Global strategic directions for

NURSING AND MIDWIFERY

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Executive summary

The *Global strategic directions for nursing and midwifery (SDNM) 2021-2025* presents evidence-based practices and an interrelated set of policy priorities that can help countries to ensure that midwives and nurses optimally contribute to achieving universal health coverage (UHC) and other population health goals.

The SDNM comprises four policy focus areas: education, jobs, leadership, and service delivery. Each area has a "strategic direction" articulating a goal for the five-year period, and includes between two and four policy priorities. If enacted and sustained, these policy priorities can support advancement along the four strategic directions: 1) educating enough midwives and nurses with competencies to meet population health needs; 2) creating jobs, managing migration, and recruiting and retaining midwives and nurses where they are most needed; 3) strengthening nursing and midwifery leadership throughout health and academic systems; and 4) ensuring midwives and nurses are supported, respected, protected, motivated and equipped to safely and optimally contribute in their service delivery settings.

Policy priorities are expressed through a health labour market lens. This perspective allows for a comprehensive understanding of the forces that drive shortages and surpluses, geographical imbalances, and suboptimal contributions by midwives and nurses in service delivery settings. The suggested implementation approach for the SDNM is an inclusive process rooted in robust data and analysis, intersectoral policy dialogue, and evidence-based decision making on appropriate actions and investments. The monitoring and accountability framework encompasses the data-dialogue-decision making continuum and leverages established reporting mechanisms of WHO Member States.

The primary targets of the SDNM are health workforce planners and policy makers, as well as educational institutions, public and private sector employers, professional associations, labour unions, bilateral and multilateral development partners, international organizations, and civil society.

The intended impact of the SDNM is that countries fully enable the contributions of midwives and nurses towards the following common goals: primary health care for UHC and managing the coronavirus disease (COVID-19) pandemic; mitigating the health effects of climate change; managing international migration; and ensuring access in rural and remote areas and small island developing states.

The SDNM uses the terms "midwife" and "nurse" to refer to the distinct occupational groups as described by the International Standard Classification of Occupations in 2008. WHO appreciates the professional distinction of the midwife and the nurse. The SDNM highlights prioritized issues and shared policy responses that have an impact on both occupations. Actions should be both context- and occupational group-specific to maximize the contributions of midwives and nurses towards greater health workforce efficiency and effectiveness and to improve access to quality health services.

The coronavirus disease (COVID-19) pandemic reinforced the universal need to

protect and invest in all occupations engaged in a preparedness and response capacity,

in public health functions, and in the delivery of essential health services.

CHAPTER 1

Background

1. The United Nations (UN) 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) set clear targets for health, education, gender equity, decent work and inclusive growth, among others *(1)*. The World Health Organization (WHO) provides global leadership on SDG 3, which is rooted in the concept of universal health coverage (UHC) and support to WHO Member States to optimize their health workforce towards the achievement of UHC and other health targets *(2)*.

2. WHO facilitated the development of the UN *Global strategy for women's, children's and adolescents' health (2016-2030) (3)*. In 2016, its Member States adopted the *Global strategy for human resources for health: workforce 2030 (4)*, which identified a potential deficit of approximately 18 million health workers by 2030 compared to health workforce requirements to achieve health-related SDGs. The policy options within the Global strategy are aligned to SDG 3c by aiming to substantially increase health financing and the recruitment, development, training and retention of the health workforce to achieve UHC. However, in many countries, the population's need for health workers is not matched by social and economic demand, or by the technical and financial resources to produce the necessary health workforce.

3. Recognizing the mismatch in health labour markets at national and global levels and the need for an intersectoral response, the UN Secretary-General launched the High-level Commission on Health Employment and Economic Growth *(5)*. The Commission found that investment in education and job creation in the health and social sectors can drive inclusive economic growth, including the economic empowerment of women and youth: almost 70% of jobs in health are held by women. In addition, the Commission made recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers.

4. The designation of 2020 as the International Year of the Nurse and the Midwife *(6)* was an exceptional opportunity to accelerate the implementation of prior resolutions and decisions of the World Health Assembly with respect to the nursing and midwifery workforce. The year catalyzed unparalleled advocacy and data reporting, contributing to the first-ever *State of the world's nursing report (7)* and the third *State of the world's midwifery report (8)*. WHO encouraged countries to leverage the momentum and use the findings of the reports and "country profiles" to hold intersectoral policy dialogue about how and where to invest in the nursing and midwifery workforce in order to best address national health priorities.

5. The year 2020 was also a time of unprecedented health challenges and global socioeconomic disruption. The coronavirus disease (COVID-19) pandemic reinforced the universal need to protect and invest in all occupations engaged in a preparedness and response capacity, in public health functions, and in the delivery of essential health services. The importance of the health workforce in the response to this and future pandemics demands that the contributions of midwives and nurses to UHC and the SDGs are optimized through a cohesive approach that works in concert with existing strategies supported by WHO and key partners.

CHAPTER 2

Strategic directions and policy priorities 2021-2025

6. The resumed Seventy-third World Health Assembly requested WHO, "*to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery 2016–2020 and, following consultations with Member States, submit this update to the Seventy-fourth World Health Assembly for its consideration" (9)*[1]. In May 2021, the Seventy-fourth World Health Assembly adopted the *Global strategic directions for nursing and midwifery (SDNM) 2021–2025* in resolution WHA(74.15).

7. The SDNM encompasses the four areas of education, jobs, leadership, and service delivery. Each "strategic direction" comprises two to four prioritized policy actions needed to achieve it. The prioritized policies arise from published evidence in the *State of the world's nursing 2020 (7)* and the *State of the world's midwifery reports (10).* To identify the most important policy actions, a prioritization exercise was conducted with over 600 nursing and midwifery leaders from ministries of health, national nursing and midwifery associations, regulators, WHO collaborating centres for nursing and midwifery, and the *Nursing Now* campaign in attendance at the biennial WHO Global Forum of Government Chief Nursing and Midwifery Officers (GCNMO) and at the "Triad" meeting hosted by WHO, the International Confederation of Midwives, and the International Council of Nurses *(11).* Regional and global consultation processes corroborated and helped refine the prioritized policies.

8. The policy priorities are interrelated: the issues and policy responses in one are correlated with the issues and policy responses in the others. The relationship between the policy priorities can be understood through the illustration below of the health labour market framework (Fig. 1).

1 A "draft for consultation" was disseminated globally in all official WHO languages and Portuguese. Feedback was received in written form and via 10 regional and global consultations with GCNMO and relevant stakeholders; a formal consultation process was undertaken in March 2021 with Member States to review and endorse the document prior to submission to the Seventy-fourth World Health Assembly.

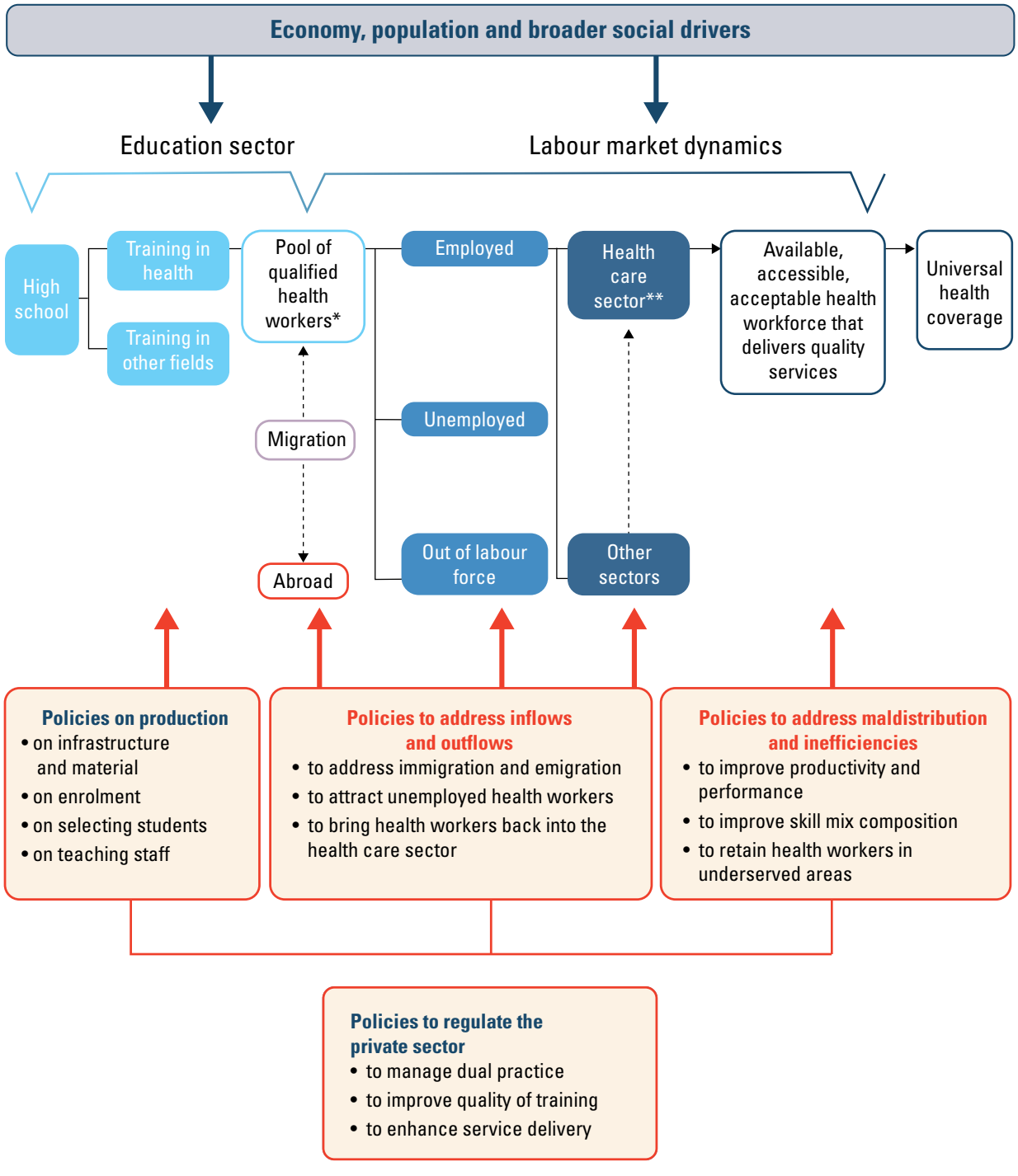
9. A health labour market framework enables an understanding of the main factors that influence the availability, distribution, capacity, service delivery environment, and performance of the nursing and midwifery workforces in delivering person-centred services to achieve UHC *(12)*. The SDNM is intentionally succinct; readers are encouraged to consult the reports of the *State of the world's nursing 2020* and the *State of the world's midwifery 2021* for greater detail of the supporting evidence. References have been added to incorporate relevant evidence published during or since the development of the two reports.

10. The suggested implementation strategy reflects an inclusive process beginning with broad engagement to ensure robust national data, intersectoral policy dialogue supported by data and analysis, and evidence-based decision making on appropriate policy actions and investments. Although the document emphasizes actions by the national ministry of health, the role of key stakeholders in sharing data, participating in policy dialogue, and advancing the implementation of policies through coordinated work and aligned investments is essential for meaningful movement towards each strategic direction.

11. A monitoring and accountability framework is structured around a data-dialogue-decision making continuum (see Annex 1). Future reporting on progress is deliberately channelled through two pre-existing mechanisms for data and information exchange: the National Health Workforce Accounts (NHWA) platform (13) and the biennial Global Forum for GCNMO, held in conjunction with the "Triad" meeting.

12. 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 *(14)*. 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 SDNM highlights prioritized issues that are of the highest relevance to both occupations. Where challenges and responses at the policy level are different, they are articulated separately.

Figure 1 **Health labour market framework**



* Supply of qualified health and social workforce willing to work
** Demand for health and social workforce in the health and health-related social care sectors

Source: Adapted from Sousa A, Scheffler RM, Nyoni J, Boerma T. A comprehensive health labour market framework for universal health coverage. Bulletin of the World Health Organization. 2013;91:892–4.

Table 1 **Summary of global strategic directions and policy priorities 2021-2025**

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: Align the levels of nursing and midwifery education with optimized roles within the health and academic systems.

Policy priority: Optimize the domestic production of midwives and nurses to meet or surpass health system demand.

Policy priority: Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs.

Policy priority: Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.

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: Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens.

Policy priority: Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities.

