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

Report on a WHO Meeting

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DEVELOPING HUMAN RESOURCES FOR HEALTH

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

ABSTRACT

The Second Annual Meeting was attended by representatives from 31 WHO European Member States, together with temporary advisers and observers from international associations and other WHO professional forums. The meeting elected the Forum officers and received reports on the funding and membership of the Forum. Principles for evaluating the Forum’s activities were agreed, and reports on four task groups were presented. Participants considered the concept of the “family nurse” as set out in HEALTH21: the health for all policy framework for the WHO European Region through presentations and group work. The Forum concluded with a draft statement presented for further refinement by members, which endorsed the nursing and midwifery contribution to HEALTH21.

Keywords

SOCIETIES, NURSING
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FAMILY PRACTICE
EUROPE
Contents

1. Introduction 1

2. Objectives of the Meeting 1

3. Election of Chairperson and announcement of Rapporteur 1

4. Welcome Addresses
   Chairperson's Welcome Address 1
   Address from International Confederation of Midwives
   Address from the WHO Regional Office for Europe – Nursing and Midwifery Programme

5. Business Meeting
   Election of Polling Officers, Steering Committee Members and Forum Officers 2
   Review of Membership Status and Financing
   Developments of the Task Forces
   Evaluation Strategy for the Work of the Forum
   Analysis of the WHO Survey of Community Nursing in Europe

6. Technical Discussion
   HEALTH 21 - the Health for All Policy for the WHO Region - 4
   21 Targets for the 21st Century
   Introduction to the Concept of Family Nurse
   Models of Community Nursing and Midwifery in Europe
   Group Work to Interpret Family Nursing in the Framework of Health 21

7. Conclusions and recommendations for a policy statement 9

8. Closure of the meeting 9

Annexes

Annex 1 - List of Participants
Annex 2 - Programme
Annex 3 - Status of membership to the Forum
Annex 4 - Financial Status of the Forum
Annex 5 – Task Force membership
Annex 6 – Summary of presentation on the WHO Survey of Community Nursing in Europe
Annex 7 – Draft Statement on the nursing and midwifery contribution to HEALTH 21
1. Introduction

The Second Annual Meeting of the European Forum of National Nursing and Midwifery Associations and WHO was attended by representatives from nursing and midwifery associations from 33 WHO European Member States, (including newly formed national nursing and midwifery association from the Newly Independent States of the former Soviet Union and Countries of Central and Eastern Europe) (see Annex 1 – List of Participants).

The meeting comprised a business meeting of the Forum, followed by a Technical Discussion on the concept of the family nurse (see Annex 2 – Programme).

2. Objectives of the Meeting

The Forum was founded in November 1996 as a joint initiative between European national nursing and midwifery associations and the WHO Regional Office for Europe, recognising the value of dialogue and the potential strength of joint action to promote health care in Europe. The Business meeting of the Forum was to elect the membership status and financing, review the development of the Task Forces and introduce an evaluation strategy for the work of the Forum.

The Technical Discussion was to focus on the role of the family nurse, as set out in HEALTH21 - the Health For All Policy for the WHO European Region. Examples of different models of community nursing and midwifery were presented. The Forum provided an opportunity to debate how individual Associations should address the family nurse concept.

3. Election of Chairperson and Announcement of Rapporteur

Ms Laila Davoey (Norwegian Nurses Association) was nominated as Chair of the Business meeting. It was announced that Caroline Hyde-Price (Royal College of Nursing, UK) would be the rapporteur for the meeting.

4. Welcome Addresses

Chairperson’s Welcome Address

Ms Davoey extended a warm welcome to the Forum members and observers. The Forum had attracted new members, which demonstrated the value of membership of the Forum. A warm welcome to midwifery participants was also extended.

The Chairperson invited members to adopt the programme for the day. The programme was adopted, including the intention to produce a statement on the role of the family nurse.

