TENTH ANNUAL MEETING OF THE EUROPEAN FORUM OF NATIONAL NURSING AND MIDWIFERY ASSOCIATIONS AND WHO

Tenth annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO

St Petersburg, Russian Federation
1–2 June 2006

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States
Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

EUR/06/5065420
ISSN
WHO/IS number
Original: English
Tenth annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO

Report on a WHO meeting
St Petersburg, Russian Federation
1–2 June 2006
ABSTRACT

By highlighting innovative and practical approaches, nurses and midwives can influence the culture of stigma attached to HIV through education and communication. Only by ensuring that they have a sound knowledge of sexual health, including HIV/AIDS, and acknowledging the various modes of transmission and methods of preventing of infection, will nurses and midwives, act as agents of change to reverse the ravages of this disease. The work of the meeting highlighted the need for action, and the participants, from 33 participating countries, agreed on a final statement on nursing and midwifery in HIV/AIDS client care.

Keywords
SOCETIES, NURSING – congresses
NURSING – trends
MIDWIFERY – trends
CHRONIC DISEASE
ADOLESCENT
CHILD WELFARE
MATERNAL WELFARE
EUROPE
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of the meeting</td>
<td>1</td>
</tr>
<tr>
<td>Strategy for EFNNMA 2007</td>
<td>1</td>
</tr>
<tr>
<td>Report by the Chairperson</td>
<td>1</td>
</tr>
<tr>
<td>Impact of obesity statement</td>
<td>2</td>
</tr>
<tr>
<td>Address</td>
<td>2</td>
</tr>
<tr>
<td>Financial report</td>
<td>3</td>
</tr>
<tr>
<td>Election</td>
<td>3</td>
</tr>
<tr>
<td>Steering committee</td>
<td>3</td>
</tr>
<tr>
<td>Contributions from the floor</td>
<td>3</td>
</tr>
<tr>
<td>Technical discussions</td>
<td>3</td>
</tr>
<tr>
<td>Adoption of statement</td>
<td>4</td>
</tr>
<tr>
<td>Group A</td>
<td>4</td>
</tr>
<tr>
<td>Group B</td>
<td>5</td>
</tr>
<tr>
<td>Group C</td>
<td>5</td>
</tr>
<tr>
<td>Conclusion</td>
<td>5</td>
</tr>
<tr>
<td>Knowledge is power</td>
<td>6</td>
</tr>
<tr>
<td>Annex 1. Statement on nursing and midwifery in HIV/AIDS client care</td>
<td>8</td>
</tr>
<tr>
<td>Annex 2. Proposed budget January to December 2007</td>
<td>11</td>
</tr>
<tr>
<td>Annex 3. Participants</td>
<td>12</td>
</tr>
</tbody>
</table>
Opening of the meeting

Ms Valentina Sarkisova, President of the Russian Nursing Association and member of the Steering Committee of European Forum of National Nursing and Midwifery Associations and WHO (EFNNMA), opened the meeting by welcoming nurses and midwives from 33 national organizations. This year’s meeting focused on the HIV/AIDS epidemic, and the critical role that nurses and midwives can play in fighting it. She stated that forums such as these were a building block where nurses and midwives can network, strategize and influence health policy.

By highlighting innovative and practical approaches, nurses and midwives can influence the culture of stigma attached to HIV through education and communication. Only by ensuring that they have a sound knowledge of sexual health, including HIV/AIDS, and acknowledging the various modes of transmission and methods of preventing of infection, will nurses and midwives act as agents of change to reverse the ravages of this disease.

The meeting approved the nomination of Ms Sylvia Denton, President of Royal Colleges of Nursing, United Kingdom and Chairperson of EFNNMA, as Chairperson of the meeting. It was agreed that Ms Madeline Spiers, President of the Irish Nurses Organisation, would act as Rapporteur. The participants adopted the programme and agenda. Representatives from 33 countries were present. In addition, the participants observed a minute of silence to mark the passing of the WHO Director-General, Dr Lee Jong-wook.

Strategy for EFNNMA 2007

The theme for the EFNNMA annual meeting in 2007 will be health systems, with a particular focus on primary care. The steering committee recognized that building an effective primary health care strategy depends on a reformed system of primary care. Here the role of the nurse and midwife is most important. The results of a project on health systems in the Russian Federation would be published in 2007.

Report by the Chairperson

Ms Sylvia Denton gave an overview of the previous steering group’s work. She gave special thanks to the nursing team at the WHO Regional Office for Europe for its commitment to the work of EFNNMA. She outlined four objectives, which had been set out in the strategic documents to cover the years 2005–2008. The steering committee identified a topic relevant to the year ahead in conjunction with the WHO-identified priority areas. This collaboration resulted in the statement on maternal, child and adolescent health with a focus on obesity in March 2005. The 2006 statement focused on HIV/AIDS (Annex 1).

The statements have produced a good response. EFNNMA continues to build on that work. A newsletter and a website had been established as part of the EFNNMA strategy for improved communications. EFNNMA was a means to act on the Munich Declaration.

EFNNMA was working with other organizations, particularly the European Federation of Nurses, the International Council of Nurses and the International Council of Midwives. It continued to build and share ideas on matters of interest. It was committed to creating even stronger links with nursing and midwifery colleagues around the world. The challenge for the future was to update EFNNMA’s operational principles and this would be a draft for the next annual forum meeting. The steering group represented the forum at key meetings, including a meeting of the European Forum of Medical Associations and WHO, a meeting under the
Luxembourg Presidency of the European Union (EU) on patient safety, a United Kingdom EU presidency summit meeting on patient safety and a meeting of government chief nurses. The process of twinning countries to provide support continued to be developed and was under constant review.

**Impact of obesity statement**

EFNNMA and the WHO secretariat gave a preliminary report on the follow up questionnaire on the obesity statement of 2005. Its impact was very positive. It received widespread dissemination through national nursing organization journals and newspapers. In the Netherlands, it was adopted by the health ministry and introduced into their health policy guidelines. In 15 countries, it received significant coverage, which can be viewed as a very positive impact on health information. The feedback from recipient countries and organizations was very encouraging, and described the statement as very useful and comprehensive. The supporting letter from the Regional Office could be useful for future statements and give added impetus.

The statement had been:

- taught in schools/regional conferences
- web linked and distributed to relevant professional interest groups
- discussed with expert groups concerned with public health
- promoted and was discussed at national and international levels
- used in discussions of new guidelines about obesity
- used in a research project on prevention in small children
- was the theme for the Working Group of European Nurse Researchers in 2006.

A report had been issued on the ninth meeting of government chief nurses in December 2005.¹

**Address**

Mr Gerard Schmets, the WHO Regional Office for Europe, charted the changing health care demands from demographic challenges, and outlined the struggle of developing countries to train and retain a qualified health care workforce. As to the international migration of health care workers, WHO estimated:

- the global health workforce numbered 100 million, of whom 80% were women
- there were about 24 million registered doctors and midwives and 75 million more were counted as informal, traditional, community and allied health workers.

Management of human resources is critical to deliver health policy agenda. It was important to improve national health information systems and create dialogue on common and differing interests. This was a serious challenge for all countries. For example, by 2020 it was estimated that there will be a 20% deficit in the registered nurse workforce.

Burn-out was a problem in the supply of health care professionals; a high proportion of trained nurses were not practising. There was the added problem of an ageing population of health care workers. Pull and push factors drew health personnel from poorer health services into those of richer countries. These issues needed to be addressed to stabilize the health situation, and management of human resources for health was critical to achievement of the Millennium Development Goals.

Financial report

The participants unanimously agreed to increase the fees by 5%, and approved the audit of the 2005 financial statement and the budgets for 2006 and 2007 (Annex 2).

Election

Steering committee

Dame Karlene Davis, Ms Aase Jacobsen, Ms Valentina Sakisova and Ms Merete Thorsen completed their terms on the Steering Committee. Ms Elisabeth Rappold, Austrian Nurses Association; Ms Lisbeth Normann, Norwegian Nurses Association; Ms Valentina Sarkisova, Russian Nurses Association; Ms Francis Day-Stirk, Royal College of Midwives, United Kingdom were elected to replace them. The new committee would meet at the WHO Regional Office for Europe on 4 September 2006.

Contributions from the floor

The General Secretary of the International Council of Nurses (ICN) requested the participation of the national nursing organization delegates to participate in an ICN survey of counterfeit drugs. The unethical recruitment of nurses destabilized struggling health systems, and the pull/push factors, which were turning nurses and midwives into the most mobile workforce in the world, needed to be addressed. In addition, caps on national health spending were having a detrimental effect on the nursing workforce in numerous countries, resulting in a large number of unemployed nurses in some countries. Poor infrastructure, lack of access to education, salary freezes and poor empowerment of nurses at the clinical level had a negative impact on the provision of health services. Decision-makers needed to understand that trust, respect, fairness, safety, rewards, recognition, opportunity and teamwork were crucial.

The General Secretary of European Federation of Nurses suggested that, until nurses and midwives were valued by their own national governments and had good working environments and the necessary support to deliver change and leadership, the exodus of nurses from poorer to richer countries would continue.

Technical discussions

A representative of the United Nations Children’s Fund (UNICEF) reiterated nurses and midwives’ critical role in preventing the spread of HIV/AIDS. They must work in collaborative teams; isolating minorities or groups would not stop the spread of AIDS. In relation to children, this involved treating the whole family rather than the individual. HIV infection would remain a problem of major public health importance in the EU if the attached cultural stigma and isolation were not addressed. Epidemiological surveillance must be maintained to inform public health; education was key and here nurses and midwives had a critical role.

The Chief Physician at the Republic Infectious Disease Hospital, Russian Federation outlined the devastating effect of HIV/AIDS since the first case was noted in 1981. The impact was particularly serious for eastern Europe and Latin America. All over the world, 40.3 million people were living with HIV, including 17.5 million women and 2.3 million children. In 2005 alone, there had been 4.9 million new cases of HIV, of which 700,000 were in children, and 3.1 million people died of AIDS, including 570,000 children. The numbers of people living with HIV in eastern Europe was increasing rapidly and the number of cases in children was also
increasing. The challenge of HIV/AIDS was putting enormous strain on traditional models of care in all types of countries.

The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) designated the three basic directions in the struggle:

- increasing human and financial resources
- guaranteeing preventive measures and medical treatment
- increasing nationwide readiness.

Education for nurses, doctors and health workers was the key element in the prevention and treatment of HIV/AIDS and in addressing the attached stigma and isolation. Prevention, health information and an innovative team approach were needed. Nurses and midwives had a pivotal and privileged position to provide these.

The worsening situation with HIV/AIDS among women and especially children was enormously disturbing. In 1996 HIV infection in pregnant women did not exceed 10%. By 2004 it was 40%, and women made up 70% of the number of people infected sexually in some regions. This had a knock-on effect in the group of HIV-infected women. The index of detecting HIV infection amongst pregnant women grew almost 600 times from 1996 to 2002.

Prenatal preventive measures were one of the basic priorities in preventing the spread of HIV/AIDS. More than 99% of children born to HIV-infected mothers and receiving pre-natal preventive treatment turned out to be negative for HIV. For women diagnosed with HIV after childbirth accounted for each fifth child born with HIV. In the Russian Federation, prenatal preventive measures covered more than 80% of HIV-infected women, but those that are not registered in maternity care units were a huge cause of concern. Nurses and midwives were critical to bringing in that 20% who do not register and who were not tested for HIV. Doctors, nurses and midwives must challenge and persuade and, through education, change attitudes to this epidemic.

**Adoption of statement**

The draft statement on nursing and midwifery in HIV/AIDS client care was introduced. Three working groups were organized to deliberate on different aspects of statement, and the entire body of participants (Annex 3) then contributed from the floor to the final text. The discussions in the working groups were presented in plenary session. After very active discussion, the participants adopted the final statement on nursing and midwifery in HIV/AIDS client care (Annex 1).

**Group A**

HIV in pregnancy had become a much more treatable and manageable condition in recent years in much of Europe. The strategic framework for the prevention of HIV infection in infants in Europe set a goal of the virtual elimination of HIV in infants by 2010, but many challenges had to be faced to achieve this goal. In this group, the facilitators:

---

• provided an overview for participants of HIV infection and pregnancy;
• reviewed the current situation of and goals for HIV/AIDS and maternity care in Europe, exploring best practice in this area;
• discussed key areas where nurses and midwives could make an effective contribution; and
• reviewed draft statement in order to provide feedback.

**Group B**

The facilitators outlined problems of HIV-positive children and adolescents:

- low availability of anti-retroviral therapy
- stigma and discrimination
- low availability of general medical care.

Facts and figures on the Russian Federation included:

- 10% of newly registered HIV-positive children were aged 12–16 years and abused drugs;
- 10–20% of children born to mothers with HIV become orphans;
- 77% of children would refuse to use the same plates and glasses as HIV-infected people, and 75% would refuse to buy food from an HIV-positive salesperson;
- 56% would oppose HIV-positive children’s attending the same daycare centre as children without HIV.

Stigma and discrimination fuelled the HIV/AIDS epidemic by creating a culture of secrecy, silence, ignorance, blame, shame and victimization. This was a major barrier for people accessing health services for prevention, diagnosis and treatment. Nurses and midwives had great potential to inform people about HIV; they needed to be empowered to break out of their traditional mould by informing society through schools, care centres, primary care centres and the community.

**Group C**

The group addressed the following questions.

- What are the key issues relating to HIV and AIDS in adults care?
- What are the more specific issues relating to each country representative in the group?
- What are the possible solutions to these problems?
- How can all participants helping with solutions in their own countries?

**Conclusion**

The Chairperson thanked the associations that have contributed financially to the working of EFNNMA. The Russian Nurses Association was thanked for hosting the meeting.

Stigmatization of and discrimination against those with HIV/AIDS was an ongoing concern, and cultural attitudes must be dealt with before the problem of HIV/AIDS could be tackled. Nurses
and midwives were an untapped resource in this work. One of the most important issues for the modern health system was prevention of HIV/AIDS. For example, in the Russian Federation, the fundamental problem was to provide universal access to effective treatment and halt the spread of HIV/AIDS. Critical to that was the acknowledged need to determine the extent of the disease and the key areas that had to be addressed. Many infected people were unaware that they were carriers of the disease because the health system failed to respond as effectively as it could. The response needed to extend beyond the narrow remit of a medical model to a societal shift of attitude. Antiretroviral therapy let many HIV-positive Europeans lead normal lives, but tackling social stigma and discrimination was the key.

Ensuring the supply of health care professionals was a serious challenge for all countries. Nurses and midwives were subject to unattractive working conditions, long working hours/shift work and a lack of social dialogue. There was insufficient planning for the supply of health care professionals and a lack of investment for health policies agenda. These were critical for countries to achieve the Millennium Development Goals and the goals of the WHO “3 x 5” initiative.

Effective human resource planning and development strategies needed to be regularly reviewed and the pull/push factors examined, so that a balance could be struck between the supply of and demand for nurses and midwives. Globalization highlighted the need for strategies for human resources at the local, national level and international levels. Human resources can only be adequate and effective when there were clear statistical data and effective human resource planning.

**Knowledge is power**

Education was critical for nurses and midwives to dispel the myths and stigma attached to HIV/AIDS. A new project by the Russian Nurses Association, in partnership with the Swedish East European Committee, had shown promise in educating nurses in the north-western Russian Federation.

The discussion in relation to HIV/AIDS and maternity care was very positive and informative. HIV is an important public health issue for pregnant women in Europe, who needed support regarding testing, diagnosis of infection and access to treatment if necessary. In terms of best practice, midwives and nurses must work across traditional health boundaries and barriers: for example, joint work between prison drug services and reproductive health services. The most efficient ways to update nurses and midwives’ competences on HIV/AIDS were to ensure that it is embedded in the core curriculum of training programmes, weaving throughout programmes on sexual health, maternal and child health, women’s health and public health.

Nurses and midwives should supply accurate information about HIV infection as part of their health promotion role. In terms of evaluation, service delivery and training programmes should be regularly reviewed and updated in the light of advances and knowledge and in practice development.

The key themes of the meeting were joint education and teamwork training, collaboration with other health workers, empowerment of nurses and midwives, and the funding and implementation of best practice. The meeting highlighted the need for action. Nurses and midwives could make an effective contribution to achieving the goal of the virtual elimination of HIV in infants by 2010.
The next annual EFNNMA meeting would take place in Copenhagen, Denmark in October 2007. Its theme would be strengthening the role of nursing and midwifery in health systems.

The Forum of National Nursing and Midwifery Associations and the WHO Regional Office for Europe:

1. **ACKNOWLEDGING** the enormity of individual, national and international health and health care challenges posed by the continuing and increasing HIV/AIDS pandemic;

2. **CONSCIOUS** of the barriers to equitable, sufficient and appropriate measures to prevent onward infection and promote health and well-being of all, irrespective of gender, sexuality or any other individual indicator;

3. **MINDFUL** of the cultural, institutional, religious and individual contribution to stigma, prejudice and discrimination of people at risk of, infected with or affected by HIV/AIDS;

4. **CONVINCED** of the positive contributions to prevention, treatment, care and support well-dispositioned and adequately trained student and qualified nurses and midwives can make;

5. **AWARE** of the increased vulnerability to infection and poor access to treatments by people suffering multiple stigmas, including those around gender, sexual orientation or wider implications of socio-economic and educational indices, mental health and/or physical/learning disabilities;

6. **UNDERSTANDING** the role that national nursing and midwifery associations can play in lobbying governments, societal leaders and pharmaceutical companies to maximize equitable access to individually appropriate prevention initiatives and resources, treatments and care for all;

7. **RECOGNIZING** that nurses and midwives can be infected with/affected by HIV/AIDS, and suffering under the burden of stigma and poor access to treatments and support;

8. **COGNIZANT** of the various challenges and changing emphasis in the pandemic over time, especially with the advent of antiretroviral therapies;

9. **DETERMINED** to advocate and lobby for equal and sufficient treatment for all and ongoing development in search of vaccines and advanced treatments.
Urge governments to:

- involve nurses and midwives in health policy programs and decision-making on governmental level about strategies of prevention, treatment and care of HIV/AIDS at all stages of life;
- systematically challenge structural barriers to the promotion of healthy sexual living equal for all;
- match national and international prevention, treatments, care and support for sexual ill-health requirements with funding for services and resources and to continue to promote HIV/AIDS effective treatment in pregnancy and maternal and child health;
- discontinue the practice of mass staff recruitment from low-income to high-income countries and creatively think of new ways to support nurses and midwives in resource-poor and over-burdened settings;
- it is crucial for national governments to retain their own nursing and midwifery workforce in the current global nursing crisis in facilitating health systems reforms by valuing, respecting and rewarding nurses and midwives with a decent pay and working conditions;
- effectively support HIV-positive health care professionals and ensure that they have adequate availability of therapeutic regimens;
- globally promote positive sexual health and challenge stigma, prejudice and discrimination in all forms (e.g. from the practices of female genital mutilation to a lack of provision of condoms and post-exposure prophylaxis);
- provide appropriate prophylaxes: condoms (male and female), mother-to-child transmission interventions and post-exposure prophylaxis (PEP);
- provide wide, easy, destigmatized access to early voluntary, confidential counselling and testing, for all;
- improve awareness and visibility of HIV/AIDS in the media;
- recognise that HIV disease especially in Eastern Europe is spread mainly by infected needles and syringes, therefore the supply of safe injecting equipment is vital to reduce the spread of HIV;
- promote strategies that address HIV infection effectively. This requires robust, integrated, interagency/intergovernmental working and commitment from all parties.

