midwives and nurses in senior health and academic positions and continually develop the next generation of nursing and midwifery leaders

Once, 2025

Analysis by WHO of NHTWA data and reports from country delegations to the GCNMO Forum, held with the "Triad" meeting^a

POLICY PRIORITIES

Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy

Invest in leadership skills development for midwives and nurses

2022
2024

GCNMO Forum/"Triad" meeting^a country delegation report

DATA (EXAMPLES) PLEASE CONSULT THE NHTWA HANDBOOK (WHO, 2017) FOR THE DEFINITIONS OF INDICATORS

NHTWA 1-04
NHTWA 9-01
NHTWA 9-02
SoWN NN-4

SoWN NN-5
SoWN NN-6

Annually
2021–2025

NHTWA platform

PROPOSED REGIONAL INDICATORS

Chief nursing (and midwifery) officer advising the minister of health (WHO Regional Office for Europe)

Percentage of nurses and midwives who hold a master's or PhD degree in key leadership positions in health care

ABBREVIATIONS
GCNMOs: government chief nursing and midwifery officers.
NHTWA: National Health Workforce Accounts.
SoWN NN: *State of the world's nursing 2020* (report) non-NHTWA indicator.

FOOTNOTES
^a The "Triad" meeting is a biannual meeting hosted by WHO of key nursing and midwifery partners, including GCNMOs, regulators, representatives of national nursing associations and midwifery associations and WHO collaborating centres for nursing and midwifery.

REFERENCE
WHO (2017). National Health Workforce Accounts (NHTWA: a handbook). Geneva: World Health Organization (<https://score.tools.who.int/tools/optimize-health-service-data/tool/national-health-workforce-accounts-nhtwa-a-handbook-44/>, accessed 4 November 2021).

POLICY FOCUS: SERVICE DELIVERY		Monitoring frequency	Monitoring mechanism
STRATEGIC DIRECTION			
Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments		Once, 2025	Analysis by WHO of NHTWA data and reports from country delegations to GCNMO Forum, held to the "Triad" meeting ^a
POLICY PRIORITIES			
Review and strengthen professional regulatory systems and support capacity-building of regulators, where needed	Adapt workplace policies to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health-care teams	2022 2024	GCNMO Forum/"Triad" meeting ^a country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHTWA HANDBOOK (WHO, 2017) FOR THE DEFINITIONS OF INDICATORS			
NHTWA 3-08 NHTWA 3-09 NHTWA 8-06 SoWN NN-1 SoWN NN-2	NHTWA 6-03 NHTWA 6-04 NHTWA 6-05 NHTWA 6-07 NHTWA 6-08 NHTWA 6-09 NHTWA 6-10 NHTWA 9-05	Annually 2021–2025	NHTWA platform
PROPOSED REGIONAL INDICATORS			
Existence of a register of approved nursing and midwifery practitioners	Degree that nurses use standardized professional evidence-based guidelines and indicators (score x/6) ^b (survey) Degree that midwives use standardized professional evidence-based guidelines and indicators (score x/5) ^c (survey) Degree that nurses/midwives have the (conditional) right to conduct advanced roles ^d (score x/7) (survey)	<p>ABBREVIATIONS GCNMO: government chief nursing and midwifery officers. NHTWA: National Health Workforce Accounts. SoWN NN: <i>State of the world's nursing 2020</i> (report) non-NHTWA indicator.</p> <p>FOOTNOTES ^a The "Triad" meeting is a biannual meeting hosted by WHO of key nursing and midwifery partners, including GCNMOs, regulators, representatives of national nursing associations and midwifery associations and WHO collaborating centres for nursing and midwifery. ^b Guidelines: pressure ulcers; falls; and health-care-associated infection. Indicators: adverse events; medication errors; and patient satisfaction. ^c Guidelines: vaginal birth after caesarean section; and deep vein thrombosis prophylaxis. Indicators: caesarean section rate; medication errors; and patient satisfaction. ^d Advanced roles: prescribing medication; making diagnoses; ordering tests; managing their own groups of patients; initiating treatment; referring patients; and being first point of contact.</p> <p>REFERENCE WHO (2017). National Health Workforce Accounts (NHTWA: a handbook). Geneva: World Health Organization (https://score.tools.who.int/tools/optimize-health-service-data/tool/national-health-workforce-accounts-nhtwa-a-handbook-44/, accessed 4 November 2021).</p>	

WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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