Policy priority: Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Policy priority: Attract, recruit and retain midwives and nurses where they are most needed.

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

Policy priority: Invest in leadership skills development for midwives and nurses.

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: Review and strengthen professional regulatory systems and support capacity building of regulators, where needed.

Policy priority: Adapt workplaces to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams.

POLICY FOCUS

Evidence

13. **Across and within countries, there are many different "entry level" education programmes to become a midwife or nurse.** The various levels have different admission requirements and programme duration, as well as award education credentials, ranging from a certificate or diploma to a bachelor's or master's degree *(15-17)*. Once employed in the health system, the title and roles do not distinguish at which education level a midwife or nurse first qualified. The pathway to become a midwife can be by either following initial education as a nurse, or "direct entry" into a midwifery education programme. There is a growing call for the minimum education of midwives and nurses to be standardized at the bachelor degree level *(18-23)*. Midwives and nurses with an advanced education can assume wider responsibilities in the health system, including leadership, research and teaching *(17, 24)*.

14. **Ensuring the quality of nursing and midwifery education programmes and the preparation of qualified faculty remain critical challenges.** In the *State of the world's nursing 2020* and *State of the world's midwifery 2021* reports, a high proportion of countries reported the existence of education standards and accreditation mechanisms. However, in many countries where accreditation mechanisms exist, the process falls short of identifying quality issues and ensuring education is effective and relevant to meeting local health priorities *(25-27)*. For example, in midwifery education, obstacles to quality education include securing ample "hands-on" time for students in appropriate clinical and maternity care settings *(28-30)*. Shortages of qualified faculty to educate midwives and nurses are a widespread problem, particularly at the bachelor degree level and above *(31-33)*. Among 70 countries responding to a 2019-2020 survey by the International Confederation of Midwives, fewer than one-half (46%) reported that all their midwife educators were "qualified midwives" *(8)*.

15. **Many countries do not produce enough midwife and nurse graduates to meet health system demand or population health needs.** Insufficient production of midwives and nurses with respect to health system demand can be caused by different factors, including the limited capacity of institutions to recruit or graduate adequate numbers, insufficient government expenditure, regulations restricting admissions, or issues related to infrastructure, faculty, or clinical practice sites. Where capacity exists, enrolment might be insufficient due to cultural or societal perceptions of the professions, or because working conditions, salaries, or career trajectories are not attractive *(34-36)*. Finally, a country might experience a shortage if the graduates do not have the relevant competencies to meet population health needs.

To compensate for an insufficient domestic production of graduates, some countries, especially high-income countries, tend to rely more heavily on international nurse mobility and migration *(7, 37)*. In the *State of the world's nursing 2020* and *State of the world's midwifery 2021* reports, countries reported marked difficulties to capture data related to education capacity, graduates, costs and financing.

16. **The COVID-19 response underscored new and pre-existing priorities for nursing and midwifery education.** Responding to the global pandemic has exposed the need for innovative, resilient and effective methods for the education of midwives and nurses. It also re-emphasized the need for midwives and nurses to be educated with cross-cutting competencies in interprofessional, team-based and culturally appropriate care, including the use of digital technologies *(38-44)*. While digital education and simulation sessions are being effectively scaled up for students in some settings *(45-49)*, greater investments are needed to ensure effective learning design, digital accessibility, appropriate assessments and tailored learning, and the support for faculty to design and deliver digital learning.

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.

17. **Policy priority: Align the levels of education with optimized roles within the health and academic systems.** Reviewing the relevance of programme levels with respect to an optimized skill mix of health professionals may indicate a need to adapt or upgrade entry or completion requirements for nursing and midwifery education programmes. A key consideration is maintaining a wide array of entry points to education programmes, while elevating the status of nursing and midwifery through higher education degrees that bring greater responsibilities in health settings, as well as career advancement opportunities. However, these must match with the institutional capacity for new programmes and an ability to absorb graduates into the health and academic systems.

18. **Enabling actions:** Assess whether entry-level nursing and midwifery education programmes prepare graduates to assume roles in health system and academic settings that utilize the full extent of their education and training. Consider "bridge" programmes and other mechanisms to upgrade the education credentials of students and how advanced education can correspond with greater responsibility in the workplace and commensurate remuneration. Explore the geographic harmonization of entry and completion requirements, including opportunities for interprofessional education, to prepare students for multidisciplinary teamwork once in service delivery settings.

19. **Policy priority: Optimize the domestic production of midwives and nurse to meet or surpass health system demand from both the public and private sector.** In many countries, investments will be needed to increase the number of domestic graduates, to facilitate faculty development, and to address infrastructure and technology constraints. A variety of financing and non-financing levers can facilitate education pathways in primary health care, help increase the diversity of students and faculty, ensure a minimum period of service in the public sector, or the deployment and retention of graduates to practise in rural and remote communities.

20. **Enabling actions:** An intersectoral policy dialogue with health labour market data from public and private institutions can help identify policy options to re-align production with population needs and health system demands, for example, addressing insufficient production, low enrolment or a mismatch of graduates' skills with population health needs. The data and dialogue can also inform whether financing and non-financing levers (subsidies, grants, training in rural areas, targeted admission policies with support mechanisms) can help align education with policy priorities.

21. **Policy priority: Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs.** Competency-based education as an outcomes-based approach to curricula design and implementation can contribute to the health of the community when context-specific health issues are used to determine the desired competencies *(50).* Education accreditation, while primarily an accountability mechanism to ensure institutions meet quality standards, also serves to identify and address areas to improve the competencies and numbers of faculty, admissions criteria, and students' competencies through updated and contextually relevant curricula *(26).* Accreditation standards should reflect emerging trends in health services, which will influence future health practice, including changing burdens of disease, health systems redesign, interprofessional team-based care, disaster preparedness, patient safety, and the use of technologies.

22. **Enabling actions:** In collaboration with health and education stakeholders, define the outcomes of curricula as aligned with the health needs and roles of midwives and nurses working within people-centred, integrated, team-based health and care settings. Ensure an appropriate foundation of knowledge to enable the provision of best practices in care provision and appropriate pre-service clinical learning opportunities. Require the accreditation of all nursing and midwifery education programmes, including private for-profit, to support high-quality education. Collaborate with accreditation organizations to identify and redress quality issues. The *Framework for action to strengthen midwifery education* is a guide to develop high-quality, sustainable pre- and in-service midwifery education with a seven-step action plan for stakeholders *(51).*

23. **Policy priority: Ensure that faculty are properly trained in the best education methods and technologies, with demonstrated expertise in content areas.** Increasing the number while ensuring the quality of faculty will require advanced training or coursework in educational processes and methods, as well as engagement with clinical settings to identify expert clinicians to mentor or supervise students in these settings. It will also require increased investment in digital technologies and infrastructure and training of faculty in the use of digital technology for remote learning, clinical simulations, and engagement with clinical mentors and students in remote or rural areas. Educators must be able to maintain clinical competence, as well as developing and strengthening clinical and didactic teaching and research skills.

24. **Enabling actions:** Use accreditation findings to determine where investments must be made in faculty recruitment, retention and development. Investments may be needed in information technology or equipment and to increase access to digital technology for students and faculty in rural or remote areas. Develop processes to reward or promote high performing faculty. Encourage the use of bridge programmes (for example, baccalaureate completion) or programmes to increase the number of expert clinicians eligible to enrol in graduate schemes that prepare faculty in leadership, systems management and the conduct of clinical research, including postgraduate coursework. Networks of academics and researchers and international faculty exchange programmes have been effective in building research capacity among educators.

POLICY FOCUS 2.2 JOBS

Evidence

25. **The number and distribution of midwives and nurses around the world is not commensurate with UHC and SDG targets.** The global nursing workforce of 27.9 million represents a needs-based shortage of 5.9 million nurses. This shortage is overwhelmingly (89%) in low- and lower-middle-income countries. While the nursing workforce is projected to grow to 36 million by 2030, 70% of the projected increase is expected to occur in upper-middle and high-income countries. The midwifery workforce is estimated at 1.9 million with a similar scale of unequitable distribution in low- and lower-middle-income countries. With access to adequate education, regulation and other supports, midwives could meet about 90% of the global need for essential sexual, reproductive, maternal, newborn and adolescent health interventions *(8).* However, midwives comprise less than 10% of the global workforce providing these services, thus indicating a need to expand the economic demand for the creation of midwifery jobs. While data reported by countries on their nursing and midwifery workforces for the *State of the world's nursing 2020* and *State of the world's midwifery 2021* reports were strong in terms of counts or "stock", significant challenges remain to accurately distinguish between midwives, nurses and nurse-midwives, and to report on additional data needed for workforce planning and health labour market analyses.

26. **International labour mobility and migration is of growing importance across myriad sectors and stakeholders.** Approximately one in eight nurses work in a country other than where they were born or educated. Reliance on foreign-born and foreign-educated nurses was 15 times higher in high-income countries than in other country income categories. Similarly, for midwives, the reliance on foreign-born or foreign-trained was lower in low- and middle-income countries. Small island developing states may face particular difficulties in retaining health workers who can earn higher wages in better resourced neighbouring countries *(52-54).* While there has been an increase in government-to-government agreements related to international health worker mobility, ministries of health and other health stakeholders are not systematically engaged in the negotiation and implementation of these agreements *(55).* International labour mobility and migration may have increased during the COVID-19 pandemic due to demand for nursing jobs and relaxed barriers on entry into practice *(56).*

27. **Recruitment and retention is a near universal struggle, particularly for rural and remote areas and small island developing states** *(52, 57, 58).* In some circumstances, decreased availability can exist alongside unemployment and situations where jobs (vacancies) are not filled due to limitations in the fiscal or financial space needed to employ midwives and nurses, or because they have chosen to work in other sectors *(59, 60).* Once employed, midwives and nurses experience well-documented "push and pull" factors, including gender and power biases that can pervade workplace policies and regulations *(34, 61, 62).* Evidence indicates that a variety of financial and non-financial incentives can help retain midwives and nurses in rural, remote and other underserved areas, including professional autonomy and the ability to work to their full scope of practices *(53, 57, 58, 63-65).* For both professions, COVID-19 has highlighted gaps in policies important to retain midwives and nurses in care settings to ensure occupational health and safety leading to infections, sickness and death, together with burnout, absenteeism and the associated impact on health services delivery *(66-69).*

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.

28. **Policy priority: Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens.** Using a health labour market perspective permits a comprehensive understanding of the forces that drive health worker shortages and surpluses, skill mix and geographical imbalances, and suboptimal performance. Data on stock and distribution, as well as on education (applicants, faculty, graduates) and employment (vacancies, turnover, migration), are essential to develop effective health workforce policies and to forecast and plan for future needs. Countries typically employ a health labour market analysis in the process of developing or updating their health workforce strategic and investment plans.

29. **Enabling actions:** A multisectoral approach led by the ministry of health and government chief nursing and chief midwifery officers in coordination and collaboration with ministries of education, finance, labour, social development, and the private, nongovernmental and non-profit sectors is critical to identify key policy issues and the data needed for the analysis. Countries should accelerate the implementation of NHWA to collate data necessary for health labour market analyses and workforce management. Planning and forecasting should take into consideration optimized scopes of practice, for example, autonomous practice by midwives in community settings and nurse provision in primary health care services, including the management of non-communicable diseases. Dialogue using a health labour market perspective can also take into account how service delivery models, such as midwifery-led continuity of care, can influence access, quality of care, job satisfaction, and recruitment and retention.

30. **Policy priority: Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities.** The 5.9 million new nursing jobs and midwifery positions required to meet population needs can be created in most countries with existing national funding through a greater focus on domestic resource mobilization *(70).* Some low- and lower-middle-income countries will face challenges to create jobs due to an insufficient demand to employ the midwives and nurses needed to achieve UHC; other countries may need to increase absorptive capacity or labour market participation overall *(71).* The harmonization and alignment of commitments by donors, development partners and international financing institutions can enable sustainable optimized support aligning financing flows and policies with the economic, social, and environmental priorities of the 2030 Agenda for Sustainable Development *(72).* This will allow strengthening of the nursing and midwifery workforces, while ensuring that the wage bill can be expanded and sustained to accelerate progress towards UHC and other health goals.

31. **Enabling actions:** A health labour market analysis in conjunction with an economic feasibility analysis can help to inform actions to optimize investment in the nursing and midwifery workforce. Domestic resource mobilization may involve additional budgetary allocation towards nursing and midwifery employment and inclusion of the private sector in diverse and sustainable financing models to ensure the availability of midwives and nurses in the long term. Countries receiving development assistance may need to identify opportunities to leverage cross-sectoral funding to support health workforce strategies and implement innovative financing mechanisms, such as institutional fund-pooling, while re-building capacity for sustainable wage bill expansion. Job creation and new employment opportunities should be equitably available and contribute to nursing and midwifery workforces that are representative of the populations they serve.

32. **Policy priority: Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (the "Code").** The Code is widely recognized as the universal ethical framework linking the international recruitment of health workers and the strengthening of health systems. Implementation of the Code can help ensure that progress towards UHC and the ability to respond to and manage health emergencies in Member States serves to support, rather than compromise, similar achievements in other Member States.

33. **Enabling actions:** The interests of health system stakeholders, including ministries of health, must be considered as part of discussions related to international health worker migration and mobility. As far as possible, agreements between countries in the area should be based explicitly on health labour market analyses (ensuring no negative impact on the health system of the country of origin) and reported via the Code reporting mechanism. In today's globalized economy, there are governance and regulatory frameworks for employment standards to promote equal opportunities for all genders to obtain decent and productive work *(73).*

34. **Policy priority: Attract, recruit and retain midwives and nurses where they are most needed.** Intersectoral engagement of stakeholders is essential to identify issues and solutions to improve the recruitment and retention of midwives and nurses relative to areas of greatest need and to leave no-one behind. Workplace policies can serve to increase equitable access to health services, address gender discrimination, and ensure the safety and security of midwives and nurses. These aspects are particularly important in heath emergencies where, in the absence of such policies, midwives and nurses can face unacceptable risk exposure and violations of their fundamental rights as health workers, including displacement and risks from a humanitarian crisis.

35. **Enabling actions:** "Bundle" retention policies that cover education, regulation, incentives and personal and professional support *(74).* Consider a "rural pipeline" of students who undergo health professional training and return to their communities to practice. Implement legislative and administrative social protections, including practice indemnity for infection, disability or death, paid sick leave, and occupational risk insurance. Analyze national pay scales with respect to living wages and commit to a fair and gender-neutral system of remuneration among health workers, including in the private sector. Recognize the educational advancement of midwives and nurses with corresponding role responsibilities and related remuneration. Enforce zero tolerance policies for gender discrimination and verbal, physical and sexual harassment.

POLICY FOCUS 2.3 Leadership

Evidence

36. Women comprise almost 70% of the global health workforce, 89% of the nursing workforce, and 93% of the midwifery workforce, but hold only 25% of senior roles in health organizations *(61)*. Gender leadership gaps are driven by stereotypes, discrimination, power imbalance, and privilege *(57, 75, 76)*. Input from women leaders in health (for example, midwives and nurses) expands the health agenda and results in health policies that are more supportive of women and children *(34, 77-80)*. Effective leadership skills of midwife and nurse managers positively impact on midwife and nurse retention and service provision and can reduce psychological distress during pandemics *(64, 80-84)*. With the absence of women leaders at the decision-making level, or input from midwives and nurses into health policies for population health, progress towards UHC and SDGs is weakened overall *(85)*.

37. **Approximately 70% and 50% of reporting countries indicated the presence of a national-level senior government position for nursing and midwifery, respectively.** Nine percent of countries reporting data for the *State of the world's midwifery 2021* report indicated no midwives in leadership positions. A "snapshot survey" of government chief nursing officers by the International Council of Nurses found that few had authority to advise and influence at a strategic level *(86)*. Only 50% of reporting countries indicated the existence of nationally-supported leadership development programmes for nurses. This is significant because not all levels of nursing and midwifery education preparation include leadership skills in the curricula *(79, 82, 87)*. In countries that reported both a government chief nursing officer and a national leadership development programme, there was a stronger network of workplace and education regulations in place.

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

38. **Policy priority: Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy.** Government chief nursing officers and chief midwifery officers should work on a par with other health professional leadership in making strategic decisions that impact on health service planning to meet population health needs. At the national level, this position should have responsibilities and resources for the governance and management of nursing and midwifery workforces, as well as driving nursing and midwifery data sharing and analysis, convening of stakeholders for policy dialogue, and leading data-driven decision making.

39. **Enabling actions:** Ensure that the role is resourced and the responsibilities include appropriate authority for decision making and contributions to health policy development. Provide training and skill development for government chief nurses and chief midwives as needed in areas of finance and administration, management, and workforce planning for population health using labour market and fiscal space analyses. Mandates or mechanisms for workforce data reporting and convening stakeholders for data sharing and policy dialogue may need to be established or strengthened. In countries with a decentralized health workforce administration, the competencies and institutional mechanisms may need to be built at subnational levels.

40. **Policy priority: Invest in leadership skills development for midwives and nurses.** Development programmes to enhance technical, administrative and management capacities can equip midwives and nurses with leadership competencies not always included in their curricula. Programmes that include internships or mentorships with different types of organizations or leaders can expose young midwives and nurses to a variety of health care issues and the use of research to inform practice and health policies.

41. **Enabling actions:** Ensure budget allocation for national or regional programmes. Require equal opportunities across genders, race, linguistic and ethnic groups, and distinct opportunities for young midwives and nurses, as well as groups underrepresented in leadership positions. Work with educational, research and healthcare organizations to establish leadership development programmes and mentorship opportunities. Develop award and recognition mechanisms to call attention to nursing and midwifery contributions to health priorities and provide role models to younger midwives and nurses.

POLICY FOCUS 2.4 Service delivery

Evidence

42. **Midwives and nurses can safely and effectively provide a large proportion of primary health care, but are often prevented from working to the full extent of their education and training.** The full utilization of midwives' and nurses' competencies can help decrease disparities in access to health services for vulnerable, rural and remote populations, including in times of health emergencies and crises *(88-91)*. Universal coverage of midwife-delivered interventions could avert 67% of maternal deaths, 64% of neonatal deaths and 65% of stillbirths *(92)*. Advanced practice nurses have been shown to safely and effectively provide a wide array of services, either as a generalist (for example, a family nurse practitioner) or as a specialist (for example, in anaesthesia, child health, neonatal or geriatrics) *(93-95)*. Professional nurses can effectively provide a wide range of primary health care services and non-communicable disease care, including prescribing medications and certain diagnostic tests *(96-98)*. Apart from the evidence, laws and regulations can intentionally restrict midwives and nurses from practicing certain competencies acquired in their education, sometimes due to "turf" issues with other occupational groups *(99-102)*. National policies, disease-specific strategies (for example, human immunodeficiency virus) and health facility policies or protocols can also impact upon the suite of services that midwives and nurses can provide *(103)*.

43. **Professional regulations and regulatory systems often do not reflect the expanding roles of midwives and nurses in service settings, their international mobility, and data sharing needs.** Professional regulations include the requirement to be registered and/or licensed as a midwife or nurse, the scope of practice of each occupation and the requirements, if any, to maintain registration or licensure. The *State of the world's nursing 2020* and *State of the world's midwifery 2021* reports indicated that some countries do not have a licensure examination to assess initial competency and some do not require proof of ongoing competency (such as continuing professional development) to renew their credentials. In many countries, the scopes of practice do not reflect the extent of the content of nurse and midwife education and training programmes, or the evidence on their safety and effectiveness in practice settings. The increased international mobility of midwives and nurses has highlighted significant delays or barriers to receiving full professional recognition when attempting to practice in another jurisdiction; barriers may also relate to communication and language skills *(104-108)*. Delays are often related to gaps in information needed to verify credentials and assess competency to practice.

44. **Responding to COVID-19 reinforced the need for enabling work environments that support optimized service delivery by midwives and nurses.** Health and care workers faced severe challenges in responding to the COVID-19 pandemic, including

overburdening, inadequate personal protective equipment and other essential equipment, risk of infection and death, quarantine, social discrimination and attacks, and the dual responsibility to care for friends and family members *(67, 109-111)*. The detrimental effects on mental health have been severe *(112-114)*. These challenges also influence the safety and quality of service delivery *(115, 116)*. While most countries experienced a disruption in health service delivery, many innovated or integrated new service delivery approaches *(117, 118)*. However, concern surfaced that the approach of reassigning midwives with nursing training to provide care to patients with COVID-19 further diminished the availability of maternal and newborn services *(119)*. The response to COVID-19 also served to prove the feasibility and efficacy of providing fully-virtual, in-service, capacity building and skills training for midwives and nurses *(120-122)*. Enabling environments for midwives and nurses also encompass safe staffing, respect and collaboration from other health professionals, adequate resources, effective referral systems, experienced leaders, and supportive facility management *(34, 57, 64, 123)*.

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

45. **Policy priority: Review and strengthen professional regulatory systems and support capacity building of regulators, where needed.** In addition to protecting the public, regulations can facilitate the efficient recruitment of qualified midwives and nurses into the active workforce to increase access to quality health services. Harmonizing regulations across countries and establishing mutual recognition agreements can facilitate mobility across participating jurisdictions. The review of legislation and regulation should be undertaken with consideration for the education outcomes of midwives and nurses and optimized roles in service delivery settings. For midwives also credentialed as nurses, adequate time providing midwifery services is essential to maintaining continued competency in maternity care. Quality assurance mechanisms can help assess and monitor the performance of regulators and the efficiency and effectiveness of regulations *(124)*.

46. **Enabling actions:** Legislation and regulations should be updated with respect to their education and optimized roles in practice settings. The scopes of practice for midwives and nurses should be appropriately differentiated to avoid potential mismanagement or inappropriate deployment. Active registries of the "fit to practice" can be maintained by requiring midwives and nurses to periodically renew their registration or license and requiring demonstration of continuing competency or continued professional development. Regulators can facilitate the maintenance of existing competencies and acquiring new competencies by allowing applicable in-service training or additional coursework to count towards the requirement. Consider harmonizing regulations across countries and mutual recognition agreements. These arrangements should be supported by a "live" registry that is interoperable across the health system and other regulators. In some countries, regulators may need capacity building, administrative support, or improved information technology systems and resources.

47. **Policy priority: Adapt workplace policies to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams.** Workplace policies must enforce decent work and enabling environments, which includes addressing issues of gender, discrimination, power, hierarchy, and respect *(125)*. In responding to and providing services during emergencies, conflicts and disasters, midwives and nurses need adequate resources, training and equipment. Capacity may need to be built in areas of risk assessments, prevention, preparedness, response and recovery. WHO has encouraged countries to engage all relevant stakeholders to adopt relevant policy and management decisions to protect health and care workers' rights, decent work and practice environments *(111)*.

48. **Enabling actions:** Midwives and nurses working in emergencies, such as the COVID-19 response, must have overtime and hazard pay where needed, benefit from comprehensive occupational health and safety measures, such as appropriate personal protective equipment, training on infection prevention and control, diagnosis and clinical case management, and mental health support and services. Employers should ensure safe staffing and a manageable workload and collect standardized up-to-date data on health workers including COVID-19 infections, deaths and attacks. Data can be utilized to conduct risk-profiling of staff and to redeploy them accordingly to safeguard them from occupational hazards, such as through the use of telehealth services. Tools to estimate the optimal number, allocation and roles of midwives and nurses within health care team members can help to ensure safe staffing *(126-128)*. Enabling full practice might include providing decision-support technology and efficient referral mechanisms for midwives and nurses in remote areas or practising alone, and effective integration in secondary and tertiary maternity settings for midwives in communities. Implement gender transformative work environments including zero tolerance for violence and sexual harassment, as well as policies to redress the disadvantages faced by women with family, household and unpaid caregiving responsibilities.

Conclusion

49. The impact of the COVID-19 pandemic has reinforced the global need for skilled midwives and nurses and underscored the urgency of investments in their education, jobs, leadership and service delivery settings. The strategic directions provide prioritized areas for policies to empower the world's midwives and nurses. Implementation is based on a country-owned process of broad and intersectoral engagement for data reporting, policy dialogue and decision making on policy actions.

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Annex:
Monitoring and accountability framework

50. Implementation of the *Global strategic directions for nursing and midwifery 2021-2025* is grounded in the following theory of change: engagement by a wide range of stakeholders is essential for robust country-level data and analyses from a health labour market perspective; these are then the basis for intersectoral policy dialogue on key issues identified by the data and analyses; the policy dialogue allows for evidence-based decision making and commitments on policy priorities. Actions and investments in the policy priorities by all countries would advance the world toward the strategic directions and drive progress toward the SDGs (Figure A1).

