WHO Global Strategic Directions for Nursing and Midwifery 2021-2025

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Executive Summary

The WHO Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025 presents evidence-based practices and an interrelated set of policy priorities that, if adopted, can help countries 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 focus area has a “strategic direction” articulating a goal for the five-year period: Enactment of the 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 practice settings. Each area has between two and four policy priorities which, if enacted and sustained, could help a country advance along the “strategic direction”.

The 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 education 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 common goals: primary health care (PHC) for UHC and managing the 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 the shared policy responses that have impact on both occupations. Actions should be 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.
Background

The 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, and 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 achievement of UHC and other health targets [2].

The WHO helped develop the United Nation’s Global Strategy for Women’s, Children’s and Adolescent’s 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 compared to health workforce requirements to achieve health-related SDGs. The policy options within the Global strategy are aligned to SDG 3c: to substantially increase health financing and the recruitment, development, training and retention of the health workforce. However, in many countries, the population need for health workers is not matched by social and economic demand, nor by the technical and financial resources to produce the necessary health workforce.

Recognizing the mismatch in health labour markets at national and global levels and the need for an intersectoral response, the United Nations 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 economic empowerment of women and youth: almost 70% of jobs in health and are held by women. Further, 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.

The designation of 2020 as The International Year of the Nurse and the Midwife [6] was an exceptional opportunity to accelerate implementation of prior resolutions and decisions of the World Health Assembly with respect to the nursing and midwifery workforces. 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 report1. WHO encouraged countries to leverage the momentum and use the reports’ findings and “country profiles” to hold intersectoral policy dialogue about how and where to invest in the nursing and midwifery workforce to best address national health priorities.

The year 2020 was also a time of unprecedented health challenges and global socio-economic disruption. The COVID-19 pandemic reinforced the universal need to protect and invest in all occupations engaged in 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 the WHO and key partners.

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1 For release 5 May 2021
The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)

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.” [8]

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] (SoWN) and the State of the world’s midwifery (SoWMy) reports [9]. 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 Centers for Nursing and Midwifery, and the Nursing Now campaign in attendance at the biennial WHO Global Forum of Government Chief Nursing and Midwifery Officers and the “Triad Meeting” hosted by WHO, the International Confederation of Midwives, and the International Council of Nurses [10]. Regional and global consultation processes corroborated and helped refine the prioritized policies.

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 a health labour market framework (Figure 1).

Figure. 1 Health Labour Market Framework [11]

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2 A ‘draft for consultation’ was disseminated globally in all official WHO languages and Portuguese. Feedback was received in written form and via ten regional and global consultations with government chief nursing and midwifery officers and relevant stakeholders; a formal consultation process was undertaken during February-March 2021 with Member States to review and endorse the document.
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-centered services to achieve UHC [11]. The SDNM is intentionally succinct; readers are encouraged to consult the *State of the world’s nursing 2020* and the *State of the world’s midwifery 2021* reports 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.

The suggested implementation strategy reflects an inclusive process beginning with broad engagement for robust national data, intersectoral policy dialogue supported by data and analysis, and evidence-based decision-making on appropriate policy actions and investments. The document emphasizes actions by the national Ministry of Health, however, 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”.

A monitoring and accountability framework is structured around a data-dialogue-decision making continuum (see Annex 1). Future reporting on progress is deliberately channeled through two pre-existing mechanisms for data and information exchange: the National Health Workforce Accounts platform[12] and the biennial Global Forum for Government Chief Nursing and Midwifery Officers, held in conjunction with the “Triad Meeting” of WHO, the International Confederation of Midwives and the International Council of Nurses.

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[13]. 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.
STRATEGIC DIRECTIONS AND POLICY PRIORITIES 2021-2025: SUMMARY

**EDUCATION**

**Strategic Direction:** Midwife and nurse graduates match or surpass health system demand and have the requisite knowledge and 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 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 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: EDUCATION

Evidence:

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 and award education credentials ranging from a certificate or diploma to a bachelor’s or master’s degree [14-16]. Once 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 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’s degree level [17-22]. Midwives and nurses with an advanced education can assume wider responsibilities in the health system, including leadership, research, and teaching [16, 23].

