

Pacific Heads of Nursing & Midwifery Meeting

Réunion des chefs des soins infirmiers et obstétricaux du Pacifique



SPCNMOA PACIFIC LEADERSHIP PROGRAM AND REGIONAL ACCREDITATION

The World Health Organization (WHO) Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025 provides the evidence-base for an interrelated set of policy priorities that can help countries ensure that midwives and nurses optimally contribute to achieving universal health coverage and other population health goals.

This paper provides update on the development of a regional body, led by senior nurses and midwives, which will focus on improving the Quality of Nursing and Midwifery and Education and Regulation in Pacific Island Countries, approved by Pacific Health Ministers Meeting (PHMM) March 2022. This is a response to both the SDNM 2021-2025, a result of multiple research studies conducted in the region over a number of years and the priorities developed by the Government Chief Nursing and Midwifery Officers (GCNMO) in the region.

South Pacific Chief Nursing and Midwifery Alliance (SPCNMOA) and the newly developed Pacific Heads of Nurses and Midwifery (PHoNM) forum provide a vehicle for regional leadership, improving health services and health outcomes in the region and are ideally positioned to lead the proposed regional quality improvement body.

1. BACKGROUND

Health outcomes health service quality in Pacific Island Countries (PICs) vary widely. Newer challenges include COVID-19, climate change and the effective coordination of disaster response efforts. Older challenges, such as non-communicable disease, remain unresolved.

Nurses and midwives make up more than two thirds of the regional regulated health workforce.¹ Due not only to their sheer numbers but also to their transformative role on the front lines, nurses and midwives have the potential to optimise and improve individual and community health outcomes.

Research has consistently indicated that health workforce education, leadership programs and regulatory systems within the region are weak: limited numbers of educators, outdated curricula, education programs that do not match health security needs, and limited continuing professional development (CPD) opportunities for nurses and midwives are of particular concern.²

Indeed, WHO SDNM 2021-2025 identified education, jobs, leadership and service delivery as strategic policy priorities for improving regional health outcomes.³ Such concerns were reaffirmed by nursing and midwifery leaders at the 9th Global Triad Meeting held in May 2022, in addition to emerging issues regarding the wellbeing, retention and recruitment of nurses and midwives, the disruption of essential healthcare services, and the cost of underinvesting in health and care workers illuminated by the ongoing COVID-19 pandemic.⁴

At the 14th Pacific Health Ministers Meeting held March 2022, attending ministers reiterated the concerns listed above. In response, they approved the recommendation that governments and development partners support the development of subregional mechanisms for cooperation, knowledge exchange and resource sharing.⁵ Initiatives undertaken by the SPCNMOA, including the creation of the Pacific Leadership Program in 2009 for succession planning, are integral to the advancement of this goal, as well as the advancement of the WHO's SDNM Policy Priorities and the achievement of UHC. Key milestones in this work are outlined below.

2. PROGRESS AND ACHIEVEMENTS

2.1: Support of WHO SDNM Policy Priorities The SPCNMOA and WHO Collaborating Centre University of Technology Sydney (WHO CC UTS) as Secretariat have developed a regional strategy to strengthen health in the Pacific and enable an effective regional response to the WHO SDNM 2021-2025. In particular, the SPCNMOA have undertaken several actions in support of Policy Priority 3.1: *Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy*. Actions in support of this policy priority undertaken by the SPCNMOA included the provision of support to the government chief nursing and midwifery officers, the creation of Pacific Leadership Program for succession planning, mechanisms for data reporting, and the convening of stakeholders for data sharing and policy dialogue.

¹ World Health Organisation 2020: State of the World's Nursing Report (SOWN). Geneva: World Health Organization. Available from: <https://www.who.int/publications/i/item/9789240003279>.

² Ibid

³ World Health Organisation 2021: Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025. Geneva: World Health Organization. Available from: <https://www.who.int/publications-detail-redirect/9789240033863>

⁴ World Health Organisation. 2022: Triad Statement. Technical Document. Accessed from: <https://www.who.int/publications/m/item/9th-triad-meeting-statement>

⁵ World Health Organisation 2022: 14th Pacific Health Ministers Meeting. Technical Documents. Accessed from: <https://www.who.int/westernpacific/about/how-we-work/pacific-support/pacific-health-ministers-meetings>

Moreover, the SPCNMOA has undertaken key actions in support of Policy Priority 3.2 from the WHO SDNM 2021-2025: *Invest in leadership skills development for midwives and nurses*. This priority specified the need to invest in the development of leadership skills and leadership capacity for nurses and midwives. An example is the highly successful Pacific Leadership Program (PLP), funded by the Australian Government, designed to build leadership and partnerships across the Pacific. The SPCNMOA was vital to getting the PLP running: the Alliance co-designed the program proposal, supported funding submissions and, once the program was funded, identified suitable potential and existing local leaders to attend.

2.2: Pacific Leadership Program The aim of the PLP is to build leadership capacity within the Pacific by providing regional nursing and midwifery leaders with a skills-development program, and exposure to expertise on policy development, human resources for health (HRH) management, regulation, research, and data information systems. The PLP responds to the need for ongoing assistance with leadership capacity building identified by the SPCNMOA, Ministries of Health within the Pacific and the WHO SDNM 2021-2025. A paper produced by chief nurses from WHO Headquarters, the Solomon Islands, and Vanuatu emphasised the value of the PLP in empowering young healthcare workers, promoting leadership skills, and providing training and mentoring opportunities to nurses and midwives.⁶ In addition, it highlighted the vital importance of strengthening and sustaining the PLP to support the movement towards UHC within the South Pacific.

Originally running from 2009 – 2017, the PLP has been re-established in 2022 with 6 PIC countries and 18 Fellows. The program will be facilitated online in response to COVID-19.

2.3 Development of Research Protocol SPCNMOA co-produced a guide on requirements for authorship in research alongside WHO CC UTS. Aligned with WHO CC UTS' 'principles of partnership' and WHO WPRO's 'ground-up approach', this valuable guide assists researchers in adopting ethical and culturally appropriate frameworks within their research agendas. It advocates for researchers to involve participants from the country in the research process, the research team, and in publications where possible to ensure results are ethical, reliable, sustainable, and relevant to local and national needs. The development of the protocol was carried out with SPCNMOA and key papers on the PARcific methodology⁷ and proposed steps towards UHC in the Pacific,⁸ underpinned by deep consultation and collaboration with key regional partners and stakeholders.

2.4 Regional Representation and Collaboration Since its inception, the SPCNMOA has developed strong regional relationships amongst its members and supported their representation in key global forums. Numerous SPCNMOA members have attended the WHO World Health Assembly (WHA). The SPCNMOA has also been involved with key regional organisations, including the Asian Pacific Emergency Disaster Nursing Network. The strong relationships developed with these organisations has enabled fast regional support and response during disasters. Moreover, the SPCNMOA was instrumental in reviewing and defining the original fining roles and responsibilities of GCNMOs later developed by the WHO.⁹ Finally, the

⁶ Rumsey, M., Iro, E., Brown, D., Larui, M., Sam, H., & Brooks, F. 2022. Development of Practices in Senior nursing and Midwifery Leadership: Pathways to Improvement in Sotuh Pacific Health Policy. *Policy Politics & Nursing Practice*. Pp. 1-12.

⁷ Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. 2022. Development of PARcific approach: participatory action research methodology for collectivist health research. *Qualitative Health Research*. 1-18. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350>

⁸ Rumsey, M., Leong, M., Brown, D., Larui, M., Capelle, M., & Rodrigues, N. 2022. Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. *The Lancet Regional Health – Western Pacific*, 19.

⁹ White J, Rumsey M. 2010. A GCNMO consensus statement roles and responsibilities of the government chief nursing and midwifery officer (GCNMO). Sydney, Australia: World Health Organization. World Health Organization 2015. Roles and Responsibilities of Chief Nursing and

SPCNMOA has played a significant role in supporting regional cooperation, collaboration, and communication throughout the COVID-19 pandemic.

3. CHALLENGES

3.1 Barriers to nurses and midwives in gaining appropriate authority and influence

Despite making up more than 60% of the global health workforce (and 74% in the Pacific region)¹⁰, nurses and midwives have not had a concomitant influence on health policy to date. In their extensive review of nurses' impact on health policy, Rasheed et. al.¹¹ found that health workforce hierarchies, gender power differentials and lack of confidence and skill all played a role in limiting nurses' contributions. In addition, they found that nurses tended to play the role of policy implementers rather than being drivers of policy change. Indeed, Asuquo et. al.¹² found that many policies directly related to nursing were developed without considering a nursing viewpoint or input. Furthermore, an International Council of Nurses (ICN) survey showed that although 'two-thirds (67%) of countries report having a GCNO 'focal point', many of these positions do not have the authority to advise and influence at a strategic level; some focal points are not even Registered Nurses.¹³ Further, results from research in Thailand¹⁴ and the Pacific¹⁵ provide evidence of high-quality health policy outcomes, such as influencing the Nurses' Act and improving human resource deployment, when nursing and midwifery leaders are explicitly included and consulted on health policy development.

While nurses and midwives have long taken their role as patient advocates seriously and sometimes at detriment to their employment¹⁶ they have generally not been so successful at advocacy in government or global forums. There is consensus in the literature however, about the potential benefits for improving health outcomes if nurses and midwives were to become more vocal and engaged in developing health policies.¹⁷

3.2 Ongoing Impacts of the COVID-19 Pandemic

The COVID-19 pandemic has taken a significant toll on the global nursing and midwifery workforce. Retention and recruitment issues are playing a significant role in the disruption of services across the sector. The issues, exacerbated by the pandemic, are being driven by burnout, sickness, unsafe working environments, inadequate pay and conditions, resource shortages, and the cumulative effects of long-term underinvestment in healthcare across the region. At the 9th Global Triad Meeting, it was agreed that innovative approaches need to be developed and adopted to strengthen 'the capacity and optimal management of health and workforce teams' and, by extension, to strengthen advocacy and policy on issues pertinent to nurses and midwives

Midwifery Officers: A Capacity Building Manual, Geneva, Switzerland: WHO. Available from: https://www.who.int/hrh/nursing_midwifery/15178_gcnmo.pdf.

¹⁰ World Health Organisation 2020. State of the World's Nursing Report (SOWN).

¹¹ Rasheed SP, Younas A, Mehdi F. 2020. Challenges, Extent of Involvement, and the Impact of Nurses' Involvement in Politics and Policy Making in Last Two Decades: An Integrative Review. *Journal of Nursing Scholarship*. 2020;52(4):446-55.

¹² Asuquo E, Etowa JB, Gifford WA, Holmes D. 2016. Nurses' involvement in HIV policy formulation in Nigerian health care system. Available from: <https://doi.org/10.4172/2155-6113.1000589>.

¹³ International Council of Nurses 2020. ICN snapshot survey. Available from: <https://www.icn.ch/news/icn-snapshot-survey-year-nurse-and-midwife-approximately-only-half-countries-world-have-chief>.

¹⁴ Samwawkum P, Outamnee A. 2018. Being nurse-politicians in Thailand: A phenomenological research. *Kasetsart Journal*. 40 (3): 591-96. Available from: <https://doi.org/10.1016/j.kjss.2017.12.009>.

¹⁵ Anders RL. 2021. Engaging nurses in health policy in the era of COVID-19. *Nursing Forum*, 56 (1): 89-94; Rhodes D, Rumsey M. 2016. An Innovative Approach to Supporting Health Service Delivery in the Pacific Appears to be Ticking Health Policy and Development Boxes. *iMed Pub*. 3 (1): 1-6; Rumsey M, Neill A. 2018. South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) meeting - November 2018 Cook Islands – Meeting Brief. University Technology Sydney, Australia: World Health Organization Collaborating Centre – Western Pacific Region.

¹⁶ Rumsey, Iro, et al. 2022. Development of Practices in Senior nursing and Midwifery Leadership.

¹⁷ Buchan J, Twigg D, Dussault G, Duffield C, Stone PW. 2015. Policies to sustain the nursing workforce: an international perspective. *Int Nurs Rev*. 62 (2): 162-70.

across the region.¹⁸ In this context, the development of well-resourced leadership roles and forums is crucial to enable midwives and nurses ‘to practice to the full extent of their education, training, and regulation’ and thereby ‘increase access to essential health services, strengthen primary health systems, and advance towards UHC’.¹⁹

4. FUTURE DIRECTIONS

It is now time to embed chief nursing and midwifery officers in national and regional health policy development and leadership. The SPCNMOA and the newly developed PHoNM forum are ideally placed to provide a vehicle for improving health services in the region. Over a number of years, the SPCNMOA and WHO CC UTS have been at the forefront of developing nursing and midwifery in the region, advocating for nursing leadership.

4.1 Recommendations for governments:

- Continued to sustain commitment at ministerial, regional and national level for policy dialogue, investments and implementation of actions.
- Building on key recommendations advanced at the 14th PHMM, contribute to subregional mechanisms for cooperation, knowledge exchange and resource sharing, such as the subregional Quality Improvement Programme for Nursing (WHO 2022b).
- Develop a coherent and transparent pathway that enables healthcare workers to move between the various levels of work and education e.g. nurses aid, community health worker, registered nurse, midwife, clinical nurse specialist, to nurse practitioner
- Continue to support the Pacific Leadership Program. Ensure that nurses and midwives are able to attend the program and address any barriers to their participation.

4.2 Recommendations for development partners:

- Work with Chief Nursing and Midwifery Officers, ministries of health, SPCNMOA, ANMAC and SPC PHoNM to provide technical and expert guidance and support as needed to progress the above recommendations.
- Provide funding to support initial development of the practice and accreditation standards and regional body as outlined above.
- Provide ongoing funding to support the delivery of the Pacific Leadership Program.
- Support establishing mutual recognition of qualifications and ease of mobility of nursing personnel across the region in line with WHO code of practice

¹⁸ Rumsey, Iro, et al. 2022. Development of Practices in Senior nursing and Midwifery Leadership.

¹⁹ Ibid.