Address from International Confederation of Midwives

Ms Petra Ten Hoope-Bender, Secretary General of the International Confederation of Midwives (ICM), greeted the participants on behalf of the ICM. The ICM has 76 midwifery associations in membership from 61 countries. The Confederation was to hold its next Congress in the Philippines in May, 1999.
Address from the WHO Regional Office for Europe - Nursing and Midwifery Programme

Ainna Fawcett-Henesy greeted the participants of the meeting, extending a special welcome to the midwives who were attending for the first time. The objective of the Forum was to assist nurses and midwives in contributing to the debates on health and health care throughout Europe, through the promotion and exchange of ideas and information and supporting the integration of appropriate policies.

5. Business Meeting

Election of Polling Officers, Steering Committee Members and Forum Officers

Polling Officers
The following polling officers were elected:
- Ms Marianne Skovby Rasmussen (Denmark)
- Professor Margaret Alexander (United Kingdom)

Steering Committee Members
While the term of office as Steering Committee Members for the following persons: Kerstin Belfrage (Sweden), Laila Davoey (Norway), Katalin Mucha (Hungary); Miriam Ovalle (Spain) was to continue for one further year, the newly elected members included Mr Liam Doran (Ireland); Ms Britte Eide (Norway) and Ms Jette Søe (Denmark). Ainna Fawcett-Henesy will continue as the WHO representative.

Britt Eide (Norway)
Katalin Mucha (Hungary)
Miriam Ovalle (Spain)
Liam Doran (Ireland)
Laila Davoey (Norway)
Jette Søe (Denmark)
Kerstin Belfrage (Sweden)
Ainna Fawcett-Henesy (WHO European Office)

Forum Officers
The following Steering Committee Members were elected to hold honorary Officer positions on the Forum:

President : Laila Davoey (Norway)
Vice-President : Jette Søe (Denmark)
Treasurer: Kerstin Belfrage (Sweden)
Secretary: Ainna Fawcett-Henesy (WHO European Office)

Review of Membership Status and Financing

Laila Davoey introduced the report on status membership to the Forum (see Annex 3). It was noted that Romania and Croatia had now also paid their membership fees. The Financial Report of the Forum was accepted by the members (see Annex 4).

It was agreed that the role of observers and members who had not paid membership fees would be discussed at the next meeting.
Developments of the Task Forces

Ainna Fawcett-Henesy reported to the meeting on work undertaken to date, as follows.

Women and Children
This task ground is being led by Sweden and potential funding has been identified. The majority of the work is to be undertaken by email/fax.

Elderly Care
This is being jointly led by Hungary and Spain. A literature search has been undertaken and the next stage will be to identify clinical indicators.

Chronic Disease Forum
This is currently being led by Ainna Fawcett-Henesy. A literature search has been carried out and it is planned to be undertaken joint work on diabetes.

Tobacco
Opportunities for joint work with the Medical and Pharmaceutical Forces are being explored. More nominations from midwives were encouraged for this task group.

It was reported that additional members for the task groups were required, but that these must be self-financing.

Dr Rowe (WHO Medical Forum) and Ida Gustafsen (Europharm Forum) spoke to the Forum on the experience of their Forums in developing task forces and identifying projects.

See Annex 5 for membership to the Task Forces.

Evaluation Strategy for the Work of the Forum

Laila Davoey introduced the proposed Evaluation Strategy for the work of the Forum. Ainna Fawcett-Henesy explained the need for evaluation and effectiveness.

It was agreed that evaluation of the work of Forum is needed. It was noted that member associations should be given at least two months to complete questionnaires. It was agreed that the Forum Steering Group would select an observer for evaluation at its December 1998 Meeting.

Analysis of the WHO Survey of Community Nursing in Europe

Ms Lesley Whyte, lecturer/practitioner in District Nursing at Glasgow Caledonian University, presented the key findings of the WHO survey of Community Nursing in Europe. It was noted that the full report of the survey was to be published. The Royal College of Midwives (United Kingdom and WHO Collaborating Centre) is to undertake a survey on community midwifery across Europe.

See Annex 6 for summary of this presentation.

The Business Meeting of the Forum was then concluded.
6. Technical Discussion

The Chair of the Technical Discussion was Ms Kerstin Belfrage (Sweden).