51. **Monitoring:** Enactment of policy priorities would take place and be monitored at the national level. Countries who have mobilized to collect national nursing and midwifery workforce data, hold a policy dialogue on key issues, and make decisions or commitments about policy actions are also making noteworthy progress towards each policy priority. Thus, the monitoring and accountability framework considers also these steps as important measures to monitor. Progress on each of the steps in the implementation process can be reported via pre-existing mechanisms in WHO Member States.

52. **Reporting:** For each policy priority, there are corresponding National Health Workforce Accounts (NHWA) indicators that can show progress towards the policy priority *(129)*. Member States use the NHWA platform for annual reporting of their health workforce data and WHO then aggregates the data to analyze progress towards UHC and other SDGs. The NHWA indicators and platform were the mechanisms for sharing data for the *State of the worlds' nursing 2020* and *State of the world's midwifery 2021* reports. Countries routinely use their NHWA data for health labour market analyses and other methods of health workforce forecasting and planning.

53. Reporting of progress on policy dialogue, decision making, and policy action will take place at the biennial WHO Global Forum for Government Chief Nursing and Midwifery Officers and the "Triad" meeting, held in conjunction with the International Confederation of Midwives and the International Council of Nurses. In 2020, over 130 countries participated in these meetings; the next ones will be held in 2022 and 2024. Achievement of each strategic direction will be assessed in 2025 using aggregated NHWA data and the combined country reports from 2022 and 2024. Tables A1-A4 provide a summary of the monitoring and accountability approach for each policy focus area.

Figure A1 **Strategic directions for nursing and midwifery 2021-2025: theory of change**

INVESTMENT

Sustainable domestic, regional, and international investments in the nursing and midwifery workforces.

DECISION MAKING

Evidence-based policies for education, jobs, leadership, professional regulation, and working conditions.

DIALOGUE

Intersectoral policy dialogue on key policy issues using a health labour market lens.

DATA

Data collated and entered into National Health Workforce Accounts; used for health labour market analyses for workforce planning and forecasting.

BROAD ENGAGEMENT

National ministries, professional associations and unions, private sector employees, educational institutions, regulatory bodies, international financing institutions, development partners.

Table A1

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
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
DECISION MAKING (EXAMPLES)					
Streamline or upgrade entry-level education programmes available for nursing and midwifery; seek to harmonize with neighbouring jurisdictions.	Update the educational standards and strengthen accreditation mechanisms for entry-level nursing and midwifery education.	Where indicated by a health labour market analysis, increase domestic production to meet demand.	Commit to providing faculty with appropriate resources and opportunities to update teaching and clinical skills.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DIALOGUE (EXAMPLES)					
Review the various programmes for entry-level midwives and nurses: requirements to enter a programme, programme duration, standards used, and credential/s awarded.	Define the outcomes of/ competencies for entry-level nursing and midwifery programmes with respect to optimized roles in health and academic settings.	Intersectoral partnerships and coordination mechanisms to strengthen national-level education sector data reporting.	Review faculty credentials to ensure that educational degrees and licensure are commensurate with the degree/ certificate awarded to graduates of the programme.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK 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
ENGAGEMENT					
Ministry of health, ministry of education, educational and training institutions, public and private employers, professional regulatory bodies, national nursing and midwifery associations, accreditation organizations,					
TOOLS AND RESOURCES					
WHO Global competency framework for universal health coverage education; Framework for action: strengthening quality midwifery education for UHC; WHO Digital health strategy; International Confederation of Midwives global standards for midwifery education; WHO Nurse educator core competencies; WHO Midwifery educator core competencies: building capacities of midwifery educators.					

Abbreviations: GCNMO, government chief nursing and midwifery officer/s; NHWA, National Health Workforce Accounts; SoWN NN: *State of the world's nursing 2020* (report) non-NHWA indicator.

Table A2

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
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 (the "Code").**	**Attract, recruit and retain midwives and nurses where they are most needed.**	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DECISION MAKING (EXAMPLES)					
Conduct a health labour market analysis to inform strategic and investment plans for the nursing and midwifery workforces.	Expand economic demand for the creation of nursing and midwifery jobs.	Completion of the National Reporting Instrument	Develop and offer a contextually-relevant bundle of interventions to attract, recruit and retain midwives and nurses in identified areas.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DIALOGUE (EXAMPLES)					
Appoint a multisectoral advisory group to identify key stakeholders, policy issues, and data sources for a health labour market analysis.	Review a wage bill impact analysis or economic feasibility analysis for the creation of nursing and midwifery jobs.	Bilateral discussions related to international health worker migration and mobility held with the ministry of health and other health stakeholders.	Establish areas and settings where midwives and nurses are most needed.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK 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
ENGAGEMENT					
Government ministries of health, labour, finance, migration, and others; professional regulatory bodies, public and private employers (including hospitals), national nursing and midwifery associations, trade unions, recruiters, educational and training institutions, civil society organizations; citizens, employer associations, insurance funds.					
TOOLS AND RESOURCES					
WHO Global Code of Practice on the International Recruitment of Health Personnel; WHO Guideline on health workforce development, attraction, recruitment and retention in rural and remote areas; WHO Health labour market analysis toolkit (forthcoming). National Health Workforce Accounts: a handbook; United Nations Inter-Agency Task Force on Financing for Development. Financing for Sustainable Development Report 2020.					

Abbreviations: GCNMO, government chief nursing and midwifery officers; NHWA, National Health Workforce Accounts.

Table A3

POLICY FOCUS: LEADERSHIP

		Monitoring frequency	Monitoring mechanism
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 NHWA data and reports from country delegations to the GCNMO Forum, held with the "Triad" meeting
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 country delegation report
DECISION MAKING (EXAMPLES)			
Establish a GCNMO, GCNO or GCMO position and opportunities for capacity strengthening.	Establish and sustainably support formal leadership training and career development programmes for midwives and nurses.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DIALOGUE (EXAMPLES)			
Identify roles and responsibilities in health workforce planning and management, data reporting and use, labour market and fiscal space analyses.	Discussions with professional associations and health care organizations to establish leadership development and mentorship opportunities.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK FOR THE DEFINITIONS OF INDICATORS			
NHWA 1-04 NHWA 9-01 NHWA 9-02 SoWN NN-4	SoWN NN-5 SoWN NN-6	Annually 2021-2025	NHWA platform
ENGAGEMENT			
Ministries of health, government chief nursing and chief midwifery officers, national nursing and midwifery associations, public and private employers, health care organizations.			
TOOLS AND RESOURCES			
WHO Roles and responsibilities of government chief nursing and midwifery officers: capacity-building manual.			

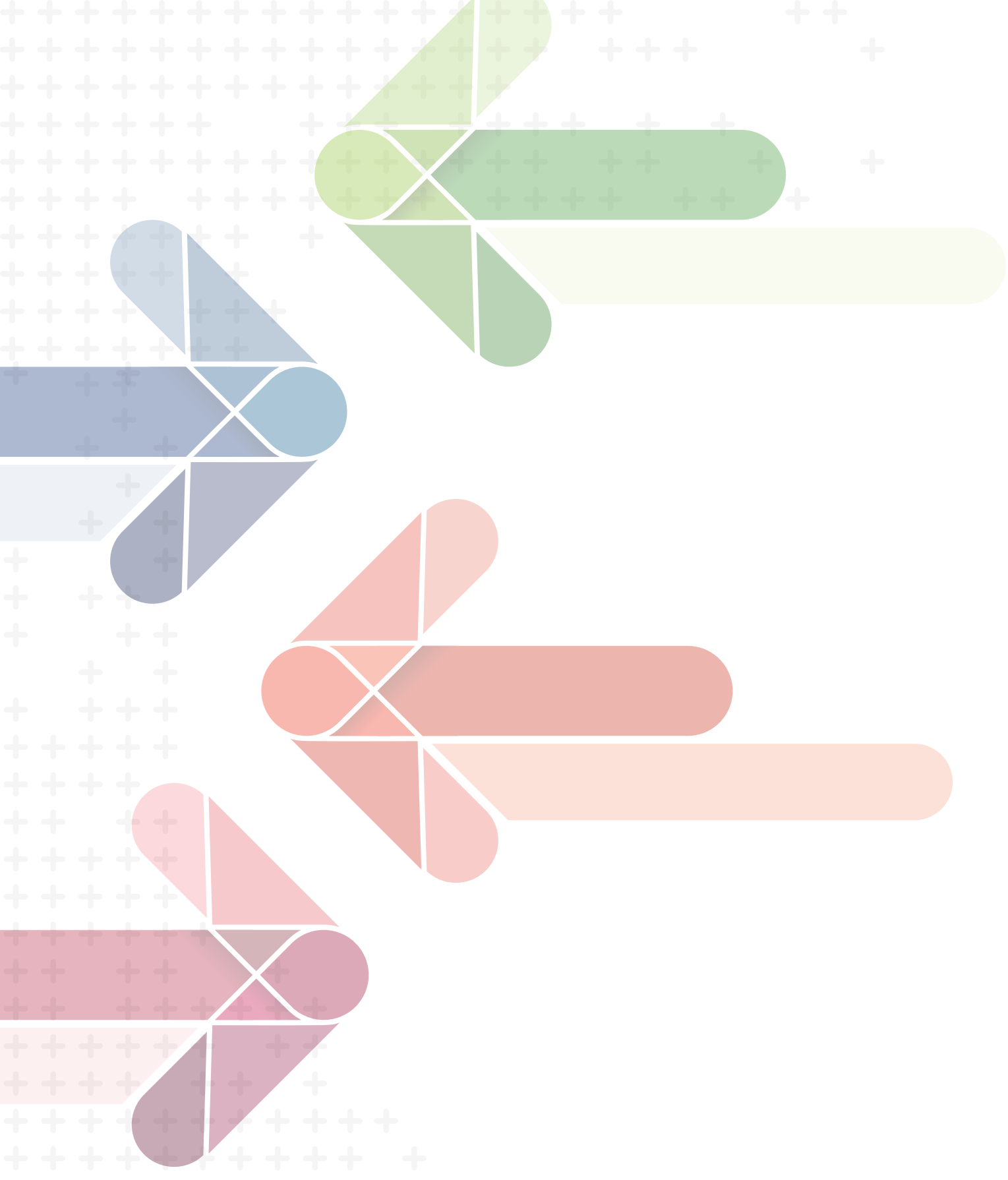
Abbreviations: GCNMO, government chief nursing and midwifery officer; GCNO, government chief nursing officer; GCMO, government chief midwifery officer; NHWA, National Health Workforce Accounts; SoWN NN: *State of the world's nursing 2020* (report) non-NHWA indicator.

Table A4

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 NHWA data and reports from country delegations to GCNMO Forum, held to the "Triad" meeting
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 country delegation report
DECISION MAKING (EXAMPLES)			
Update and harmonize legislation and regulations to allow midwives and nurses to practice to the full extent of their education and training.	Establish a working group for planning a workload indicators of staffing need (WISN) analysis for safe staffing.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DIALOGUE (EXAMPLES)			
Review periodicity and process to renew professional credentials, including requirements for the demonstration of continuing competence.	Discuss how health system design, health facility staffing, and workplace policies can help to enable optimal practice by midwives and nurses.	2022 2024	GCNMO Forum/"Triad" meeting country delegation report
DATA (EXAMPLES) PLEASE CONSULT THE NHWA HANDBOOK FOR THE DEFINITIONS OF INDICATORS			
NHWA 3-08 NHWA 3-09 NHWA 8-06 SoWN NN-1 SoWN NN-2	NHWA 6-03 NHWA 6-04 NHWA 6-05 NHWA 6-07 NHWA 6-08 NHWA 6-09 NHWA 6-10 NHWA 9-05	Annually 2021-2025	NHWA platform
ENGAGEMENT			
Ministries of health, government chief nursing and chief midwifery officers, national nursing and midwifery associations, public and private employers, health care organizations.			
TOOLS AND RESOURCES			
WHO Patient safety charter of 2020; International Labour Organization Agenda for Decent Work, Health workforce policy and management in the context of the COVID-19 pandemic response: Interim guidance. Global Patient Safety Action Plan 2021-2030: towards eliminating avoidable harm in health care. Working Draft for Consultation. WHO Digital health Strategy.			

Abbreviations: GCNMO, government chief nursing and midwifery officers; NHWA, National Health Workforce Accounts.
SoWN NN: *State of the world's nursing 2020* (report) non-NHWA indicator.



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