Ensuring the quality of nursing and midwifery education programmes and the preparation of qualified faculty remain critical challenges. In the SoWN and SoWMy 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 [24-26]. For midwifery education, obstacles to quality education include securing ample ‘hands-on’ time for students in appropriate clinical and maternity care settings [27-29]. Shortages of qualified faculty to educate midwives and nurses, particularly at the Bachelor-degree level and above, are a widespread problem [30-32]. Among 70 countries responding to a 2019 survey by the International Confederation of Midwives, less than half (46%) reported their midwife educators were “qualified midwives”. ³

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, enrollment might be insufficient due to cultural or societal perceptions of the professions, or because working conditions, salaries, or career trajectories are not attractive [33-35]. Finally, a country might experience a shortage if the graduates do not have the relevant competencies to meet population health needs. To compensate for insufficient domestic production of graduates, some countries, especially high-income countries, tend to rely more heavily on international nurse mobility and migration [7, 36]. In the SoWN 2020 and SoWMy 2021 reports, countries reported marked difficulties to capture data related to education capacity, graduates, costs and financing.

The COVID-19 response underscored new and preexisting 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 and the use of digital technologies [37, 38]. While digital education and simulation sessions are being effectively scaled up for students in some settings [39-43], 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.

³ Embargoed data until release of the State of the world’s midwifery 2021 report.
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 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, and career advancement opportunities. However, these must match with institutional capacity for new programs and an ability to absorb graduates into the health and academic systems. 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” programs and other mechanisms to upgrade education credentials of students and how advanced education can correspond with greater responsibility in the workplace and commensurate remuneration. Explore geographic harmonization of entry and completion requirements and opportunities for interprofessional education to prepare students for multidisciplinary team work once in service delivery settings.

Policy priority: Optimize 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 PHC, help increase diversity of student and faculty, ensure a minimum period of service in the public sector, or deployment and retention of graduates to practice in rural and remote communities. 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, e.g. addressing insufficient production, low enrollment or a mismatch of graduates’ skills with the 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.

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 [44]. 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 [25]. 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. Enabling actions: In collaboration with health and education stakeholders, define the outcomes of curricula as aligned with 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
Policy priority: Ensure 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, and engagement with clinical settings to identify expert clinicians to mentor or supervise students in clinical 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 develop and strengthen clinical and didactic teaching and research skills.

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. Bridge programs (e.g. baccalaureate completion) programs can increase the number of expert clinicians eligible to enroll in graduate programs that prepare faculty as well as post graduate coursework in leadership, systems management, and the conduct of clinical research. Networks of academics and researchers and international faculty exchange programmes have been effective in building research capacity among educators.

Policy Focus: JOBS

Evidence

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 can provide over 80% of the of the need for essential maternal and newborn health care [9]. However, midwives comprise less than 20% of the global workforce providing these services, indicating a need to expand the economic demand for creation of midwifery jobs. While data reported by countries on their nursing and midwifery workforces for the SoWN 2020 and SoWMy 2021 reports was 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.

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 the 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

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4Embargoed data until release of the State of the world’s midwifery 2021 report.
resourced neighboring countries [46-48]. 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 [49]. 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 [50].

**Recruitment and retention is a near universal struggle, particularly for rural and remote areas, and small island developing states** [46, 51, 52]. In some circumstances, the 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 [53, 54]. Once employed, midwives and nurses experience well-documented “push and pull” factors, including gender and power biases that can pervade workplace policies and regulations [33, 55, 56]. Evidence indicates 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 ability to work to their full scope of practices [47, 51, 52, 57-59]. 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 deaths, along with burnout, absenteeism, and the associated impacts on health services delivery [60-63].

**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 workforce 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) is 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. **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, non-governmental and non-profit sectors, is critical to identify key policy issues and the data needed for the analysis. Countries should accelerate implementation of national health workforce accounts 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 nurses’ provision of primary health care services and 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.

**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 need can be created in most countries with existing national funding through a greater focus on domestic resource mobilization [64]. Some low- and lower middle-income countries will face challenges to create jobs due to 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 [65]. The harmonization and alignment of donors’, development partners’
and international financing institutions’ commitments can enable sustainable optimized support aligning financing flows and policies with economic, social, and environmental priorities for the 2030 Agenda [66], for strengthening 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. **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. Innovative financing mechanisms like 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.

**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 achievement in other Member States. **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. There are governance and regulatory frameworks for employment standards to promote equal opportunities for all genders to obtain decent and productive work, in today's globalized economy [67].