**HEALTH 21 - the Health for All Policy for the WHO Region - 21 Targets for the 21st Century**

Dr Asvall welcomed the delegates and was pleased to note that 35 countries were represented. The updating of the Health for All policy statement came at a very opportune time – the start of a new millennium. The HEALTH21 Strategy recognized that greater emphasis must be given to the quality of life for Europeans, and not just a pre-occupation with technical and economic developments.

Dr Asvall emphasized his belief that nurses and midwives in Europe are key to improving the quality of life across Europe. The WHO European Region, which covers 870 million people, faced many problems and was to receive an increased budget in recognition of the many health challenges.

The variations in health status across Europe are huge – there is a 25 fold difference in income between Member States and 20 years difference in life expectancy between countries. These variations also occur within countries and between social classes – for example, children of parents in social class IV and V are twice as likely to die before 15 years of age than children of parents in social class I. Hidden problems such as injury to women from domestic assaults were also increasing. In addition, 11 countries in the WHO European Region have been at war in the last ten years.

HEALTH 21 sets out 21 targets for the 21st Century. These targets provide nurses and midwives with opportunities to demonstrate their value and effectiveness through their role in primary health care, identifying health outcomes and supporting health for all partnerships. Health for all networks now include: the Healthy Cities Network; Health Promoting Schools Network; Health Promoting Prisons Network; Health promoting Universities network – all sectors in which nurses work.

In concluding, Dr Asvall outlined five main roles for WHO, all of which need a strong nursing and midwifery contribution:

- the world’s health “conscience”
- a centre for health information
- advocacy for “Health for all”
- research and development for science-based tools
- a catalyst for action.

In response to questions from the Forum, Dr Asvall urged participants to demonstrate to their governments the value and effectiveness of good nursing and midwifery care through research and networks like the European Forum of National Nursing and Midwifery Associations and WHO.

It was raised whether the trend of privatisation in the health sector would assist or threaten the ability of countries to reach the Health for all targets. After some discussion, it was concluded that the key factor was whether the availability and quality of services and care was increased or decreased through privatisation. Ainna Fawcett-Henesy reported that the response of
governments to the HEALTH21 Strategy has been encouraging, but it was noted that some countries may interpret the roles for nurses and midwives differently – this provided opportunities for nurses and midwives to promote their contribution to health.

**Introduction to the Concept of Family Nurse**

Ainna Fawcett-Henesy gave an overview of the issues set out in *Challenges for the Family/Community Nurse and Midwife in Light of HEALTH 21* (DLVR020804/15). This identified a key role for nursing and midwifery in health promotion and disease prevention. The opportunities (and challenges) for nurses and midwives that *HEALTH 21* presented were significant.

WHO has invited a range of countries to present their own models of community nursing and midwifery in order to inform the Forum’s thinking on how individual associations could address the concept of the family nurse and community midwife.

**Models of Community Nursing and Midwifery in Europe**

**Estonia**

Ms Silja Mets, a family nurse from the Family Doctor Centre in Tallinn, presented an outline of the type of work a family nurse undertakes in Estonia, a very recent development in which patients can choose which Family Doctor Centre they attend and each centre has 1,000-2,000 clients. Since 1994 about 220 such family nurses have been trained and about 350 family doctors.

The nurse has the dual role of prevention and treatment. Her preventive work includes advice on family planning, childbirth, breastfeeding, diet, exercise, advice to elderly clients. The nurse also provides advice on vaccination, coping with chronic disease, providing an initial diagnosis of a patient’s condition and assisting the family doctor in carrying out various procedures.

The family nurse also has an important role in liaising with other colleagues and with social workers and home care nurses.

**Midwifery across Europe**

Laying the foundations for a healthy life is one of the major strengths of the midwifery profession and, as Ms Petra Ten Hoope Bender, Secretary General of the International Confederation of Midwives (ICM) gave evidence that breastfeeding decreases the use of medical facilities later in life. Such support and advice given by midwives to mothers enables them to take responsibility and make decisions about the health of their families. It is delivered both in the hospital and in the community.

In terms of the family midwife, since this role provides for such intensive care and guidance, there is a need for further research to show the economic contribution midwives make to the health of the community, particularly when short-term results and profits become more important with the growth of private and state health insurance systems in Europe.

The other key element to the concept of the family midwife is collaboration with other professional groups in primary health care and with other fields of society.
Sweden
Ms Eva Fernvall-Merkstadt, President of the Swedish Association of Health Professionals informed that in Sweden, public health nurses and midwives are based mainly in public health centres as well as in schools and local authorities and not least in hospitals. Sweden has a very long tradition, going back 300 years, of midwifery services and maternal and child health care are provided independently by midwives and public health nurses. They have 100% coverage with a service which is firmly established with the public.

Hungary
The present model of community nursing and midwifery in Hungary is relatively new and builds on the previous district nurse system. It encompasses a wide range of health professionals working in primary health care and offers greater autonomy and responsibility for nurses.

Ms Katalin Mucha, President, Hungarian Nurses Association, explained that community nursing roles in Hungary focus on the places where people live, work and play with nursing carried out by family nurses, home nurses and occupational health nurses.

Family nurses work with the family doctor both in clinics and in the family’s own home. They provide support for all members of the family. The Maternal and Child Health Nurse supports pregnant women and young children and provides a service for children in school. Midwives have a similar role but do not see clients in their homes.

Along with occupational health nursing and home nursing, all these professionals gather and measure data for community diagnosis and for developing strategies.

The development of home nursing groups has been particularly effective. These are led by a nurse and provide promotive, preventive and rehabilitative care. The one potential weakness is that they do not always coordinate closely with the family doctor.

Slovenia
Ms Bojana Filej, Board Member of the Nurses Association of Slovenia, presented a picture of community nurses who work in clients’ homes and in the community, within health centres which are managed by a nurse and are professionally and organisationally independent. These nurses operate as the “family” nurse and provide a very wide range of services to individuals, families, local communities, pregnant women, and children from birth to 15 years of age.

There are 53 health centres in Slovenia and nearly 700 community nurses who work in nursing teams and are also part of a health team led by a doctor.

The community nurse’s role is to maintain and strengthen health, prevent and detect disease, and to collaborate in curing and providing home care for the sick as well as rehabilitation.

One of the most important tasks for community nurses is in coordinating all activities that provide help and support to individuals and families. A continuous nursing care project, launched in 1992, aimed to provide continuity of nursing care through to rehabilitation and recovery. It included an information system to track people as they moved from one professional and service to another. One very positive outcome has been the improved links between nurses in regional hospitals and those working in the community and in homes for the elderly.
Moldova
The Moldovan health care system is in a period of major reform and, as Ms Elena Stempovscaia, President of the Republican Nursing Association of Moldova explained, two key elements of the reform are the development of the primary health care sector and of community nursing.

The Moldovan Nurses’ Association has been working with the Ministry of Health to outline the functions of the family nurse and the education programmes required. New primary care teams of doctors, midwives and nurses are being formed and Moldova is in the process of forming health centres with between 800-1300 clients. The family nurses’s role will be to identify risk factors and problems in families and work on disease prevention and problem solving.

Previously “feldshers” (medical assistants) were trained in Moldova, particularly due to a shortage of doctors. But the emphasis of their work, particularly in running medical units in factories, was on the care process. A new emphasis on prevention and the introduction of family doctors and other members of the primary care team means that the feldsher’s role will be re-orientated towards prevention, health education and management of the health care team.

Moldova is keen to learn from the experiences of other countries in developing primary care as it embarks on this process.

France
Mr Jean-François Negri, Vice President of the French Nurses Association - ANFIIDE - outlined the system of community based health care for older people in France. This is based on hospitals at home, health care centres which are slowly diminishing, home care services for the elderly, and most significantly a network of independent nurses of which there are about 50,000 in France.

These “independent” nurses work to doctors and their duties are limited to a specified list of nursing tasks which are then paid for by the national social security system. The nurse often undertakes much wider educational, supportive and rehabilitative activities with the patient, but for no payment.

Since 1993, nurses have been granted a “competency decree” which recognises broader nursing care, but is not reimbursed by the social security system. A new project has been established in France to change this situation. This makes the independent nurse the coordinator of care, assessing the patients physical and psychological dependence as well as his/her social and family environment and then setting care objectives. A further assessment evaluates the progress of the patient and the quality of care received.

The project will potentially revolutionise independent nursing in France determining what care is required and expanding the role to include preventive, supportive, rehabilitative and health promotion interventions - in a country where health expenditure on prevention at present makes up only 2% of the budget.

United Kingdom
Ms Caroline Hyde-Price, International Secretary of the Royal College of Nursing, gave a presentation on models of Community Nursing and Midwifery in the United Kingdom of Great Britain and Northern Ireland.

Models of Community Nursing and Midwifery are based upon a range of roles for nurses and midwives, usually following specialised training for these roles at a post basic level.
These roles included:

**Community midwives**, who have responsibility for providing midwifery care in the community ante-natal, intra-partum care and post-natal care until 10-28 days post-delivery;

**Health Visitors**, who are registered nurses who have undertaken a specialist training in public health and the care of families, particularly young children, and who concentrate on preventative nursing care;

**Practice Nurses** are registered nurses who are employed by general practitioners (family doctors) to provide both preventative and curative nursing care to the patients registered with the General Practitioner’s practice;

**School Nurses** are registered nurses who have a specific responsibility for the health of children of school age. These nurses are usually attached one or more schools;

**District Nurses** are registered nurses who provide nursing care to patients in their own homes. Due to the shorter time that patients may spend in hospital, this care may be very complex;

**Community Psychiatric nurses** are registered mental health nurses who may have undertaken specialist training to provide nursing care to people with mental health problems outside of a hospital setting. This service has greatly increased as many long-stay psychiatric hospitals have been replaced by community based care;

**Specialist nurses** are registered nurses who provide specialist nursing care, such as palliative nursing care or care of people with diabetes or respiratory problems, outside a hospital setting, often on an out-reach basis from a hospital or clinic;

Mrs Hyde-Price outlined how these different models of community nursing and midwifery addressed different health needs, particularly the increasing elderly population and the emphasis on preventative nursing care. Two models of best practice were described. A **One-to-One midwifery service** where women were allocated midwives from a team of midwives, which provided better continuity of care and improved communications between families and the midwifery services. The work of a **Public Health Nurse** in the Moxley area of Walsall was described. The role of this nurse in identifying community health needs and working with local people to find ways of addressing these is being evaluated and the early results are encouraging.

**Group Work to Interpret Family Nursing in the Framework of Health 21**

*Health21* provides the following guidance about the **family nurse**:

A well-trained family health nurse, as recommended by the 1988 Vienna Conference on Nursing, is a key primary health care professional who can make a substantial contribution to health promotion and disease prevention, besides being a care giver. Family health nurses can help individuals and families to cope with illness and chronic disability, or during times of stress, by spending a large part of their time working in patients’ homes and with their families. Such nurses give advice on lifestyle and behavioural risk factors, as well as assisting families with matters concerning health. Through prompt detection, they can ensure that the health problems of families are treated at an early stage. With their
knowledge of public health and social issues and other social agencies, they can identify the effects of socioeconomic factors on a family’s health and refer them to the appropriate agency. They can facilitate the early discharge of people from hospital by providing nursing care at home, and they can act as the lynchpin between the family and the family health physician, substituting for the physician when the identified needs are more relevant to nursing expertise.

Group work focused on the following two aspects:

1. How does the concept of the family nurse differ from existing community nursing roles; and

2. How can we take family nursing forward in the European Region and in our own countries (explore necessary prerequisites such as current policies, funding, education, etc.).

With respect to the concept of the family nurse differing from current nursing roles, the working groups endorsed this ideology as this new nurse combines several existing roles. There are no consistent models which match in full the expected role of the family nurse, however, it can be seen, for example, as that of a new Public Health Nurse. Sporadic examples from across the European Region already articulate aspects of this role.

The groups provided the following suggestions on how the family nursing and community midwifery concepts could be brought forward in the Region:

* support literature on the family nurse
* a strong political will
* supporting legislation
* education of other health professionals and the general public (to avoid resistance and understand the concept)
* articulate the standards and norms as a basis for insurance companies to pay
* the need for post-basic nursing training (especially in health promotion and prevention)
* educate to work in multi-professional way
* Government financing (funding; reallocation of existing funding)
* teamwork and coordination

7. Conclusions and recommendations for a policy statement

A draft Statement, accepting the challenge raised in the HEALTH 21 policy document to the nursing and midwifery constituency, was presented to the Forum members for their consideration (see Annex 7 for draft Statement).

8. Closure of the meeting

In closing the meeting, Ms Fawcett-Henesy informed that the draft statement would be circulated to each Forum member association following the meeting, to allow sufficient time to scrutinise the statement and make any suggestions for change.

The participants were reminded that the 3rd Annual Meeting of the Forum would take place in Budapest, Hungary, on 17 April 1999.

The meeting was closed by Ms Fawcett-Henesy who invited the participants to a reception, immediately following the closure.
ANNEX 1

2nd Annual Meeting of European Forum of National Nursing and Midwifery Associations and WHO

Copenhagen, 20 October 1998

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Estonia

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Dr Jo Asvall, Regional Director

Professor Margaret Alexander, Short-term Professional, Nursing and Midwifery

Ms Ainna Fawcett-Henesy, Regional Adviser, Nursing and Midwifery

Ms Sheila Grimes Schmidt, Programme Assistant, Nursing and Midwifery
2nd Annual Meeting of European Forum of National Nursing and Midwifery Associations and WHO

Copenhagen, 20 October 1998

PROGRAMME

Tuesday, 20 October

08.00–09.00 Registration

09.00–10.00 Opening
  • Election of Chairperson and announcement of Rapporteur
  • Chairperson’s welcome address
  • Adoption of Programme
  • Address from the International Confederation of Midwives
    (Ms Petra Ten Hoope Bender, Secretary General, ICM)
  • Briefing on background, purpose and expected outcome
    (Ms Anna Fawcett-Heney, Regional Adviser, Nursing
    and Midwifery, WHO Regional Office for Europe)

10.00–10.10 Election of Polling Officers, Steering Committee members and
  Forum Officers
  (Ms Carolyn Murphy, Director, Administration and Finance,
  WHO Regional Office for Europe)
  Coffee/tea break

10.10–10.30 Review of membership status and financing
  (Ms Laila Døvoey, President, Norwegian Nurses’ Association)

10.30–11.00 Developments of the Task Forces
  (Ms Anna Fawcett-Heney, Regional Adviser, Nursing
  and Midwifery, WHO Regional Office for Europe)

11.00–11.30 Evaluation Strategy for the work of the Forum
  (Ms Laila Døvoey, President, Norwegian Nurses’ Association)
12.00-12.30  Election of Forum Officers
(Ms Carolyn Murphy, Director, Administration and Finance, WHO Regional Office for Europe)

12.30-12.55  Analysis on WHO Survey of Community Nursing in Europe
(Ms Lesley Whyte, Lecturer/Practitioner in District Nursing, Glasgow Caledonian University)

12.55-13.00  Conclusions and closure of business meeting

13.00-14.00  Lunch

**TECHNICAL DISCUSSION**

14.00-14.05  Chairperson’s address

14.05-15.00  Introduction to HEALTH 21 – the Health For All Policy for the WHO Region – 21st Targets for the 21st Century
(Dr J.E. Asvall, Regional Director, WHO/Europe)

15.00-15.05  Introduction to the concept of “The Family Nurse”
(Amina Fawcett-Henesy, WHO Regional Office for Europe)

15.05-16.15  Models of community nursing and midwifery in Europe
- