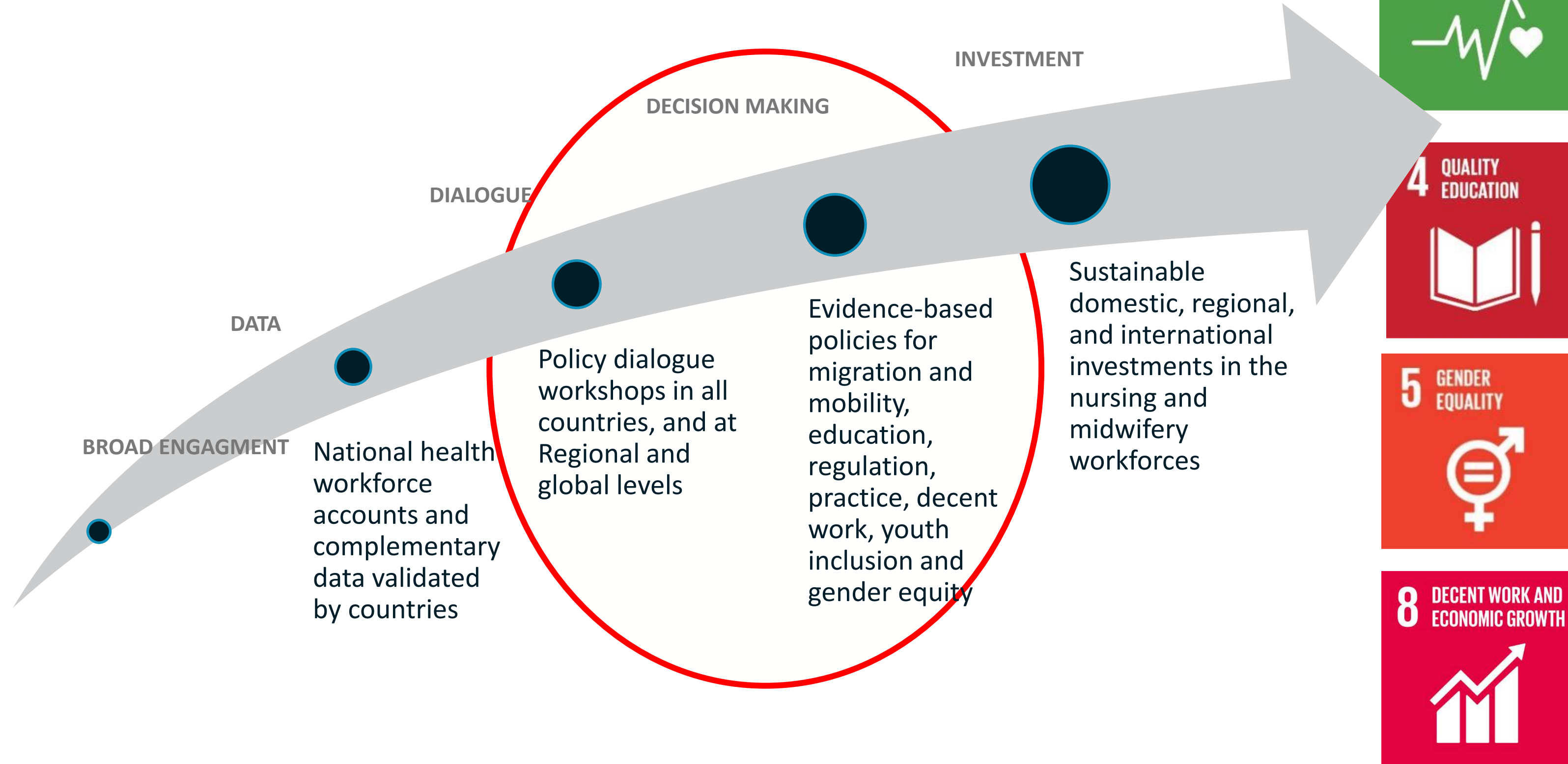


STATE OF THE WORLD'S NURSING

2020



SoWN Theory of Change



Today we are... Ensuring the investment case and policy agenda is data-driven and nurse-led

Policy Dialogue within the SoWN Theory of Change

- Within this ToC, policy dialogue is seen as a approach to guide evidence based policy development
- This approach should
 - enable interactions between stakeholders
 - integrate programme experience with evidence from research and programme data
 - be conducted in a participatory and consultative manner
 - have clear objectives, be inclusive and transparent, and provide opportunity for reflection
 - facilitate the promotion of dialogue between different stakeholders in order to reach a decision

EVIPNet Europe, 2016

Policy Dialogue within the SoWN Theory of Change (2)

- Successful policy dialogues
 - Allow participants to speak freely
 - Include reliable evidence
 - Are well facilitated
 - Ensure fairness and legitimacy through the inclusion of all relevant stakeholders
 - Include participants who have a sound knowledge of the institutional and political context
 - Take into account the (a) the organizational context, (b) the political and institutional context and (c) power relations

Robert et al 2019

Policy Dialogue within the SoWN Theory of Change (3)

- Based on these principles, the WHO is supporting policy dialogue at country level, using the SoWN report and country data, as a starting point
- Developed a set of materials that can assist the nursing and midwifery profession to take the data forward through dialogue
- Practical support

Examples from the tools

- Meeting planner including agenda
- Country profile guide
- Set of ready Powerpoint slides, with detailed facilitator notes
- Meeting report forms

[Annex D: Phase 1 Sample Agenda: Inception & Pre-Planning Meeting Facilitator Guide](#)

This Year of the Nurse and the Midwife is also the year that the first-ever State of the World Nursing (SoWN) Report has been launched on World Health Day – April 7, 2020. As the global community responds to the COVID-19 pandemic, nurses and midwives, who make up 59% of the world’s formal health workers, are front and center in the response, and are also considered at high risk of being impacted by COVID-19. The pandemic has further highlighted the policy and investment opportunities that exist to ensure the impact of nurses and midwives in achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs), by addressing key issues.

To ensure the SoWN Report and its recommendations drive real and lasting policy change, an iterative process of dialogue is suggested. The “Inception and Pre-Planning Meeting Facilitator Guide” provides guidance on how to orchestrate decisions in Phase 1 of policy dialogue. It is critical that the policy dialogue process be designed and executed by a government-led, interprofessional team, with particular care to ensure leadership by the highest-ranking government nurse, nurse education leaders, association leaders, and nurse regulators. This phase helps to ensure that countries have the right people, right tools, and right data available to make informed and collaborative objectives and goals to carry the SoWN recommendations forward with real changes and real, lasting impact.

Participants: Nurse leadership, including nurse experts from Government, Association, Regulation, and Education bodies; health workforce experts, including the National Health Workforce Account focal point, and others involved to date in the State of the World Nursing report process, for example the WHO national office.

Additional invitees: Ministry partners beyond health and nursing, e.g. Ministry of Labour, Ministry of Education, Ministry of Gender as well as NGO and other partners may be considered as invitees, to promote wide consensus and begin to secure resources. Additional invitees, or those beyond obvious players, are crucial to raise awareness beyond the health and nursing networks, to bring new dialogue skills and strengths to the table, and to ensure that lasting change goes beyond the health workforce to goals of UHC.

Note that the Phase 2 National Policy Strategy Meeting follows this inception meeting and will require participation by wider audiences, to move a policy agenda forward. Only the participants considered very key in the overall country coordination and leadership of the policy dialogue process are critical for this first meeting. Those who champion strong country ownership and commitment to lead the process should be prioritized, as well as those stakeholders who have a strong track record of enacting policy change in a country.

Suggested total participants: 20

Recommended length Two virtual 3-hour sessions (flexible)

Participant Preparation: To ensure that the agenda does not seem solely driven on behalf of the “usual players” in nursing and health workforce discussion, emphasis on preparation for ALL stakeholders to

ensure an equitable discussion and ownership of the activity is paramount. Preparation for this meeting should be phrased as a way for participants to be well-versed in the data and applicable resources so they can make the most impact and represent their sector fully. The facilitator should distribute the meeting invitation and agenda; prompt participants to access online country profile (link), share the SoWN Report, and most important, ask participants to come prepared with policy questions in mind around the recommendations in the SOWN Report