**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 health emergencies in which, 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. **Enabling Actions:** 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. Consider a “rural pipeline” of students who undergo health professional training and return to their communities to practice. “Bundle” retention policies that cover education, regulation, incentives and personal and professional support. 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 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: LEADERSHIP

Evidence

Women comprise almost 70% of the global health workforce, 89% of the nursing workforce, and 93% of the midwifery workforce, but hold only 25% senior roles in health organizations [55]. Gender leadership gaps are driven by stereotypes, discrimination, power imbalance, and privilege [51, 68, 69]. Input from women leaders in health (e.g. midwives and nurses) expands the health agenda and results in health policies that are more supportive of women and children [33, 70-73]. Effective leadership skills of midwife and nurse managers positively impact midwife and nurse retention and service provision, and can reduce psychological distress during pandemics [58, 73-77]. 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 [78].

Approximately 70% and 55%5 of reporting countries indicated the presence of a national-level senior government position for nursing and midwifery, respectively. More than 10% of countries reporting data for SoWMMy 2021 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 [79]. Only 50% of reporting countries indicated the existence of nationally-supported leadership development programmes for nurses. This is significant because not all the levels of nursing and midwifery education preparation include leadership skills in the curricula [72, 75, 80]. 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.

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 par with other health professional leadership in making strategic decisions that impact health service planning for meeting population health needs. At the national level, this position should have responsibilities and resources for governance and management of nursing and midwifery workforces, driving nursing and midwifery data sharing and analysis, convening of stakeholders for policy dialogue and leading data-driven decision-making.

Enabling Actions: Ensure 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.

Policy priority: Invest in leadership skills development for midwives and nurses Development programmes to enhance technical, administrative, and management capacities can equip midwives and

5 Embargoed data until release of the State of the world’s midwifery 2021 report.
nurses with leadership competencies not always included in their curricula. Programs 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. **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, and groups under-represented in leadership positions. Work with educational, research, and healthcare organizations to establish leadership development programs 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:** **SERVICE DELIVERY**

**Evidence**

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 [81-84]. Universal coverage of midwife-delivered interventions could avert 67% of maternal deaths, 64% of neonatal deaths and 65% of stillbirths [85]. Advanced practice nurses have been shown to safely and effectively provide a wide array of services, either as a generalist (e.g. a family nurse practitioner) or as a specialist (e.g. in anesthesia, child health, neonatal or geriatrics) [86-88]. Professional nurses can effectively provide a wide range of PHC services and non-communicable disease care, including prescribing medications and certain diagnostic tests [89-91]. Aside 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 [92-95]. National policies, disease-specific strategies (e.g. for HIV), and health facility policies or protocols can also impact upon the suite of services that midwives and nurses can provide [96].

**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 requirements 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 SoWN 2020 and SoWMy 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 what midwives and nurses learn in their education and training programs, nor the evidence on their safety and effectiveness in practice settings. 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 [97-101]. Delays are often related to gaps in information needed to verify credentials and assess competency to practice.

**Responding to the 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 dual responsibility to care for friends and family members [61, 102-104]. The
detrimental effects on mental health have been severe [105-107]. These challenges also influence the safety and quality of service delivery [108, 109]. While most countries experienced a disruption in health service delivery, many innovated or integrated new service delivery approaches [110, 111]. 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 [112]. 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 [113-115]. 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 [33, 51, 58, 116].

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. 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 who are 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 [117]. 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 (CPD). 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.

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 [118]. 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 [104]. 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, trainings on infection prevention and control, diagnosis and clinical case management, and mental health supports and services.
Employers should ensure safe staffing and 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 reconfigure staff accordingly to safeguard such as support of telehealth services. Tools to estimate the optimal number, allocation, and roles of midwives and nurses within health care team members can help ensure safe staffing [119-121]. Enabling full practice might include providing decision-support technology and efficient referral mechanisms for midwives and nurses in remote areas or practicing alone, and effective integration to secondary and tertiary maternity settings for midwives in communities. Implement gender transformative work environments including “zero tolerance” for violence and sexual harassment and policies to redress the disadvantages faced by women with family, household, and unpaid caregiving responsibilities.

Conclusion

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.
Annex 1. Monitoring and Accountability Framework

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 the 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 2).

Figure 2. SDNM 2021-2025 Theory of Change

Monitoring: Enactment of the 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 policy dialogue on key issues, and make decisions or commitments about policy actions, are also making noteworthy progress toward the policy priority. Thus, the monitoring and accountability framework considers these steps as important measures to monitor as well. Progress on each of the steps in the implementation process can be reported via a pre-existing mechanisms of WHO Member States.

Reporting: For each policy priority, there are corresponding National Health Workforce Accounts (NHWA) indicators that can show progress towards the policy priority [122]. Member States use the NHWA platform for annual reporting of their health workforce data; WHO aggregates the data to analyze progress towards UHC and other SDGs. The NHWA indicators and platform was the mechanism for sharing data for the State of the world’s nursing 2020 and State of the world’s midwifery 2021 reports; countries routinely use their NHWA data for health workforce forecasting and planning.

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 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. See Tables 1-4 for a summary of the Monitoring and Accountability approach for each policy focus area.
<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Policy Action</th>
<th>Monitoring Mechanism</th>
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</thead>
<tbody>
<tr>
<td><strong>Policy Focus: EDUCA</strong></td>
<td>Align the levels of nursing and midwifery education with optimized roles within the health and academic systems</td>
<td>Analysis by WHO of NHWA data and reports from country delegations to GCNMO Forum, held with Triad Meeting</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs.</td>
<td>Once, 2025</td>
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<td></td>
<td>Optimize domestic production of midwives and nurses to meet or surpass health system demand</td>
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<td></td>
<td>Ensure faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.</td>
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<tr>
<td><strong>Monitoring</strong></td>
<td>Align the levels of nursing and midwifery education with optimized roles within the health and academic systems</td>
<td></td>
</tr>
<tr>
<td><strong>Mechanism</strong></td>
<td>Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs.</td>
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<tr>
<td></td>
<td>Optimize domestic production of midwives and nurses to meet or surpass health system demand</td>
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<tr>
<td></td>
<td>Ensure faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.</td>
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<tr>
<td><strong>Dialogue</strong></td>
<td>Streamline or upgrade the entry-level education programmes available for nursing and midwifery; seek to harmonize with neighboring jurisdictions.</td>
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<tr>
<td><strong>(example)</strong></td>
<td>Update the education standards and strengthen accreditation mechanisms for entry-level nursing and midwifery education</td>
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<td></td>
<td>Where indicated by a health labour market analysis, increase domestic production to meet demand.</td>
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<td></td>
<td>Commit to providing faculty with appropriate resources and opportunities to update teaching and clinical skills</td>
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<tr>
<td><strong>Decision-making</strong></td>
<td>Review the various programmes for entry-level midwives and nurses: requirements to enter a programme, programme length, standards used, and credential awarded</td>
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<tr>
<td><strong>(example)</strong></td>
<td>Define the outcomes of/competencies for entry-level nursing and midwifery programs with respect to optimized roles in health and academic settings.</td>
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<td></td>
<td>Intersectoral partnerships and coordination mechanisms to strengthen national-level education-sector data reporting.</td>
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<td></td>
<td>Review faculty credentials to ensure educational degrees and licensure are commensurate with degree/certificate given to graduates of the program.</td>
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<tr>
<td><strong>Data</strong></td>
<td>NHWA 2-02 NHWA 3-01 NHWA 9-04</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
</tr>
<tr>
<td><strong>(examples/suggestions)</strong></td>
<td>NHWA 3-02 NHWA 3-03 NHWA 3-04 NHWA 3-06 NHWA 3-07 NHWA 9-04</td>
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<td>NHWA 2-03 2-04, 2-05 NHWA 2-07 NHWA 4-02 NHWA 9-04 NHWA 10-04</td>
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</tr>
<tr>
<td><strong>Engagement</strong></td>
<td>Ministry of Health, Ministry of Education, education and training institutions, public and private employers, professional regulatory bodies, national nursing and midwifery associations, accreditation organizations</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2. Policy focus: JOBS

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Policy Action (policy priority?)</th>
<th>Decision-making (examples)</th>
<th>Dialogue (examples)</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens.</td>
<td>Conduct a health labour market analysis to inform strategic and investment plans for the nursing and midwifery workforces.</td>
<td>Appoint a multi-sectoral advisory group to identify key stakeholders, policy issues, and data sources for a health labour market analysis.</td>
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<td></td>
<td>Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (The Code).</td>
<td>Completion of the National Reporting Instrument (NRI)</td>
<td>Bilateral discussions related to international health worker migration and mobility held with ministry of health and other health stakeholders.</td>
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<td></td>
<td>Attract, recruit and retain midwives and nurses where they are most needed.</td>
<td>Develop and offer a contextually-relevant bundle of interventions to attract, recruit and retain midwives and nurses in identified areas.</td>
<td>Establish areas and settings where midwives and nurses are most needed.</td>
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<td></td>
<td>Once, 2025</td>
<td>2022</td>
<td>2022</td>
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<td></td>
<td>Analysis by WHO of NHWA data, NRI, and reports from country delegations to GCNMO Forum, held with Triad Meeting</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
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</table>

**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, education and training institutions, civil society organizations; citizens, employer associations, insurance funds.

**Data (suggestions)**

See [NHWA Handbook](#)

<table>
<thead>
<tr>
<th>NHWA 9-01</th>
<th>NHWA 1-01</th>
<th>NHWA 1-07</th>
<th>NHWA 1-02</th>
<th>NHWA 6-06</th>
</tr>
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<tbody>
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<td>NHWA 1-05</td>
<td>NHWA 1-08</td>
<td>NHWA 5-07</td>
<td>NHWA 6-01</td>
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<td>NHWA 7-01</td>
<td>NHWA 10-02</td>
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<td>NHWA 6-02</td>
<td>NHWA 8-03</td>
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<td>NHWA 1-05</td>
<td>NHWA 7-01</td>
<td>NHWA 10-02</td>
<td>NHWA 6-02</td>
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<td>NHWA 1-01</td>
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<td>NHWA 10-02</td>
<td>NHWA 6-02</td>
<td>NHWA 8-03</td>
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</table>

**Tools and Resources**

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Policy Action</th>
<th>Monitoring frequency</th>
<th>Monitoring Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEADERSHIP</td>
<td>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</td>
<td>Once, 2025</td>
<td>Analysis by WHO of NHWA data and reports from country delegations to GCNMO Forum, held with Triad Meeting</td>
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<tr>
<td></td>
<td>Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy</td>
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<td></td>
<td>Invest in leadership skills development for midwives and nurses</td>
<td>2022, 2024</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
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<tr>
<td></td>
<td>Establish and sustainably support formal leadership training and career development programmes for midwives and nurses.</td>
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<td></td>
<td>Establish a GCNMO, GCNO or GCMO position and opportunities for capacity strengthening.</td>
<td>2022, 2024</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
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<td></td>
<td>Identify role and responsibilities in health workforce planning and management, data reporting and use, labour market and fiscal space analyses.</td>
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<td></td>
<td>Discussions with professional associations and health care organizations to establish leadership development and mentorship opportunities.</td>
<td>2022, 2024</td>
<td>GCNMO Forum/Triad Meeting country delegation report</td>
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<td></td>
<td>NHWA 1-04 NHWA 9-01 NHWA 9-02 SoWN NN-4</td>
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<td>NHWA platform</td>
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<td>SoWN NN-5 SoWN NN-6</td>
<td>Annually 2021-2025</td>
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</tbody>
</table>

**Data (examples / suggestions)**

Please consult the [NHWA Handbook](#) for the definitions and explanations of indicators.

**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
<table>
<thead>
<tr>
<th><strong>Strategic Direction</strong></th>
<th>Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments.</th>
<th><strong>Monitoring frequency</strong></th>
<th>Analysis by WHO of NHWA data and reports from country delegations to GCNMO Forum, held with Triad Meeting</th>
</tr>
</thead>
</table>
| **Policy Action** | 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 credential, including requirements for demonstration of continuing competence. | How can health system design, health facility staffing, and workplace policies help enable optimal practice by midwives and nurses. | **2022**  
**2024** | GCNMO Forum/Triad Meeting country delegation report |
| **Data* (examples/suggestions)** | 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. | | | |
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79. Nurses, I.C.o., *ICN snapshot survey: In the Year of the Nurse and the Midwife, approximately only half of the countries of the world have a Chief Nursing Officer,* I.C.o. Nurses, Editor. 202: Geneva, Switzerland.