Urge nurses and midwives to:

- break down barriers to the provision of effective integrated working, where relevant, for example reproductive health services and harm reduction programmes, such as the
provision of clean needles and syringes to injecting drug users alongside appropriate reproductive health advice;

- require, in statute, that health and social care professional education must reflect the clinical/client needs in areas of sexual health, prevention and care;
- ensure that sexual health and sexual enjoyment share the same foundation in human rights as do human reproductive rights;
- have a clear nursing and midwifery voice in local, national and international HIV/AIDS and sexual health strategies to implement and share best practice models and initiatives on prevention, treatments and care according to local needs. Support clinical colleagues through effective access to relevant education and service provisions;
- implement relevant sexual health and HIV/AIDS and family and child health learning programmes (that integrate with the national and international public health agenda) across the spectrum of the holistic curriculum. Such programmes to provide learning and research opportunities, free from prejudice, fear, stigma and discrimination that actively promote sexual health rights and responsibilities, in line with human rights;
- nurses and midwives should work towards the goal of ensuring universal access to HIV/AIDS prevention, treatment and care by 2010;
- require all health and social care professional education to incorporate relevant sexual health and infection prevention strategies;
- acknowledge the social or cultural (e.g. taboo subjects, non-heterosexual identities) and non-judgementally address issues of prevention, treatment, care and support for all. Provide information relating to HIV/AIDS and mental health such as depression, suicidal behaviour, HIV-related dementia and lifestyle advice.

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Proposed budget 2007 (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance carried over from 2005</td>
<td>8 000.00</td>
</tr>
<tr>
<td>Membership fees</td>
<td>28 000.00&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>36 000.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steering Committee and Secretariat</strong></td>
<td></td>
</tr>
<tr>
<td>Administrative support</td>
<td>27 000.00</td>
</tr>
<tr>
<td>Chair (travel etc.)</td>
<td>4 000.00</td>
</tr>
<tr>
<td>Programme support costs</td>
<td>3 500.00</td>
</tr>
<tr>
<td>Steering Committee meetings</td>
<td>500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35 000.00</strong></td>
</tr>
</tbody>
</table>

| **Annual Meeting 2007 (Copenhagen)** |                            |
| Printing/mailing & editing of report | 500.00                      |
| Secretariat travel and per diem      | 0                           |
| Annual meeting facilities            | 500.00                      |
| **Total**                            | **1 000.00**                |

| **TOTAL**                            | **36 000.00**               |

<sup>3</sup> Estimated fees from 38–40 nursing and midwifery associations.
## Annex 3. Participants

### Albania

Ms Kimete Kadesha  
Chief Nurse  
Hospital University Centre  
Mother Tereza  
Tirana  
Albania  

Email address: office@who-albania.org

### Armenia

Dr Alina Kushkyan  
Head Specialist in Nursing  
Ministry of Health  
c/o Erebouni State Medical College  
Titogradyan str. 133  
Yerevan  
Armenia  

Telephone No.: +374 10 470 770  
Fax No.: +374 91 405 288  
Email address: alina@arminco.com

Dr Ruzanna Yuzbashyan  
Head of the Primary Health Care Dept.  
Ministry of Health  
Government Building No. 3  
Toumanian Str. 8  
375070 Yerevan  
Armenia  

Telephone No.: +374 10 56 27 83  
Fax No.: +374 1 562 783  
Email address: yuzbashyan@armhealth.am

### Austria

Ms Elisabeth Rappold  
Hauptstrasse 3a/4  
A-2391 Kaltenleutgeben  
Austria  

Telephone No.: +43 1 427 7 49815  
Fax No.: +43 1 4277 9498  
Email address: elisabeth.rappold@univ.ie.ac.at

### Belarus

Svetlana Kapytova  
Bulvaar Nepokorjonnih, 5 - 46  
212027 Mogilyov  
Belarus  

Telephone No.: +375 296 912 409  
Fax No.: +375 222 220 638  
Email address: kopytova@belooms.org

Ms Larysa Liutko  
Chief Nurse  
Republican Scientific Practical Centre  
of Children Oncology and Haematology  
Lesnoe-2  
Minsk  
Belarus  

Telephone No.: +375 297 67 21 82  
Fax No.: +375 17 202 42 00  
Email address: liutko@belooms.org
Bulgaria

Prof Stancheva Stanka Markova
President
Association of Health Care Professionals in Nursing
15 Blv. Acad. Geshov
1408 Sofia
Bulgaria

Ms Milka Vassilieva
Vice President
Association of Health Care Professionals in Nursing
15 Blv. Acad. Geshov
1408 Sofia
Bulgaria

Cyprus

Georgia Georgiou
37 A, Rigainis Street, Platy Aglandjia
Nicosia
Cyprus

Mr Ioannis Leontiou
President
Cyprus Nurses and Midwives Association
1, Tagmatarchou Pouliou Street, Flat 101
1101 Nicosia
Cyprus

Denmark

Ms Lillian Bondo
President
Danish Association of Midwives
Jordemoderforeningen
Sankt Annæ Plads 30, Postboks 2217
DK-1018 Copenhagen K
Denmark

Ms Aase Langvad
Vice-President
Danish Nurses' Organization
DNO
Sankt Annæ Plads 30
1250 Copenhagen K
Denmark

Ms Annie Marott
Chief Professional Nursing Officer
Danish Nurses' Organization
Sankt Annæ Plads 30
1250 Copenhagen K
Denmark
Finland

Ms Lisa Montin
MNSc, RN, Education Coordinator
Finnish Nurses Association
Asemamiehenkatu, 2
FIN- 00520 Helsinki
Finland

Telephone No. : +358 9 22 90 02 35
Fax No. : +358 9 1 48 18 40
Email address : liisa.montin@sairaanhoitajaliitto.fi

France

Mr Christophe Debout
President
French Nurses' Association
Secrétariat Général de l'ANFIIDE
17 rue de Rungis
75013 Paris
France

Telephone No. : +33 6 82 18 75 73
Fax No. : +33 3 44 23 67 52
Email address : deboute@aoi.com

Georgia

Ms Marina Sakhvadze
President, Nursing Association of Georgia
Ministry of Labour, Health and Social Affairs
K. Gamsakhurdia ave.30
380060 Tbilisi
Georgia

Telephone No. : +995 32957689
Fax No. : +995 32998108
Email address : whologe@access.sanet.ge

Germany

Ms Ute Lange
EFNNMA representative
German Association of Midwives (BDH)
Leberstrasse 24
D-10829 Berlin
Germany

Telephone No. : +49 30 78 70 26 83
Fax No. : +49 920 1187
Email address : ute.lange@telebel.de

Ms Christa Schrader
DBfK Representative
Deutscher Berufsverband für Pflegeberufe
Geisbergstr. 39
D-10777 Berlin
Germany

Telephone No. : +49 30 21 91 57-0
Fax No. : +49 30 21 91 57 77
Email address : schrader@dbfk.de

Greece

Ms Elissavet Charalampidou
Hellenic Nurses' Association
1, Athanasaki Str.
115-26 Athens
Greece

Telephone No. : +30 210 7702 861
Fax No. : +30 210 7790 360
Email address : esne@esne.gr
Dr Eleni Kyriakidou  
General Secretary  
Hellenic National Nurses Association  
Athens Tower C' Building  
2 Mesogion Avenue  
GR-115 27 Athens  
Greece

Ireland

Ms Madeline Spiers  
President  
Irish Nurses Organisation  
Whitworth Building, North Brunswick St.  
7 Dublin  
Ireland

Kyrgyzstan

Ms Tamara Saktanova  
Government Chief Nurse  
President,  
Nursing Association of Kyrgyzstan  
Ministry of Health  
Ul. Moskovskaya 148  
720405 Bishkek  
Kyrgyzstan

Latvia

Sigita Cinovska  
Latvian Nurses Association  
Kapselu Street 23  
LV 1046 Riga  
Latvia

Ms Jolanta Zalite  
President  
Latvian Nurses Association  
Kapselu Street 23  
LV 1046 Riga  
Latvia

Lithuania

Ms Aldona Ciociene  
President  
Lithuanian Nurses' Organization  
Kauno str 37/59  
2006 Vilnius  
Lithuania
Ms Ausra Volodkaite  
Lithuanian Nurses' Organization  
Kauno str. 37/59  
Lt-2006 -Vilnius  
Lithuania

**Malta**

Mr Colin Galea  
Malta Union of Midwives & Nurses  
Tower Apts. No.1, Tas-Sisla Street  
BKR13 Birkirkara  
Malta

Mr Joseph Zammit  
Assistant General Secretary  
Malta Union of Midwives & Nurses  
Tower Apts. No.1, Tas-Sisla Street  
Birkirkara  
Malta

**Netherlands**

Mrs Grietje C. Rijninks-van Driel  
KNOV  
Netherlands' Midwifery Association  
Rietgors 83  
8271 GK Ijsselmuiden  
Netherlands

Mrs Marian van Huis  
ICM Delegate and President  
Secretary, European Midwives Association  
The KNOV - Netherlands' Midwifery Association  
P.O. Box 18  
3720 AA Bilthoven  
Netherlands

Dr Ria t. H. von Bönninghausen  
President  
NU'91 - National Nursing Association of  
r.vonbonninghausen@nu91.nl  
the Netherlands  
Postbus 6001  
NL-3503 PA Utrecht  
Netherlands

**Norway**

Ms Marit Heiberg  
The Norwegian Association of Midwives  
Tollbugt. 35  
N-0157 Oslo  
Norway

---

**Contact Numbers**

Ms Ausra Volodkaite  
Telephone No. : +370 5 213 85 60  
Email address : lsso@aiva.lt

Mr Colin Galea  
Telephone No. : +356 214 99 947  
Fax No. : +356 214 48 542  
Email address : mumn@maltanet.net

Mr Joseph Zammit  
Telephone No. : +356 2149 9947  
Fax No. : +356 2144 8542  
Email address : mumn@maltanet.net

Mrs Grietje C. Rijninks-van Driel  
Telephone No. : +31 38 27166  
Fax No. : +31 38 4239330  
Email address : grijninks@knov.nl

Mrs Marian van Huis  
Telephone No. : +31 30 274 8811  
Fax No. : +31 30 22 94 162  
Email address : mvanhuis@knov.nl

Dr Ria t. H. von Bönninghausen  
Telephone No. : +31 302964144  
Fax No. : +31 302 963904  
Email address : r.vonbonninghausen@nu91.nl

Ms Marit Heiberg  
Telephone No. : +47 21023375  
Fax No. : +47 21023377  
Email address : marit@jordmorforeningen.no
Ms Aase Jakobsen  
(Norwegian Nurses Association)  
Holmsnesveien  
8450 Stokmarknes  
Norway  

Telephone No.: +47 22 04 32 00  
Fax No.: +47 22 04 32 40  
Email address: aase.marie.jakobsen@hhf.no

Ms Lisbeth Normann  
Norwegian Nurses Association  
P. O. Box, 456 Sentrum  
N-0104 Oslo  
Norway  

Telephone No.: +47 90 83 98 92  
Fax No.: +47 22 04 32 80  
Email address: post@sykepleierforbundet.no

Ms Nina Schmidt  
President  
The Norwegian Association of Midwives  
Tollbugata, 35  
N-0157 Oslo  
Norway  

Telephone No.: +47 21 02 33 78  
Fax No.: +47 21 02 33 77  
Email address: nina.schmidt@jordmorforeningen.no

Poland

Ms Aleksandra Gaworska-Krzeminska  
Representative to EFNNMA  
Polish Nurses Association  
Al.Reymonta 8/12  
01-842 Warszawa  
Poland  

Telephone No.: +48 (0) 22 663 63 45  
Email address: zgptpiel@wp.pl

Portugal

Ms Maria Alice Dos Santos Curado  
Portuguese Nurses’ Association  
Rua Duque de Palmela, 27 4º drcho  
1250-097 Lisboa  
Portugal  

Telephone No.: +351 21 845 52 30  
Fax No.: +351 21 845 52 59  
Email address: malicecurado@hotmail.com

Mr Antonio Manuel Silva  
Board Member  
International Affairs  
Ordem dos Enfermeiros  
Av. Almirante Gago Coutinho 75  
1700-028 Lisbon  
Portugal  

Telephone No.: +351 218 455 230  
Fax No.: +351 218 455 259  
Email address: gri@ordemenfermeiros.pt

Joao Jose Santos Fernandes  
Ordem dos Enfermeiros  
Av. Almirante Gago Coutinho 75  
1700-028 Lisbon  
Portugal  

Telephone No.: +351 218 455 230  
Fax No.: +351 218 455 259  
Email address: jjfernandes@netcabo.pt

Republic of Moldova

Ms Lidia Polodiuc  
Nursing Association of Moldova  
Dunitriu 12, app. 67  
Chisinau City  
Republic of Moldova  

Telephone No.: +373 22 83 23 32  
Fax No.: +373 22 72 57 62  
Email address: nursing@mcc.md
Ms Alexandra Visotchi
Nursing Association of Moldova
Cuza Voda 21/1, app. 126
Chisinau City
Republic of Moldova

Telephone No. : +373 22 76 88 62
Fax No. : +373 22 72 84 69
Email address : nursing@mcc.md

Ms Ecaterina Gulie
Romanian Nurses Association
Str. Maguricea nr. 1
Bloc 3F, Parter, Ap. 1, Sector 1
Bucaresti C.P. 52-62
Romania

Telephone No. : +40 1 232 5766
Fax No. : +40 1 232 5766
Email address : catiegulie@yahoo.com

Ms Valentina Sarkisova
President
Russian Nurses Association
Lomonosova 3, room 20
191023 St Petersburg
Russian Federation

Telephone No. : +7 812 717 31 51
Fax No. : +7 812 717 31 51
Email address : rna@mail.wplus.net

Mrs Elena Stefikova
Head
Health and Human Pharmacy Department
Self-Governing Regional Office
of Trencin
Hviezdoslavova 1
911 50 Trencin
Slovakia

Telephone No. : +42132 74 11 358
Fax No. : +421 32 74 461 74
Email address : elena.stefikova@tsk.sk

Prof Myriam Ovalle Bernal
Spanish General Council of Nurses
Consejo General de Enfermeria
C/Fuente del Rey, 2
E-28023 Madrid
Spain

Telephone No. : +34 91 33 45 520
Fax No. : +34 91 3345 503/5506
Email address : movalle@enfermundi.com

Ms Kerstin Belfrage
Adviser
Swedish Association of Health Professionals-SHISTF, Board Member
Box 3260
S-10365 Stockholm
Sweden

Telephone No. : +46 8 147745
Fax No. : +46 8 204096
Email address : kerstin.belfrage@vardforbundet.se
Ms Ingrid Frisk  
Swedish Association of Health Professionals  
Box 3260  
SE-103 65 Stockholm  
Sweden

Ms Anna Nordfjell  
President  
European Midwives Association  
Swedish Association of Midwives  
Baldersgatan 1  
114 27 Stockholm  
Sweden

Switzerland

Ms Lucia Mikeler Knaack  
President  
Swiss Federation of Midwives  
Rosenweg 25C  
3007 Bern  
Switzerland

Frau Catherine Panchaud  
Deputy Executive Director  
Responsable du Département des Soins  
asi.ch  
Swiss Nurses Association  
Association Suisse des Infirmiers et Infirmières, Secretariat Central  
Choisystrasse 1, Case Postale 8124  
CH-3008 Bern  
Switzerland

The former Yugoslav Republic of Macedonia

Ms Kornelija Cipuseva  
Macedonian Association of Nurses and Midwives  
Clinic of Psychiatry  
17 Vodnjanska st.  
91000 Skopje  
The former Yugoslav Republic of Macedonia

Ms Velka Lukic  
National Nursing Counterpart, President  
Macedonian Association of Nurses and Midwives  
Clinic of Psychiatry  
17 Vodnjanska st.  
91000 Skopje  
The former Yugoslav Republic of Macedonia
United Kingdom of Great Britain and Northern Ireland

Dame Karlene Davis, DBE
General Secretary
The Royal College of Midwives
WHO Collaborating Centre
15 Mansfield Street
UK-W1G 9NH London
United Kingdom of Great Britain and Northern Ireland

Telephone No.: +44 20 73 12 34 43
Fax No.: +44 20 73 12 34 42
Email address: karlene.davis@rcm.org.uk

Ms Frances Day-Stirk
Head of Midwifery Affairs
The Royal College of Midwives of the UK
15 Mansfield Street
UK-W1G 9NH London
United Kingdom of Great Britain and Northern Ireland

Telephone No.: +44 20 73 12 34 48
Fax No.: +44 20 73 12 34 42
Email address: frances.day-stirk@rcm.org.uk

Ms Sylvia Denton
Chairperson
European Forum of National Nursing and Midwifery Associations and WHO
President, The Royal College of Nursing
20 Cavendish Square
London W1M 0AB
United Kingdom of Great Britain and Northern Ireland

Fax No.: +44 2076 4734 34
Email address: sylvia.denton.president@rcn.org.uk

Ms Susan Williams
Head of International Affairs
International Department
Royal College of Nursing
20 Cavendish Square
London W1M 0AB
United Kingdom of Great Britain and Northern Ireland

Telephone No.: +44 207 647 3780
Fax No.: +44 207 647 3413
Email address: susan.williams@rcn.org.uk

Uzbekistan

Dr Rikhsi Kamilovn Salikhodjaeva
Chief Specialist
President, Nurses Association
Navoi Street 12
700011 Tashkent
Uzbekistan

Telephone No.: +998 71 139 4643
Fax No.: +7 998 7 139 4643
Email address: albina@who.uz

Dr Gulnora Usmonova
Deputy Chairman
Nurses Association
Navoi Street 12
700011 Tashkent
Uzbekistan

Telephone No.: +998711394643
Fax No.: +998711394643
Email address: albina@who.uz
Temporary Advisers

Ms Jane Gronow
Programme Director
UNICEF Russia
4/17 Pokrovsky Blvd., 1 officer 18-20
Moscow
Russian Federation

Mr Stephen Jamieson
Adviser
RCN Professional Nursing Department
Royal College of Nursing
20 Cavendish Square
London WIG ORN
United Kingdom of Great Britain and Northern Ireland

Ms Jane Kennedy
61 Bickersteth Road
London SW17 9SH
United Kingdom of Great Britain and Northern Ireland

Ms Olga Kommisarova
Executive Director
Russian Nurses Association
Lomonosova 3, room 20
191023 St Petersburg
Russian Federation

Prof Vladimir I. Starodubov
Deputy Minister
Ministry of Health and Social Development or the Russian Federation
Bld. 3, Rakhmanovskiy per
127994 Moscow
Russian Federation

Dr Evgeny Voronin
Chief Medical Officer
Republican Hospital of Infectious Diseases, Scientific-Practical Centre of Care for Pregnant Women and Children with HIV/AIDS	nos. Ust'-Ijora, pr. 9 Yanvarya, 3
196645 St-Petersburg
Russian Federation

Dr Tigran A. Yepoyan
HIV/AIDS coordinator
UNICEF Russia
Russian Nurses Association
8 Malaya Trubetskay Street, Room 587
Moscow
Russian Federation
Observers

Mr Paul De Raeve
General Secretary of EFN
European Federation of Nurses
Rue de la Concorde 53
B-1050 Brussels
Belgium

Mrs Judith Oulton
Chief Executive Director
ICN
International Council of Nurses
Place Jean-Marteau 3
CH-1201 Genève
Switzerland

Ms Anne Brodsgaard
Short-term Professional, Nursing and Midwifery Programme

Ms Elena Galmond
Secretary, Nursing and Midwifery Programme

Ms Lisbeth Lindhardt
Administrative secretary, EFNNMA

Mr Gérard Schmets
Acting Director, DCS

Ms Lis Wagner
Manager, Nursing and Midwifery Programme
Secretary, EFNNMA

Interpreters

Ms Julia Lazareva
Interpreter

Ms Natalia Serebrennikova
Interpreter