Facilitator Preparation: Attend facilitator orientation (live or recorded). Gather background data relevant to interpreting SOWN report data, such as: GDP, GDP per capita, Domestic general government health expenditure as percentage of GDP, current health expenditure as percentage of GDP, out-of-pocket expenditure as percentage of current health expenditure, workforce make up in terms of percentage of migrant workers vs. domestic workers (if relevant); education spending on tertiary, % of GDP or US dollars per student, nominal gross minimum monthly wage, mean nominal monthly earnings, information regarding the distribution (or mal-distribution) of workers generally vs. health workers (urban vs. rural or other geographical comparison)

Resources for facilitator:
SOWN Report
SOWN Indicator Reporting Results
Country Profile
[NHWA Handbook](#)
SOWN Policy Dialogue Facilitator Guide
[2020 Triad Meeting Statement](#)

Purpose of planning and consensus meeting:

- 1) Seek the support and collaboration of nurse leaders in initiating national discussions on investment in health workforce, through a focus on nursing data, thus leveraging momentum from the Year of the Nurse and the Midwife.
- 2) Build consensus on next steps through the implementation phase and set up the National Policy Strategy Meeting (Phase 2) – resources, date, facilitators and participants.

Agenda Virtual Session 1

Objective: based on country data – what key policy issues will be addressed moving forward? (consensus building)

Suggested Time	Topic, Activity	Notes/Resources
10 min	Arrival & Check-In & IT check	Attendance captured via online platform IT staff to address sound issues
10 min	Welcome & Introductions	
10 min	Agenda Overview: Desired Outcomes for planning and Consensus Building Meeting	Articulate how success will look like at the end of the day to focus participants in summary
30 min	2020: The Year of the Nurse and the Midwife/First-Ever SoWN Report The Case for Policy Dialogues	SoWN Report Overview and Focus on Key Recommendations
90 min	Prioritization: discussion of national nursing priorities after reflection on country profile and key applicable resources (Virtual Break Out Rooms and Virtual Post Its, e.g. Jam Board) 1) Prioritization exercise 2) Determining key issues – the focused policy questions	(60 mins guide run-through; 30 min Q & A and Discussion)
20 min	Closing, planning for Session 2 Summarize what was discussed, decided upon, and what participants can expect for the following session	

Virtual Session 2

Objective: preparation/logistics planning for broader meeting

Suggested Time	Topic, Activity	Notes/Resources
10 min	Recap from Session 1	Facilitator-led
30 min	Stakeholder Identification Activity - Determining invitee list	Stakeholder Identification Handout
45 min	Validate National Policy Strategy Development Agenda, Logistics and Budget	Agenda, logistics Planner and Budget Template

Overview of country profiles and path

STATE OF THE WORLD'S NURSING 2020



This map is an approximation of actual country borders.

Country capacity on:

✓ Yes ✖ Partial ✗ No NR No Response

EDUCATION REGULATION

- Master list of accredited education institutions ✓
- Accreditation mechanisms for education institutions ✓
- Standards for duration and content of education ✓
- Standards for interprofessional education ✓
- Standards for faculty qualifications[†] ✓

PRACTICE REGULATION

- Nursing council/authority for regulation of nursing[†] ✓
- Fitness for practice examination[†] ✓
- Continuing professional development ✓
- Existence of advanced nursing roles ✓

WORKING CONDITIONS

- Regulation on working hours and conditions ✓
- Regulation on minimum wage ✓
- Regulation on social protection ✓
- Measures to prevent attacks on HWs ✗

GOVERNANCE AND LEADERSHIP

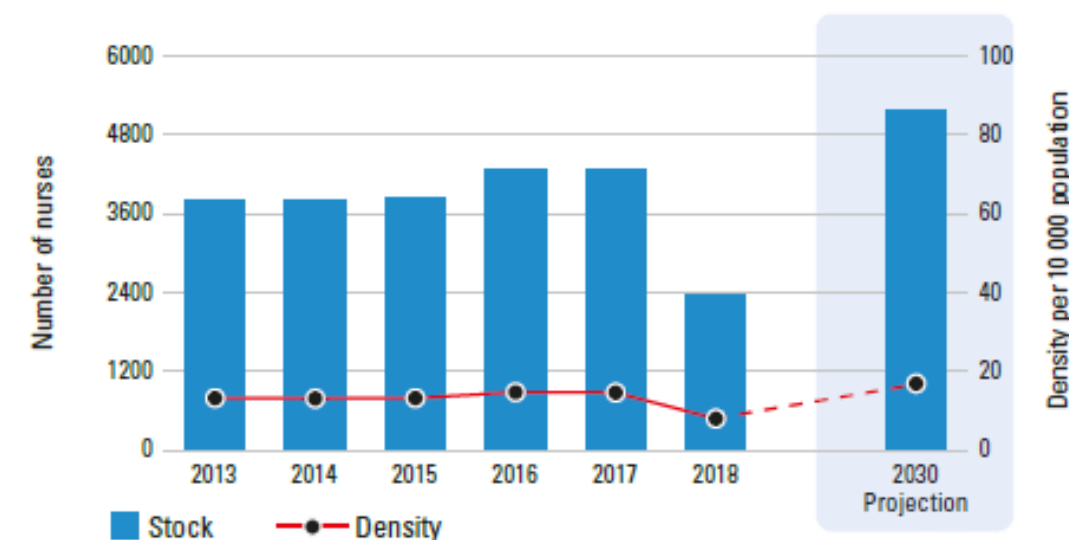
- Chief Nursing Officer position[†] ✓
- Nursing leadership development program[†] ✓
- National association for pre-licensure students[†] ✓

Jamaica

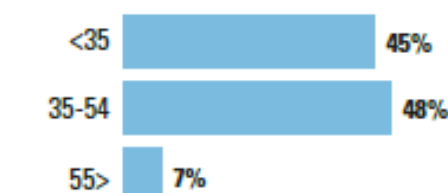
	COUNTRY	WHO REGION
Total population (UN population prospects, 2019)	2948277	1009950130
UHC Service Coverage Index (0-100 points, 2017)	65	—
Life expectancy at birth m/f (years, 2016)	73.6/78.5	73.8/79.8
Probability of dying under five (per 1 000 live births, 2018)	14.4	13.5
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2016)	165/98	162/89
Gross domestic product (GDP) (per capita US\$, 2017)	5130	26759
Current health expenditure as a per cent of GDP (2017)	6.0	7.0
Current health expenditure per capita (US\$, 2017)	307	1019

Source: WHO

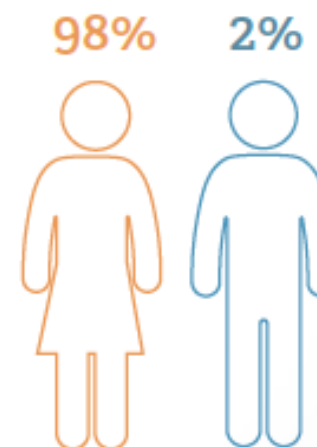
Nursing stock and density 2013-2018



Age distribution



Sex distribution



Nurse mobility

Foreign trained 4.86%
Foreign born NR

Nursing personnel (latest year)

2368

Nursing professionals	Nursing associates	Nurses not further defined
1984	384	0

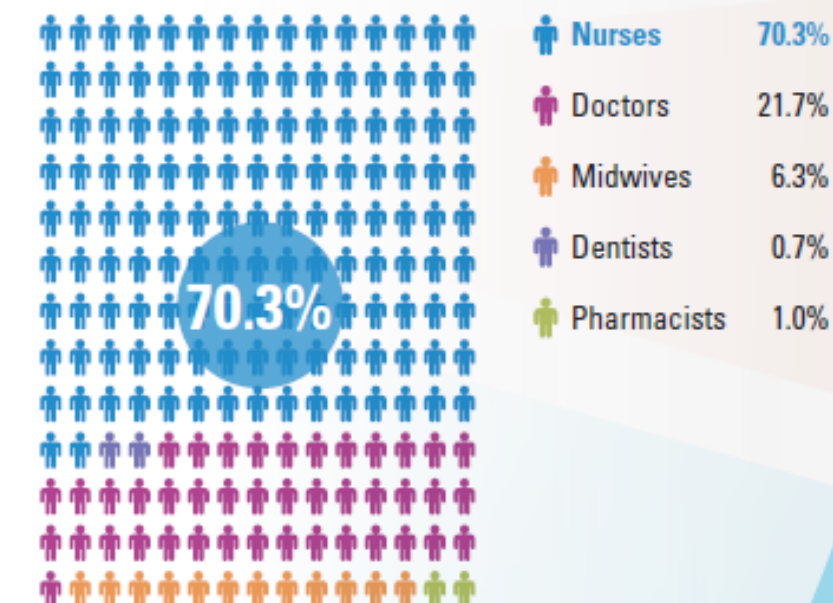
Share of professional nurses
84%

Density
8.1
per 10 000 population

Graduates per year
418

Minimum duration of training
4 years

Share of nurses within the health workforce



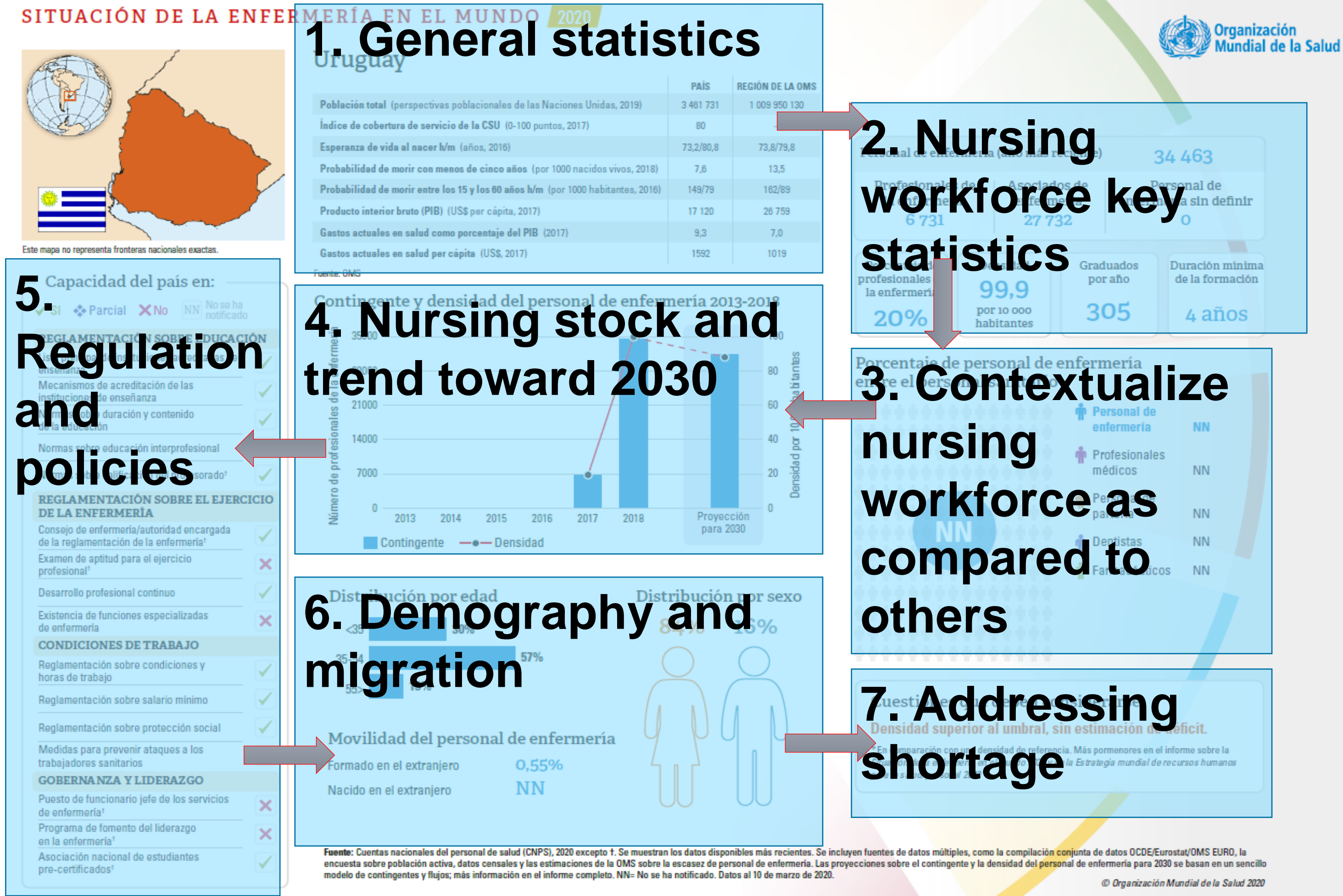
Issues for consideration

An estimated shortage range of 3000 to 4000 nurses is projected for year 2030*.

*As compared to a benchmark density. Details in *State of the world's nursing 2020 report* and *Global Strategy on Human Resources for Health: Workforce 2030*

Source: National Health Workforce Accounts (NHWA), 2020 except †. Latest available data are displayed. Includes multiple data sources such as the OECD/Eurostat/WHO EURO Joint Data Collection, labour force survey, census data and estimates from WHO for shortages. Stock and density projection by 2030 based on a simple stock and flow model. See full report for further details. NR=Not reported. Data as of 10 March 2020.

Overview of country profiles and “reading path”



1. General statistics

Jamaica

	COUNTRY	WHO REGION
Total population (UN population prospects, 2019)	2948277	1009950130
UHC Service Coverage Index (0-100 points, 2017)	a 65	b –
Life expectancy at birth m/f (years, 2016)	73.6/78.5	73.8/79.8
Probability of dying under five (per 1 000 live births, 2018)	14.4	13.5
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2016)	165/98	162/89
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Current health expenditure as a per cent of GDP (2017)	c 6.0	7.0
Current health expenditure per capita (US\$, 2017)	307	1019

Source: WHO

Main points:



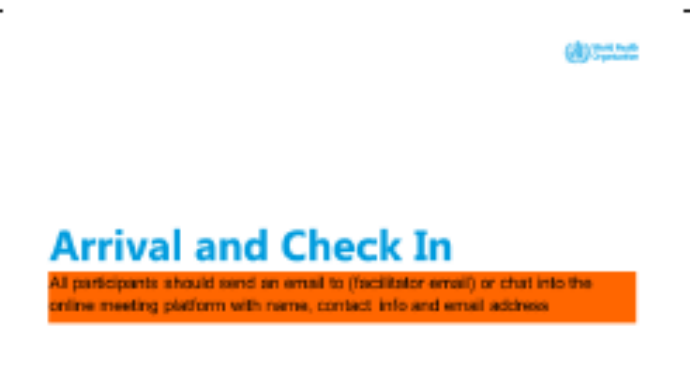

- Determine the country's health statistics (i.e. how the country performs based on proposed standards)
- Compare with other countries in the region
- Health expenditure

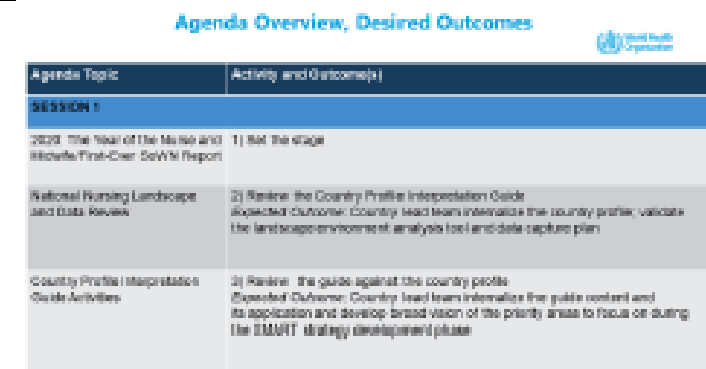
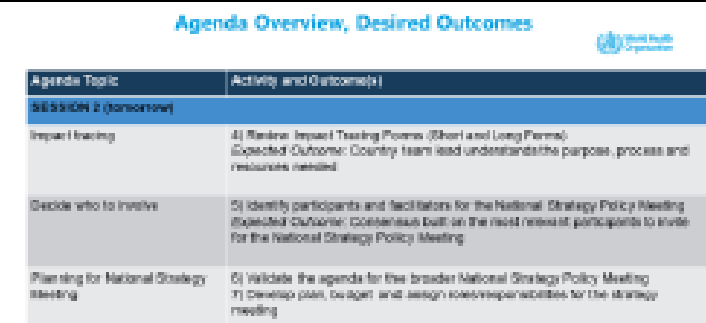
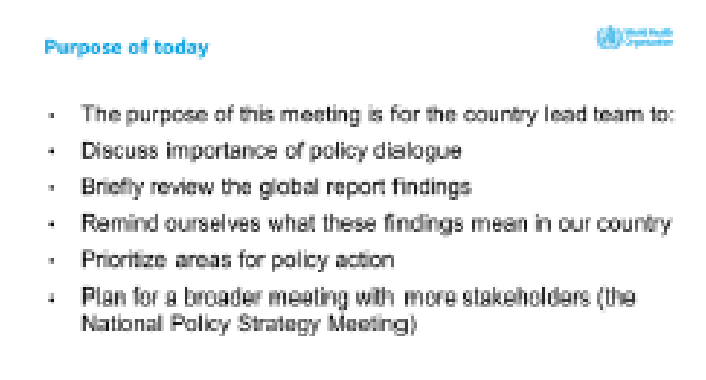

Additional optional elements for discussion:

- Population size + other contextual elements (landlock country, small island,... see map)
- Broad economical situation GDP per capita

Annex E: Guide to Use of Inception Meeting Slide Set

A ready set of powerpoint slides have been created for you to use at the inception and prep planning meetings. Below is a guide as to how to use every slide. Please note that this guide is a suggestion, but you may adapt the slides as appropriate to your context. The slides can be used either for a virtual meeting or they can be used for a in person meeting.

Inception and Pre-Planning session 1	
Slide	Facilitator Notes
 <p>Phase 1: State of the World Nursing Policy Dialogue</p>	
 <p>Country: Location: Date: Facilitator:</p>	Facilitator note: throughout the PPT, there are orange boxes which indicate areas to be filled in/customized for the meeting. Orange boxes correspond with Phase 1 (this Inception Meeting) and blue boxes correspond with Phase 2.
 <p>Arrival and Check In</p> <p>All participants should send an email to (facilitator email) or chat into the online meeting platform with name, contact info and email address</p>	Facilitator note: fill in name and email address. It will be helpful to create a running list of names and email addresses of those involved in Phase 1 and 2 for documentation purposes.
 <p>Welcome & Introductions</p>	Facilitator note: Help participants note that is one meeting that is broken into two, shorter virtual sessions. The agenda is quite full, so introductions should not take longer than 10 minutes. Introduce facilitators first.

Inception and Pre-Planning session 1	
Slide	Facilitator Notes
 <p>Agenda Topic Activity and Outcome(s)</p> <p>SESSION 1</p> <p>2023: The Year of the Midwife and Midwifery First-Care SoWN Report</p> <p>National Nursing Landscape and Data Review</p> <p>Country Profile Interpretation Guide Activities</p> <p>1) Set the stage</p> <p>2) Review the Country Profile Interpretation Guide (expected outcome: Country lead team internalize the country profile, validate the landscape/environment analysis tool and data capture plan)</p> <p>3) Review the guide against the country profile and its application and develop broad vision of the priority areas to focus on during the BMNT strategy development phase</p>	Facilitator notes: Identify note taker for the day and ensure that participants have access to the report-out template so they can add content during the meeting. Explain to participants: These activities will be repeated in wider stakeholder meeting next, but now it is being done in a smaller group to ensure there is a strong foundation and in-depth understanding. The country lead team must ensure their understanding of the data before they can convene wider discussions. Now this meeting is 1 Day.
 <p>Agenda Topic Activity and Outcome(s)</p> <p>SESSION 2 (overview)</p> <p>Impact tracing</p> <p>Decide who to involve</p> <p>Planning for National Strategy Meeting</p> <p>4) Review Impact Tracing Process (Short and Long Term)</p> <p>Expected Outcome: Country lead team understand the purpose, process and resources needed</p> <p>5) Identify participants and facilitators for the National Strategy Policy Meeting (expected outcome: Consensus built on the most relevant participants to invite for the National Strategy Policy Meeting)</p> <p>6) Validate the agenda for the broader National Strategy Policy Meeting</p> <p>7) Develop plan, budget and assign responsibilities for the strategy meeting</p>	Identify note taker for the day Share the workshop report template These activities will be repeated in wider stakeholder meeting next but purpose for doing now in smaller group is to ensure there is strong foundation and in-depth understanding of in country lead team so they must own the data and believe in it and it must make sense before they can convene wider discussions. Now this meeting is 1 Day. At the end of it, this team needs to have a roadmap of how the process will look like for next phase up to implementation and results. In the next meeting (blue), a facilitator doesn't lead the data piece, but rather this core team. So that it's country own, led, driven. And intersectoral (because the initial meeting will still include other ministries + nursing experts).
 <p>Purpose of today</p> <ul style="list-style-type: none"> The purpose of this meeting is for the country lead team to: Discuss importance of policy dialogue Briefly review the global report findings Remind ourselves what these findings mean in our country Prioritize areas for policy action Plan for a broader meeting with more stakeholders (the National Policy Strategy Meeting) 	
 <p>Importance of Policy Dialogue</p> <ul style="list-style-type: none"> SoWN findings demonstrate critical gaps in the nursing workforce Nurses and midwives often absent from discussions around health policy agenda COVID-19 bringing new urgency to protecting and empowering nurses Policy dialogue, as a tool to bring about change, must be iterative, inclusive, evidence-based 	<ul style="list-style-type: none"> Investments in nursing has been a priority for global health players over the past several years. SoWN findings point to the fact that education, work environments, and career development opportunities for nurses and midwives lag behind expectations. Nurses and midwives are also too-often absent from key leadership positions and lack opportunities to influence health policy agendas, despite their critical role and inherent expertise in

Annex N: Meeting report form (online)

This meeting report- form is designed to be completed by the facilitator and returned to WHO and the contractor after the National Policy Strategy Meeting has been held. We hope to better understand how the data and evidence from the State of the World’s Nursing Report is translated into policy priorities and policy commitments at the national level. This form will allow you to provide feedback and insight into the policy dialogue process, participation and support, any challenges you encountered, and the final policy commitments agreed upon. WHO and the contractor will use this information to compile a brief report on global policy dialogue activities and response to the State of the World’s Nursing Report.

If you have questions or concerns regarding this form please contact nursepolicy@jhpiego.org.

PART II: BASIC INFORMATION			
1. Meeting Date			
2. Length (in hours)			
3. Format	<div><input type="radio"/> Online</div> <div><input type="radio"/> In Person</div> <div><input type="radio"/> Combination</div>		
4. Participants	Name	Institution	Position
PART II: GENERAL MEETING CONTENT			
Policy Areas			
5. Which general policy areas were identified as priorities through the policy dialogue?	<div><input type="radio"/> Nursing Stock</div> <div><input type="radio"/> Workforce Mix</div> <div><input type="radio"/> Density / Distribution</div> <div><input type="radio"/> Age / Gender</div> <div><input type="radio"/> Migration / Mobility</div> <div><input type="radio"/> Nursing Education</div> <div><input type="radio"/> Regulation</div> <div><input type="radio"/> Practice and Workplace Issues</div> <div><input type="radio"/> Governance / Leadership</div> <div><input type="radio"/> National / Subnational Nursing Data</div>		
6. Please describe the policy problems identified through the dialogue and any specific discussion that led to these policy problems being identified as most important.			
Policy Commitments			
	1.		

7. What (top 3) policy commitments were made in response to the policy problems?	2.	
	3.	
8. Please describe the timeframe in which each commitment will be implemented.	1.	
	2.	
	3.	
9. Please map or describe the policy commitments in relation to each of the SoWN policy recommendations.		
10. What will be done to strengthen the evidence base for planning, monitoring, and accountability?		
11. Please describe commitments to ensure that intersectoral collaboration occurs so as to strengthen the health workforce information system, in turn strengthening the data availability for evidence-informed decision making.		
12. What changes are planned with respect to migration and mobility specifically?		
13. How will the nursing workforce be developed and supported in these areas?	Education	
	Nursing Practice	
	Regulation	
	Decent Work	

Discussion

- Have you considered hosting policy dialogues on the priority areas for nursing in your context, and if so what support would you need to make this possible?



THANK YOU

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