

NURSING AND MIDWIFERY SERVICES CONTRIBUTING TO EQUITY, ACCESS, COVERAGE, QUALITY, AND SUSTAINABILITY IN THE HEALTH SERVICES

**Mid Term Plan
2002-2005**

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**With reference to WHO Nursing and Midwifery Services
Strategic Directions 2002-2008 and
Resolution WHA54.12 Strengthening Nursing and Midwifery**



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*Regional Office of the
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1. INTRODUCTION

According to the World Bank, nurses can provide the majority of the care included in the basic packages of clinical and public health services.¹ In the clinical services, nurses have a broad and fundamental role to play, given the impact of their work on the quality, efficiency, and effectiveness of care, which is provided 24 hours a day, 365 days a year. By way of example: 90% of pediatric and well-baby care in the public health services of Chile,² and of the mental health and psychiatric services in the public sector in Belize are provided by nursing personnel.³ In Río Coco, on the Atlantic Coast of Nicaragua, 88% of outpatient consultations are also provided by nursing personnel, and morbidity reported is very similar to that reported for the care provided by physicians.⁴

Furthermore, international meetings held in the past decade by the World Health Organization (WHO), Pan American Health Organization (PAHO), and the International Council of Nurses (ICN) have recognized the importance of nursing in the health systems. They have urged governments to develop strategies that strengthen these services to help meet the health needs of both individuals and the community and, moreover, to effectively support the management and operation of health systems and services, especially in the countries of the Region of the Americas, taking into account their specific socioeconomic characteristics and health system reforms.

Studies by agencies in various countries on the cost-effectiveness of nursing⁵ indicate that the quality of the care provided by nurses is similar to that provided by other health professionals, including physicians. There also is evidence in many countries that professional nurses in the public health system have a high degree of expertise in the areas of disease prevention and health promotion. Nurses offer a wide range of services: they diagnose health problems, provide education and counseling to patients and families, provide follow-up care, collaborate with other professionals, refer patients, administer and monitor treatment, manage cases, etc. Nurses are important to achieving a wide range of positive outcomes, such as greater knowledge about health, fewer complaints, the maintenance of health, access to services, shorter hospital stays, and greater patient and employee satisfaction.

These studies indicate that patients have been satisfied with the care received, that the technical quality of the work performed by general nurses is similar to that of general practitioners and that their services are less expensive. Hartz et al. (cited by WHO, 1998) looked at 3,100 hospitals, analyzing the characteristics of the hospital and its mortality figures. The studies showed that hospitals that have a good percentage of general nurses and a high nurse-to-patient ratio have lower mortality rates.

Nursing's sphere of activity is broad, ranging from the management of the health services, to management of clinical care at all levels of complexity, to community care, occupational health, etc. Health care management is a sphere of action that requires a broad and intense contribution from nurses. Recent sectoral reforms are requiring nurses to develop

¹ World Bank, Investing in health. 1993.

² Ministerio de Salud de Chile, Informe, 1996.

³ Information provided by the Ministry of Health of Belize.

⁴ Cunningham and Oyarzún, La cólera llegó a Wangki, 1995.

⁵ World Health Organization, Nurse effectiveness: Health and cost-effective nursing services, 1998.

new competencies. Moreover, historically, nursing has made an important contribution to community health through primary health care, which must be strengthened today to meet the targets of the system in an economic context characterized by serious inequities for the majority of the population. Advances in technology, in turn, have created the need for greater skills in specialized care, where there is considerable potential for nursing to improve the quality of these services.

Despite the recommendations of international meetings and organizations and the requests to the governments to involve nurses at the national, departmental, district, regional, and local strategic levels, the reports indicate that the response has been inconsistent; the development of nursing is just beginning in many countries of the Region of the Americas and the progress has been uneven.

There also is evidence that in the majority of the countries nursing is faced with a situation characterized by an imbalance between the supply and demand for nurses, poor working conditions, a lack of professional status, and the consequent absence of nursing from decision-making in the health sector.

In preparing this document, a review of the literature on the nursing situation in the countries of the Region was conducted and the findings considered at a workgroup on Nursing Services in the Americas held in Panama City in March 2000. A situation analysis was performed, and strategies for the management and delivery of services were proposed as part of a Regional Plan of Action for Nursing.

The proposed plan was reviewed by nursing leaders in subregional meetings during 2001-2002 in order to determine the relevance of the proposed areas of work and related activities. An additional focus on midwifery services was proposed in keeping with the WHA Resolution 54.12 which addresses both nursing and midwifery. A number of countries in the Region prepare direct entry midwives; in others, nurses with midwifery skills provide midwifery care.

The updated plan also reflects work at the global level including the Plan of Action for Strategic Directions for Nursing and Midwifery Services. See Annex I.

The purpose of this document is to provide an overview of the situation of nursing and midwifery services in the Region of the Americas and to propose a Plan of Action in terms of the management and delivery of services, aimed at strengthening nursing and midwifery in the management of care, community care, and specialized care, to contribute effectively to the achievement of greater equity, quality, access, and sustainability in the health services offered to individuals, families, and communities. The main characteristics of the current nursing and midwifery situation in the countries of the Region are presented first, followed by the elements of a Plan of Action.

A detailed review of the midwifery situation is planned for 2002-2004. A combination of case exemplars of midwifery services, building a data base of midwifery services throughout the Americas, and doing a SWOT analysis of the needs for strengthening midwifery in the Americas is in the planning stages as of summer 2002.

2. MISSION AND VISION OF NURSING SERVICES

The mission of nursing services is to provide health care for individuals, families, and communities throughout the life cycle, targeting the various aspects of disease prevention, health promotion, recovery, and rehabilitation through a holistic, interdisciplinary approach that contributes to greater well being for the population in its development processes.

Nursing interventions are based on scientific, humanistic, and ethical principles grounded in respect for life and human dignity.⁶

Nursing services are a component of health systems that is essential to society. It contributes to better living conditions for individuals, families, and communities through training and practice based on the principles of equity, access, coverage, and sustainability of care for the entire population.

Its challenge is to provide a timely response to the ongoing changes generated by the shifting paradigms in training, practice, and research. For this reason it is geared to maintaining the technical expertise of the interventions performed by nurses, taking social, scientific, human, and technology advances into account.⁷

⁶ PAHO, Nursing in the Region of the Americas. Series 16 Organization and Management of Health Systems and Services. 1999. Pg. 45.

⁷ OPS, Plan de desarrollo de la enfermería para América Latina: Una respuesta. Serie 6 Desarrollo de Recursos Humanos. 1997. Pg 11.

3. MIDWIFERY MODEL OF CARE⁸

The midwifery model of care describes the “how to” or process of providing health services to women and childbearing families. This model focuses on health promotion with the active involvement and shared responsibility of women and families in decisions that affect their health and wellbeing. The key attributes of the midwifery model of care are:

1. safety (competence) based in critical thinking, evidenced-based clinical practice, responsible decision-making, and the ethical use of technology;
2. satisfaction, both among the recipients and providers of care;
3. respect for human dignity and the support/promotion of basic human rights;
4. respect for cultural and ethnic diversity (cultural competence);
5. support and promotion of client self-determination (empowerment through knowledge that promotes informed choice, participatory decision-making);
6. masterly “inactivity” (critical waiting rather than meddlesome intervention), and
7. an approach to care that is woman friendly and family-centered.

The midwifery model of care is based on mutual trust and respect between the health professional and the individuals seeking midwifery care that requires accountability from both partners in this partnership model of health service delivery. The midwifery model of care promotes responsible participation in decision-making, empowerment in which voices and choices are given to those who have been “voiceless” through education and anticipatory guidance, and role modeling. All care activities begin where the woman/family are to provide needs-based care, protection, and education. One of the hallmarks of the midwifery model of care is a match of appropriate expertise for the specific client needs, with timely intervention and referral to other health professionals when the client condition warrants such care (humble, yet realistic, awareness of own limitations and willingness to refer or seek consultation). The midwifery model of care is a life-span approach to women and their health within the context of the lives and experience of women and childbearing families.

The midwifery model of care is an approach to health care that should be used by all disciplines involved in reproductive health care. It embodies the values, ethics, philosophy and cultural sensitivity needed to work with women throughout their lives, including during one of the most vulnerable times – that of childbearing. It is based on a continuum of care throughout the reproductive lives of women and their families that focuses on the facilitation of healthy family and interpersonal relationships, particularly during childbearing.

In order for the midwifery model of care to be effective, the elements of structure or enabling environment need to be addressed in addition to the elements of the process or “how to” implement the model by health professionals. Health professionals, women and childbearing families need an effective health system infrastructure in order to carry out the midwifery model of care. For example, safety requires adequate supplies, equipment, and essential drugs in order to treat health complications in a timely manner. Safety also requires a functioning referral system so that women needing the next level of care are transported safely and in good time to receive the benefits of intervention and treatment. Adequate staffing and appropriate provider mix in a service setting also support the implementation of the midwifery model of care, along with appropriate supervision of technical or auxiliary personnel. Peer review and

⁸ Proposed by the Collaborative Partnership for Nursing and Midwifery Development in the Region of the Americas.

continuous quality improvement are other elements of the enabling environment that support the midwifery model of care. In addition, supportive policies, laws, and regulations that authorize health professionals to carry out all interventions and life-saving skills in which they are proficient and that counter the range of barriers women face in accessing health services.

4. PRINCIPAL ASPECTS OF THE CURRENT NURSING AND MIDWIFERY SERVICES SITUATION IN THE AMERICAS

4.1 SALIENT CONTEXTUAL ASPECTS OF THE CURRENT NURSING AND MIDWIFERY SERVICES SITUATION

The reports of WHO and PAHO note the continuing recognition at the meetings of their global and regional governing bodies of nursing and midwifery's role in health systems and services. Resolution 54.12 of the World Health Assembly, adopted in 2001, is a recognition of the potential of nursing and midwifery to improve the quality and effectiveness of health care in the Member States.⁹ However, health service development does not take place in isolation from the economic, social, and political processes of each country, and while the purpose of the health system is to help to improve the quality of life of individuals, families, and the community, there are many factors outside the system that affect living conditions—factors that are not influenced by the health sector.

Economic change and the implementation of the economic stabilization and structural adjustment programs (State modernization, for example) required by the international agencies (the World Bank and the International Monetary Fund) as strategies for dealing with the national and international fiscal crisis appear to have exacerbated social and economic problems in the countries of the Region, increasing the levels of poverty in certain social groups. The unemployment index has risen in nearly all the countries. The result has been a deterioration in the population's capacity to satisfy its basic economic needs, which has led to a deterioration in health conditions. In this regard PAHO recognizes that "neoliberal policies have increased social inequalities everywhere; major sectors of the population have been excluded from the markets. In the majority of the countries of the Region, with perhaps the exception of the United States, whose economy has grown despite social inequalities, the economies have experienced a major recession."¹⁰

This context has prevented the advances in health technology from significantly improving the health and quality of life of the population as a whole. Positive developments, such as international and national policies in health promotion and disease prevention, the discovery of new antibiotics, vaccines, diagnostic imaging, and better and more effective therapies, which have led to greater knowledge about health determinants and the factors that influence health, as well as the greater availability of information, have not been able to counteract the effects of economic and social inequities. The result has been the persistence of health risks that have not been controlled.

Furthermore, despite the health sector reform processes under way in the countries of the Region of the Americas, which are grounded in the principles of universality, equity, solidarity, integrity, and quality and linked with political, administrative, and fiscal decentralization processes, health care does not appear to have improved substantially in recent decades. The health systems are in the throes of major crisis provoked by new economic

⁹ PAHO, Nursing in the Region of the Americas. Series 16 Organization and Management of Health Systems and Services. 1999.

¹⁰ PAHO, Nursing in the Region of the Americas. Series 16 Organization and Management of Health Systems and Services. 1999. pg 1.

models that favor the market and private gain -all of which has had a negative impact on public health.

The following are the main characteristics of the political, social, and economic scenario of health in the Region of the Americas:¹¹

- Demographic changes implying new demands for health services;
- New political and economic situations: globalization, greater private participation in the delivery of public services, etc.;
- Widespread and growing economic and social inequity;
- Reform of the public sector, taking it in new directions: decentralization, privatization, greater emphasis on efficiency (doing more with less) and effectiveness, changes in the health sector's financing system (from subsidizing supply to subsidizing the demand in public hospitals), greater labor flexibility;
- The development of global information technology, which has fostered the development of information systems, the globalization of knowledge, and technological change;
- New public health problems, the reemergence of diseases that were once under control, and the lack of coordinated activity among the actors in the system;
- The predominance of a curative model of health care;
- Inadequate health service coverage and limited access to the services, and
- Inadequate supply of human resources in nursing and the other health disciplines to meet the population's demand for services.

These elements together create the context of the health services and have serious implications for nursing and midwifery education and practice, creating the following needs:

- To bring greater depth and clarity to nursing and midwifery as fields of knowledge.
- To develop new skills for the management of nursing and midwifery care in the different areas and levels of the services and the health system as a whole.
- Broader participation by nurses and midwives in the definition, implementation, and evaluation of healthy public policies.
- To take advantage of the progress in communications to develop the services.
- To strengthen the capacity for interdisciplinary work.
- To develop new strategies for community work in health promotion and disease prevention.
- Active and proactive participation in the implementation of international strategies, such as community participation, healthy municipalities and communities, and the decentralization process in health, to promote integral development at the municipal and regional level.

This situation and the health sector reforms are demanding action in the short, medium, and long term in order to respond to the health needs of communities and individuals—action that will make it possible to amend current laws to ensure that the objectives are met. Given the

¹¹ PAHO, Nursing in the Region of the Americas. Series 16 Organization and Management of Health Systems and Services. 1999. pg 1.

wide range of nursing and midwifery activities in health care and the fact that nurses and midwives represent some 50% to 60% of the human resources in health, their participation in the reform processes is fundamental.

In addition, the preliminary findings of the Multicenter Study on Health Reform and Its Implications for Practice, Regulation, and Education in Nursing,¹² conducted in five countries (Argentina, Brazil, Colombia, Mexico, and the United States), reveal some of the more important implications of health reform for nursing. These can be summarized as follows: precarious working conditions; a heavier work load; the loss of job security, which is also a result of the State reforms; lack of supplies for the delivery of services; low wages; lack of nurses; the need to work in two or more institutions; worker dissatisfaction; and an increase in civil law suits.

Other findings of the study are that the reforms have also generated a higher demand for services, due to the accumulated social deficit in health care. This has led the population that had once had no access to health care to immediately demand services such as elective surgery. The result has been less time available for each consultation, because of the higher volume of care to be delivered with the same or fewer resources (doing more with less), higher demand for technical expertise, and hence, greater need for training.

It is important to note that most of these implications, such as a heavier workload and low wages, have long been problems in nursing -problems that existed before the advent of sectoral reform--and that some of the components of sectoral reform, such as quality assurance and legislation to set minimum requirements to help eliminate some of the unfavorable working conditions for nurses, have been implemented.

In Colombia, the separation of personal care services from population oriented services is an aspect that demands an in-depth analysis, since the practice of contracting private entities to provide public services has undermined the comprehensiveness of care, forcing users to go to several institutions to gain access to a service at any level of care.

The PAHO report *Nursing in the Region of the Americas*¹³ also identifies some common characteristics of working conditions. These are presented below and will be used for the definition of strategies of action.

4.2 CHARACTERISTICS OF THE WORK FORCE IN NURSING¹⁴

One of the most important aspects to consider is the supply of nurses. Several studies have found that although the number of professional nurses and nursing auxiliaries has increased, the majority of countries are still facing a nursing shortage. Moreover, nurses are leaving the profession in search of options with better pay and better working conditions, and there is a lack of applicants for nursing programs, especially at the university level. The nurse/population, professional nurse/auxiliary, and nurse/physician ratios have not improved enough to meet the needs of the community and the health sector. *Nursing in the Region of the Americas* finds that the number of nurses per 10,000 population varies widely, from 1.1 in Haiti

¹² PAHO, Framework for a comparative analysis of the changes in nursing practice, regulation and education in the context of health care reform, Series #20 Organization and Management of Health Systems and Services, 2000.

¹³ PAHO, *Nursing in the Region of the Americas*, 1999.

¹⁴ OPS, *La Enfermería en la Región de las Américas*. Serie 16 Organización y Gestión de Sistemas y Servicios de Salud. 1999, pg. 7-11

up to 97.2 in the United States.¹⁵ Canada, the United States, and a number of Caribbean countries, such as Cuba and French Guiana, have a more favorable situation, since they have more professional nurses per 10,000 population.

There is also considerable inequality in the geographical distribution of nurses, the majority of whom are located in major urban centers. Nurses, moreover, are concentrated in institutions devoted to curative care. For example, in Guatemala 70% of nurses are located in hospitals.¹⁶ Migration between countries also affects the distribution of nurses in the Region, with the countries that offer better living and working conditions attracting more of these resources.

In Mexico the nursing work force is extremely heterogeneous with differences between states and municipalities, between urban and rural areas and among different institutions in the health sector. The administrative system for nursing work force reported in 1999, 152,157 nurses including 61.5% professional personnel and 39.49% other personnel. 55.19% of the nurses provide services in second level hospitals, 18% in specialized hospitals and 21.81% in the primary care level.

Venezuela reports a serious shortage of professional nurses, which it intends to resolve with a Strategic Plan for Nursing programmed to the year 2001, and which provides for an increase in the number of professionals and the creation of master's degree and specialization programs.¹⁷ A similar situation is reported in Guyana, whose Strategic Plan for Nursing provides for the creation of a database on the location and number of this type of personnel as the point of departure for taking action in this field.

In the United States, the aging of the nursing population is one of the most significant problems; by 2010 an estimated 50% of the current nurses will have left the job market. This may lead to an influx of nurses from the less developed countries. This phenomenon is also present in Guatemala, increasing the nursing shortage in the public sector, while retirees continue to work in the private sector.

4.3. WORKING CONDITIONS

In this field the following aspects can be emphasized:

- The lack of prestige accorded to nursing for its contribution to society is well documented, despite declarations about its importance to the health system. Added to this is the exclusion deriving from gender. In this regard, Hiroshi Nakajima¹⁸, notes that as long as society does not justly value the work of care-giving and the work of women and remunerate them accordingly, all efforts to attract applicants and keep them will be useless, for the more educated and motivated women will be attracted to careers that offer greater prestige and better remuneration and working conditions.

It is clear that the development of nursing as a profession or trade is linked to the changing role of women in each society. It is foreseeable that in societies where women

¹⁵ PAHO, Health situation in the Americas Basic indicators 2001.

¹⁶ This is due to the curative model of care, which prevails throughout the Region.

¹⁷ OPS, Reunión regional. El rol de la jefe de enfermeras gubernamental en los países de la Región de las Américas" 1996, pg 12.

¹⁸ Hiroshi Nakajima (1992:1)

achieve greater academic, economic, and political progress, the professions that they dominate, such as nursing and midwifery, will have better possibilities of development if the health systems allow it.

- Although health institutions have programs for industrial safety and occupational health, as well as others that offer incentives and provide for the well being of workers, the characteristics of these programs in terms of nursing coverage are not clearly identified.
- Working conditions in most of the countries are poor, marked by low wages, an excessive workload due to too many patients, extended shifts, poor work environments, deficient physical spaces, lack of basic equipment and supplies to provide the nursing and midwifery care, and little or no opportunity for nurses and midwives to participate in decision-making.¹⁹ This observation is consistent with the findings of the Multicenter Study mentioned earlier.

In Bolivia there is no significant wage differential among the various categories of nurses. In Central America there are countries with very low wages; Costa Rica offers the highest wages in the subregion. In Colombia there is no wage differentiation for nurse-specialists, especially in clinical areas. In general, significant differences between nurses and physicians are reported in the Region. The highest wages are found in the United States and Canada.

In the case of Mexico there is a similar situation with respect to salary differentials between institutions in the public and private sectors. There is no salary differential between the baccalaureate prepared (licenciatura) and the technical level nurse. Frequently professional nurses have salaries equal to auxiliary personnel due to negotiated labor agreements which privilege seniority over professional preparation.

4.4 TRAINING OF NURSES

Education is one of the key elements that will enable nurses to contribute efficiently and effectively to the transformation of the health systems and to the achievement of the goal of health for all.

According to the data collected by PAHO, the Region currently has 2,173 training programs in nursing, classified as follows: undergraduate degree programs (4 to 5 years), graduate programs (3 years), and programs for technicians (2 years).²⁰ However, program contents can vary widely among countries and even within a single country.

In this field, projects have been promoted to improve the education of nurses and evaluate their performance. An example of this is the multidisciplinary program that the Kellogg Foundation is supporting in a number of countries, the goal of which is to raise the educational level of nurses in keeping with the countries' needs. The constant growth of knowledge, research, and health science technologies are making continuing education for nurses vital to successfully confronting the changes imposed by the health system and society.

It is necessary in each country to standardize the curriculum contents and the basic academic requirements for entering nurse-training programs in the countries of the Region to facilitate the mobility of professionals between countries (co-validation).

¹⁹ OMS, *La enfermería en la Región de las Américas*. 1999 pg. 29 -30

²⁰ OMS, *La enfermería en la Región de las Américas*. 1999:14

In order to respond to the health needs of communities, in 1992 the WHO Expert Group²¹ proposed educational programs for the generalist or “health for all” nurse, who should have the knowledge and skills to carry out health activities in both the clinical and community setting. This implies the detailed analysis, restructuring, or adjustment of training programs, using a methodology that ensures internalization of the knowledge in both the clinic and the community. It should be understood that training is not only acquired by attending seminars and congresses, but also through clinical practice and in the meetings of nursing staff and multidisciplinary teams. Higher education prepares nurses to contribute on equal terms and with competence to the development of the health team.

Graduate education programs, in turn, have been growing in the countries of the Region. According to the PAHO report (1999:17), in 1994 there were 690 graduate programs in 271 specialties, 311 master’s programs, and 71 doctoral programs. Graduate training in the cardiovascular area, for example, contributes elements that transform the quality of care for the user, translating into decision-making that is timely, safe, comprehensive, and consistent with needs.

4.5 ROLE OF NURSES IN DECISION-MAKING

The report of the regional meeting on *The Role of the Chief Nurse in the Countries of the Region of the Americas*, held in Cuba in September 1996,²² noted that:

- In Canada it was necessary to set up an office to represent nursing in the central government, in addition to the existing one at the provincial level. In the United States, there are nurses at the headquarters of the Division of Nursing at the national level, in the National Advisory Council, and at the National Institute of Nursing Research, *inter alia*.
- Mexico is apparently facing a more difficult situation, since there are no nursing positions or nursing structure at the national level. However, there is a post for an adviser in the Secretariat of Health.
- In Central America, nurses are participating in the health sector reform process, although it has not been easy to get involved at the political level. Panama is in an advantageous position, since 50% of its nurses are professionals, there is a strong Nurses Association, a well-organized Division of Nursing, and a unit that acts as a liaison among the educational, service, and professional areas. In Costa Rica, there is a strong structure and a nurse in the Ministry of Health who participates in the reform processes. In Guyana, midwifery is regulated by a General Nursing Council.
- Cuba appears to be in a more favorable position, with a National Directorate of Nursing defining the strategies for these services and the Ministry of Health supporting their development. The strategies center on hospital accreditation, ethics, bioethics, continuing education, health education, care for older adults, infection control, research, and masters and doctoral programs in nursing.

²¹ OMS, *La enfermería en acción*. 1993:20

²² Regional meeting on the role of the chief nurse in the countries of the Region of the Americas, held in Cuba in September 1996 (pg 10)

- In Bolivia, the State reform eliminated the role of nursing at the national level, and nurses have become part of multidisciplinary teams that deal specifically with regulatory aspects and the implementation of health projects. It is important to highlight the experience of this country, which has no national department, division, or directorate of nursing, but through multidisciplinary teamwork, nurses have assumed leadership, as well as recognition of their technical expertise and professional quality.
- In Venezuela there is a chief of the Technical Office of Nursing in the Ministry of Health.
- Colombia has no National Office of Nursing in the Ministry of Health or any national or territorial directorate. Some nurses are part of the technical teams that implement health projects at the national and departmental level in the various entities of the system.
- International agencies such as PAHO, WHO, UNICEF have few nurses on staff. In the case of PAHO, there has been a progressive reduction in posts for nurses on the staff roster of the Organization.

It is important to bear in mind that the fundamental purpose of positioning nurses at the strategic and management levels of national and international institutions is to ensure that they contribute to policy development in health to benefit the citizenry, and not to represent the profession in the Ministry for their own benefit.²³ This positioning is achieved insofar as the actions and contributions of nurses at these levels have an impact on the operations of the system, on the sector, on its organizations, and course, on the health of the population. It is desirable to have indicators to show that nursing efficiently and effectively helps to cut health costs, improve health status, and maintain a high degree of satisfaction. Nursing's contribution to policy design and the organization of the services strengthens both the vision and the integral development of the services.

4.6. NURSING INFORMATION SYSTEM

Another aspect to consider in a program to strengthen nursing is the development of an information system for this discipline that permits optimal management in the various work areas and at the different levels of the health system and that, moreover, generates data for research. The nursing information system should employ variables that provide information on:

- Census of nursing personnel and its demographic, academic, and occupational characteristics.
- Studies of the supply and demand for human resources in nursing.
- Assessment of the impact of nursing care.
- Cost of nursing procedures.
- Evaluation of the cost-effectiveness of nursing care.
- Construction of a database for research and implementation of comparative studies between countries.

²³ PAHO, Regional meeting on the role of the chief government nurse in the countries of the Region of the Americas, 1996, pg 51.

With regard to this aspect, projects are under way in a number of countries such as Mexico, Peru, Brazil, and Bolivia. Mexico has recently completed a first phase diagnosis using the information collected from the census of nursing personnel.

In 2001 following a process of consultation with experts in nursing informatics and users of information, the document “Building Standard Based Nursing Information Systems” was published in the development of nursing information systems and provides the basic for future work.

4.7 COMMUNITY NURSING

Nursing and midwifery have effectively strengthened programs and projects for the prevention of infectious and chronic diseases, for the control of risks during pregnancy, delivery, and the postpartum period, and for the care and monitoring of newborns and children under 7. It has also helped to create public policies that foster territorial and sectoral socioeconomic development. Some examples of efficient, effective nursing interventions to improve the health conditions of communities are rural nursing in Chile; programs for the prevention, monitoring, and treatment of tuberculosis in countries like Senegal; the maternal and child program in Paraguay; immunization and the activities of rural health promoters in Bolivia; and mental health in Belize.

In the more developed countries, nursing and health care are generally more diversified. Home care is a strategy that targets the most vulnerable groups, such as the elderly, the disabled, and children, and is an alternative for guaranteeing access, quality, timeliness, and lower costs in the services.

Generally speaking, greater innovation is needed in the supply of community services. This will make it possible, within the economic constraints of the current health systems, to respond to the principal problems in the demand for services, improve access, and thereby promote equity in the health services.

4.8 MIDWIFERY CARE

Midwifery care as described in Section 3 is provided by physicians and nurses with midwifery skills. In several countries in the Region it is provided by a category of worker specifically prepared for that function at the professional, technical or auxiliary level. It is therefore important to note that many of the barriers/limitations regarding nursing services also apply to midwifery services in the Region.

In 1998 a workshop was held in San Juan, Puerto Rico to launch a collaborative partnership for nursing and midwifery development in the Region of the Americas. The partnership includes the PAHO programs of Organization and Management of Health Systems and Services (HSO), Human Resources Development (HSR) and Family Health and Population (HPF). The responsibilities of the different programs for assisting countries in developing midwifery care is currently under discussion.²⁴

Not enough information has been developed to provide a basis for a specific work plan in the area of midwifery care and services. An in depth review is planned for 2002-2003.

²⁴ PAHO, Collaborative partnership for nursing and midwifery development in the Region of the Americas, 2000.

However, it is known that a strong midwifery care and services model exists in Chile, Costa Rica, Uruguay, Peru and the United States, with increasing strength in Canada and other Latin American countries. The global emphasis within Safe Motherhood now focusing on the role of a person with midwifery skills (skilled attendant) present at every birth makes the need for an in-depth analysis of the midwifery work force and enabling environment of care (service settings) throughout the Americas urgent.

4.9 SWOT Analysis

The analyses and discussions that took place during the meeting on *Nursing Services in the Americas*, held in Panama City in March 2000, which took into account the literature review and the SWOT (Strengths, Opportunities, Weaknesses and Threats- Annex II) matrix, cited the following as key elements of the nursing situation:

Strengths

- Nursing models employ an integrated approach, viewing the individual from a biological, psychological, social perspective throughout the life cycle and taking the family and community into account. These models include health promotion, disease prevention, treatment, and rehabilitation through a wide range of nursing activities in the different areas and levels; for example, management and participation in government technical teams at the national, departmental, and local level.
- Nurses account for some 50% to 60% of health workers. This has fostered the expansion of coverage, especially in public health programs for maternal and childcare, immunization, mental health, and chronic and communicable diseases.
- It is reported that nurses are becoming better qualified and that there has been a consolidation of graduate programs –specialization and master's degrees– in the specific discipline, the clinical area, and the community, as well as other interdisciplinary areas where nurse have a significant presence.

Opportunities

- There has been greater recognition at the global or regional meetings of WHO and PAHO of the role for nursing in health systems and services; of its potential to bring about a change in the quality and effectiveness of the health services.²⁵
- Political-administrative processes, such as decentralization and health system reforms based on the principles of equity, universality, and integrity, foster local development and the development of nursing care, expanding its possibilities to participate in local development.
- The application of strategies such as evidence-based practice and the redesign of processes strengthen the quality assurance system for nursing care.
- Greater opportunities for training, in addition to those that follow from the reform of the health systems and the legislation governing professional practice, facilitate the development of independent nursing practice, either individually or through cooperation projects and international assistance.

²⁵ PAHO, *Nursing in the Region of the Americas*. Series 16 Organization and Management of Health Systems and Services. 1999.

- The political and economic trends toward globalization and technology development and the advances in informatics worldwide facilitate access to knowledge and information in real time through the creation of nursing networks.

Weaknesses

- The coverage and quality of care are limited, owing to an inadequate supply of nurses and their unequal geographic and administrative distribution in the majority of the countries.
- The dismantling of the nursing structure in the ministries and institutions that operate the system and the health services is related to the limited participation of nurses in decision-making and in the definition and evaluation of sectoral policies.
- Working conditions are fraught with constraints or are precarious, characterized by a lack of basic supplies, low wages, an excessive workload, a lack of incentives, high staff turnover, and heavy administrative responsibilities that have nothing to do with professional practice.
- The accreditation and evaluation processes are not standardized in each country in terms of the basic academic requirements, curriculum contents, and admission requirements for nursing programs, all of which have an impact on the quality of care.
- There is limited development of alternative nursing models--for example: occupational health, community nursing, and home care. The predominant model stresses curative care in an institutional setting.
- The emphasis on efficiency, based on productivity, whose only purpose is cost containment, affects the quality of nursing care.
- Conflicts of interest among professional groups in the health sector who seek an active role, where individual interests prevail over group interests, interfere with the operation of the services.
- There is no nursing information system that facilitates the management of the services in the institutions of the sector and among the different countries.

Threats

- Changes generated by the sectoral reforms have produced a fragmentation of responsibilities in the delivery of services. This has adversely affected public health activities, along with the coverage and accessibility of the health services, and has heightened the risks to the community.
- The practices or fields that have traditionally been the responsibility of nursing, especially those related to health promotion and disease prevention, have been taken over by professionals from other disciplines, in most cases without the necessary academic preparation. There are several reasons for this, among them political patronage and the lack of prestige accorded to the work of professional nurses.
- State reforms and changes in the economic model of each country have decreased the fiscal resources available for health, introduced mechanisms to make the labor market more flexible, increased economic and social inequity, and affected health service management and nursing care in particular.

- The information systems in most of the countries do not reflect the care provided by nurses or its impact, since only “final” activities are recorded, and “final” activities are recorded as physician's activities.

5. ELEMENTS OF A PLAN OF ACTION FOR NURSING AND MIDWIFERY SERVICES

Analysis of the nursing and midwifery services in the countries of the Region of the Americas sheds light on the reforms under way in the health systems and services and, above all, the needs of individuals and communities. A project has therefore been developed that will strengthen nursing and midwifery services and help to achieve the goals in health. This project has six strategic areas:

1. Positioning of nurses and midwives for decision-making through the development of leadership and management of services at the various levels of the health system, within health authorities at all levels as well as within international organizations. This will allow them to participate in the definition, execution, and evaluation of health policies and in decision-making about the health system and services. It will also improve the quality of care being delivered.
2. Strengthening of community nursing and midwifery services in urban, urban fringe, rural, and specialized clinical areas, in a manner consistent with the needs of population groups using appropriate technology that facilitates integral development.
3. Adaptation of basic education and continuing education programs for nurses and midwives, to meet the needs of the population and the health services with models of care and participation appropriate to the economic, political, and social situation and to their projections for nursing personnel in the future.
4. Differentiation of roles and functions within the nursing team and between nurses and other professionals, including midwives, considering the resources available locally and promoting the equitable and proactive participation of nurses and midwives in the health teams.
5. Development of a unified nursing and midwifery information system that is compatible between countries whenever possible—a system that supports nursing and midwifery activities and research at the different levels for decision-making as well as the improvement of nursing and midwifery practice.
6. Strengthening of midwifery in countries preparing that category of professional and of the different nursing specialties, in keeping with the advances in technology, the needs of individuals and communities, and the models of care.

The development of these strategic lines will contribute to the redefinition of the role of nursing and midwifery in the health services network, in its management, in community health, in family health, and in specialized care.

The implementation of the plan will be coordinated by PAHO HSP/HSO Nursing and Midwifery Services in close collaboration with other PAHO Units and Country Offices. The mobilization of technical and financial resources will be ongoing. PAHO/WHO Collaborating Centers, and other organizations will contribute to the plan based upon agreed individual center and network work plans. See Annex III for list.

The goal of the proposed strategic actions is to obtain certain results, whose achievement would involve a series of specific, mutually supportive activities.

5.1 LEADERSHIP AND MANAGEMENT DEVELOPMENT WHICH FACILITATES THE PARTICIPATION OF NURSES AND MIDWIVES IN THE DECISION-MAKING BODIES AT

THE DIFFERENT LEVELS OF THE HEALTH SYSTEM, AND OF NATIONAL AND INTERNATIONAL ORGANIZATIONS TO INCREASE THE QUALITY AND COVERAGE OF NURSING AND MIDWIFERY SERVICES.

Activities

- Define competencies at basic and specialty levels for management and, especially, decision-making in the different areas of nursing and midwifery, and in sectoral projects and institutions. Review curricula and update educational programs.
- Formulate, implement, and evaluate policies in terms of human resources education, service delivery, continuing education, and scientific and technical development which are relevant to nursing and midwifery services.
- Adapt business administration models to the models of care, the needs of the sector, and nursing and midwifery care at the different levels in order to guarantee fulfillment of the health system's objectives through participatory management.
- Evaluate the contribution of nursing and midwifery in its different spheres of activity and replicate successful experiences at the local, national, and international level.
- Continue strengthening post graduate programs and mobilize resources for countries most in need.
- Systematically evaluate work methods for nurses and midwives, establishing indicators for evaluating the outcomes.
- Development mechanisms for the leadership and systematic participation of nurses and midwives in quality of care programs at all levels.

5.2 NURSES AND MIDWIVES WORKING WITH THE COMMUNITY IN URBAN AND RURAL AREAS AND INTEGRATED INTO THE TERRITORIAL DEVELOPMENT PROCESSES.

Activities

- Formulate, execute, and evaluate nursing and midwifery projects that strengthen local development and health sector development in the management and delivery of services.
- Participate in the formulation, execution, and evaluation of healthy public policies and intersectoral projects that strengthen local development.
- Engage in research on the components that promote or limit territorial development and that can be modified through nursing interventions.
- Build capacity for the implementation of essential public health functions by nursing and midwifery personnel through training and organization/management support.
- Develop models of service delivery and care appropriate to vulnerable population, especially indigenous and migrants.

5.3 UP-TO-DATE, DYNAMIC, AND COHERENT BASIC AND CONTINUING EDUCATION PROGRAMS IN NURSING AND MIDWIFERY THAT RESPOND TO THE NEEDS OF THE POPULATION, THE MODELS OF CARE, AND A PROSPECTIVE VISION OF HEALTH.

Activities

- Promote studies on supply and demand in nursing and midwifery.
- Define key areas of nursing practice that should be included in all training programs to facilitate the standardization of nursing degrees among countries.
- Implement training and development programs in teaching.
- Adapt the nursing and midwifery curricula to the needs of the population and to the specific needs of the health sector, taking ethical principles, technology, and global scientific developments into account.
- Work with employer institutions to develop the nursing and midwifery curricula through periodic meetings and ongoing communication between the operational levels in education and the services.
- Develop teaching models and educational methodologies that strengthen creativity and decision-making capacity and lead to the self-management and co-management of the services.
- Strengthen the training of nurses and midwives in the areas of social development and community care.
- Foster standardized accreditation processes for training programs in nursing and midwifery, encouraging the participation of international peers to facilitate the standardization of degrees among countries.
- Promote exchanges between countries to improve training programs for nurses and midwives.
- Move forward with studies that evaluate the training of nurses and midwives and their impact on the health of the population in terms of equity, quality, sustainability and access.

5.4 DIFFERENTIATION OF ROLES AND FUNCTIONS WITHIN THE NURSING TEAM AND BETWEEN NURSES AND OTHER PROFESSIONALS, CONSIDERING THE RESOURCES AVAILABLE LOCALLY AND PROMOTING THE EQUITABLE AND PROACTIVE PARTICIPATION OF NURSES AND MIDWIVES IN THE HEALTH TEAMS.

Activities

- Define roles (functions) of health care providers in priority programmatic areas.
- Develop frameworks and guidelines for differentiated practice within the nursing and health team and revise job classification systems to correspond to the division of work.
- Define and support the roles (functions) of nursing and midwifery within the health team in the health services, education, research, and management, as well as in the design,

implementation, and evaluation of health policies in national and international organizations.

- Propose and develop health care models in which the nursing and midwifery role is paramount that give priority to health promotion and disease prevention and that promote an improvement in the living conditions of the population.
- Develop and implement standards and protocols of care which adequately reflect independent, dependent and interdependent functions of the members of the health team.

5.5 UNIFIED NURSING AND MIDWIFERY INFORMATION SYSTEM COMPATIBLE AMONG THE COUNTRIES.

Activities

- Define the objectives and scope of the information system at different levels of decision making to support nursing and midwifery services.
- Define the variables and indicators for the different areas of the information system and design the administrative and technology platform for the system. Disseminate results.
- Design or adapt the data collection instruments and identify the responsibilities and their flow, based on the key processes handled by nursing.
- Define the standards, goals, performance evaluation indicators, networks, and feedback mechanisms of the system.
- Develop instruments to evaluate the operation of the nursing and midwifery information system.
- Share experiences among institutions and countries.
- Improve the development and operation of databanks to support nursing and midwifery practice, administration and research.
- Include information on nursing and midwifery education: schools, facilities, programs offered.

5.6 MIDWIVES AND SPECIALIZED NURSES LINKED IN THE AREAS IN WHICH THEY PRACTICE THEIR SPECIALTY (CLINICS, COMMUNITY, MANAGEMENT, EDUCATION, AND RESEARCH).

Activities

- Identify priority areas for nursing and midwifery development that require specialized training.
Mental health, reproductive health, neonatology and AIDS 2002-2003.
Workers health, school health, adult and older adult for 2004-2005.
- Apply supply and demand models for midwives and nurse specialists.
- Define the principal, specific health care functions in the services that require nurse specialists and midwives.

- Define the competencies required to achieve the level of performance expected of nurses in their specialty.
- Develop training and performance incentive plans in specialized nursing and midwifery care.
- Adjust the institutional roster of positions to the services' level of development and the level of nurses' and midwives' training.
- Assess the impact of midwifery and specialized nursing care.

For greater efficiency, effectiveness, equity, quality, and financial sustainability in the health services in general and nursing and midwifery in particular in the countries of the Region, it is necessary to put in place a Plan of Action for the Development of Nursing and Midwifery Services that includes strategic actions, results, and the activities described above. Such a Plan will help to solve the problems identified, reconfiguring the role of nursing and midwifery while strengthening the services provided. This will ultimately result in better health service delivery, the achievement of the objectives of the system, and, hence, better health conditions for the population.

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ANNEXES

ANNEX I: RESOLUTION WHA 54.12

FIFTY-FOURTH WORLD HEALTH ASSEMBLY
WHA54.12

Agenda item 13.4
May 2001

21

Strengthening nursing and midwifery

The Fifty-fourth World Health Assembly,

Having reviewed the report on strengthening nursing and midwifery;

Recalling resolutions WHA42.27, WHA45.5, WHA47.9, WHA48.8 and WHA49.1 which recommended action aimed at strengthening nursing and midwifery;

Recognizing the importance of accessible health systems in efforts to improve the health of populations as highlighted in *The world health report 2000*,¹

Recognizing the importance of using appropriate resources, including human resources, in the provision of health services;

Aware that nurses and midwives play a crucial and cost-effective role in reducing excess mortality, morbidity and disability and in promoting healthy lifestyles and concerned that further action is needed to maximize their contribution;

Concerned about global shortages of nurses and midwives;

Recognizing the importance of nursing services and midwifery services being the core of any health system and in national health;

Mindful of the continuing need to work with the full range of partners whose work impacts on the health of the population, on health promotion and on health care,

1. URGES Member States:

(1) to further the development of their health systems and to pursue health sector reform by involving nurses and midwives in the framing, planning and implementation of health policy at all levels;

(2) to review or develop and implement national action plans for health and models of education, legislation, regulation and practice for nurses and midwives, and to ensure that these adequately and appropriately reflect competencies and knowledge that enable nurses and midwives to meet the needs of the population they serve;

(3) to establish comprehensive programmes for the development of human resources which support the training, recruitment and retention of a skilled and motivated nursing and midwifery workforce within health services;

(4) to develop and implement policies and programmes which ensure healthy workplaces and quality of the work environment for nurses and midwives;

(5) to underpin the above measures through continuing assessment of nursing and midwifery needs and by developing, reviewing regularly, and implementing national action plans for nursing and midwifery, as an integral part of national health policy;

¹ *The world health report 2000: health systems: improving performance*. Geneva, World Health Organization, 2000.

(6) to enhance the development of nursing and midwifery services that reduce risk factors and respond to health needs, on the basis of sound scientific and clinical evidence;

(7) to prepare plans for evaluating nursing services.

2. REQUESTS the Director-General:

(1) to provide support to Member States in setting up mechanisms for inquiry into the global shortage of nursing and midwifery personnel, including the impact of migration, and in developing human resources plans and programmes, including ethical international recruitment;

(2) to provide support to Member States in their efforts to strengthen the contribution of nurses and midwives to the health of the populations and to take the necessary measures to increase the number of WHO collaborating centres for nursing and midwifery in developing countries;

(3) to ensure the involvement of nursing and midwifery experts in the integrated planning of human resources for health, including to support Member States undertaking programmes of village skilled birth attendants, by developing guidelines and training modules, as an expanded role of nurses and in particular midwives;

(4) to continue to cooperate with governments to promote effective coordination between all agencies and organizations concerned with the development of nursing and midwifery;

(5) to provide continuing support for the work of the Global Advisory Group on Nursing and Midwifery, and to take account of the interest and contribution of nursing and midwifery in wider aspects of the development and implementation of WHO's policy and programmes;

(6) to develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure, and report progress in achieving these goals;

(7) to prepare rapidly a plan of action for the strengthening of nursing and midwifery and to provide for external evaluation at the conclusion thereof;

(8) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-sixth World Health Assembly in 2003.

Ninth plenary meeting, A54/VR/9

ANNEX II: SWOT ANALYSIS OF THE CURRENT NURSING SITUATION IN THE COUNTRIES OF THE REGION OF THE AMERICAS

Based on the documentation recommended for the work, the following is a summary of the principal strengths, opportunities, weaknesses, and threats identified in the current nursing situation that will contribute to the analysis and identification of intervention strategies:

STRENGTHS	OPPORTUNITIES
▪ Models of nursing care that focus on comprehensive biopsychosocial care of the individual, the family, and the community throughout the life cycle; health promotion, disease prevention, treatment, and rehabilitation ▪ A wide range of nursing activities in health care in different areas and at different levels ▪ Nurses represent 50% to 60% of health workers ▪ Successful experiences in expanding the coverage of nursing: in maternal and childcare, immunization, mental health in Belize, etc. ▪ Administrative competencies ▪ Greater consolidation of specialties and master's degrees in nursing. ▪ Participation in government technical teams at the national and departmental level;	▪ Recognition by the global and regional assemblies of WHO and PAHO of the role of nursing in health systems and services; of the potential for nursing to produce a change in the quality and effectiveness of health services²⁷ ▪ Ample supply of training programs accessible to nurses ▪ Performance of the system, with reform processes grounded in: ▪ The principles of equity, universality, comprehensiveness ▪ Institutional reform geared to efficiency, effectiveness, and economy ▪ Quality assurance processes ▪ Legislation on minimum requirements for the services ▪ The rise in evidence-based practice. ▪ Greater opportunities for independent practice in nursing ▪ Projects for international cooperation and assistance ▪ Demographic changes that imply changes in the demand for health services, new services; ▪ Political-administrative processes: Decentralization, healthy municipio strategies that employ a comprehensive approach to health as a component of local development ▪ Worldwide development of informatics, which favors the development of information systems ▪ Economic processes: the globalization of technology; access to knowledge and information. International research.
WEAKNESSES	THREATS

▪ The coverage and quality of care in the majority of the countries are affected by an inadequate supply of nurses and their unequal distribution. ▪ Lack of a nursing structure in the ministries and institutions that run these services. ▪ Limited development of alternative nursing models other than the personal care and institutional model ▪ Uncoordinated nursing projects ▪ Conflicts of interest among the different groups ▪ Lack of participation in decision-making in institutions and in the definition and evaluation of health policies. ▪ Inadequate or poor working conditions: lack of basic supplies, low wages, excessive workload, lack of incentives, high staff turnover, heavy administrative load characterized by activities that do not pertain to professional practice. ▪ The need to standardize accreditation and evaluation processes in each country (the basic academic requirements to study nursing and the minimum contents and requirements of programs, etc.) in order to facilitate co-validation. ▪ The lack of an nursing information system ▪ Sectoral reform: ▪ Fragmentation of services and responsibilities, affecting the execution of public health activities and generating risks to the community. ▪ Inadequate coverage of and access to the health services ▪ Reform of the State and the public sector and the directives to introduce flexibility into the labor market.	▪ Proficiency of other types of professionals in practices or fields traditionally dominated by nurses ▪ The economic, social, and political processes under way in each country: cutbacks in fiscal resources for health, greater flexibility of the labor market, growing economic and social inequity as a result of the neoliberal economic model ▪ Efficiency determined by the volume of activities alone; cost containment, which affects the quality of care.
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ANNEX III

PARTNERS FOR PAHO/WHO NURSING AND MIDWIFERY SERVICE DEVELOPMENT IN THE REGION OF THE AMERICAS Updated November 2003

PLAN OF WORK 2002-2005		
PARTNER	AREA(S) OF WORK	COUNTRIES
1 WHO CCNM-UNAM	Nursing Management	MEX; Border USA; CA; Spanish Caribbean Region; DOR; CUB; USA, Puerto Rico
2 WHO CCNM-Columbia University	Public Health Nursing	Region
3 WHO CCNM-University of Illinois	Models of Care: Reproductive Health, AIDS-HIV	Region
4 WHO CCNM-University of Pennsylvania	Reproductive Health; competencies, deployment	Region
5 WHO CCNM ACOFAEN	Quality of Care; Clinical Guideline, Public Health	Region and Colombia
6 WHO CCNM-Case	Home Care; Quality of care	Region
7 WHOCCNM-Univ. of Sao Paulo at R.P.	Mental health, quality, maternal, AIDS, Management, Public Health	Region and Brazil
8 WHOCCNM-McMaster Univ.	Public Health Nursing, Reproductive Health	Region, Haiti
9 WHOCC- Univ. of Indiana	Healthy Cities: tool kit	Region
10 WHOCC- Johns Hopkins	Nursing Information Systems	Region
11 WHOCC University of Maryland	Mental Health Nursing-Quality, Services	Central America and Colombia
12 WHOCC University of Alberta	Mental Health Nursing-Quality, Services	Caribbean, Peru
13 FEPPEN	Quality of Care	20 member countries
14 FIDE	Standards of Nursing Care	Region
15 Central America and Caribbean Nursing Group	Plans and projects to strengthen nursing services	Central America, PAN, CUB, DOR.
16 Regional Nursing Body	Plans and projects to strengthen nursing services	CARICOM countries
17 ICN-Leadership for Change	Leadership development	Sub-Regional Projects
18 OAS Inter-American Drug Abuse Control Commission (CICAD)	Prevention and Control of drug abuse	Latin America Central America, Guyana, MEX, CA
19 Georgetown University	Indigenous Health and Migrants	
20 APHA:MWPHA-Public Health Nursing Section	Public Health Nursing	USA
21 Int. Society of Cancer Nursing	Cancer nursing	Region
22 Native American and Alaska Native Nurses Association	Health of Indigenous Peoples	Region/Central America
23 USDHHS-HRSA-HIV-AIDS	Nursing care in HIV-AIDS	Caribbean
24 American Nurses Credentialing Center	Magnet Hospital and Certification Programs	Region
25 SIPU Int-Sweden	Tool Kit for Nurse Managers	El Salvador
26 US-DHHS-Division of Nursing	Public health nursing; nurse/mid	Region
27 US Office of Chief Nurse	Nursing in priority areas, Public Health	Region

PLAN OF WORK 2002-2005			
	PARTNER	AREA(S) OF WORK	COUNTRIES
28	Nat. Ass. Of Hispanic Nurses	Research and Sc. Publications	Region/CA
29	Registered Nurses Association of Ontario	Clinical Guidelines	South Cone Countries
30	WHOCC-UTMB Galveston	Culturally Appropriate Care	Region
31	ALADEFFE	Public Health Nursing; Management, Midwifery Services	Region
32	International Confederation of Midwives	Midwifery	Region
33	International Society on Psychiatric Nurses	Mental Health, Quality	Panama, Region
34	WHO CC at New York University	Nursing Care of Elderly	Region
35	WHO CC University of California, San Francisco	HIV/AIDS, Reproductive Health	Region
36	Nursing School, Catholic Univ. Chile	Self care	Region
37	Caribbean Nurses Organization	Reproductive Health	Caribbean
38	Sigma Theta Tau	Mental Health, Quality	Panama, Region
39	WHO CC George Mason Univ.	Public Health	USA, Caribbean, Nicaragua
40	WHO CC UTMB Galveston, Texas	Indigenous Health	Mexico
41	WHO CC Michigan University	Reproductive Health; AIDS	Region, Honduras

ANNEX IV

NURSING, MIDWIFERY AND MODELS OF CARE DOCUMENTS

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20. Resolution CD43.R6, English/Spanish/Portuguese/French
21. **#24** Public Health Nursing and Essential Public Health Functions: *A Basis for Practice in the twenty-first Century*, 2001, English/Spanish/Portuguese/French
22. Capacity Building for the Implementation of Essential Public Health Functions in the Americas -Nursing and Midwifery Services Plan 2002-2005 **HSP/HSO/022.02**
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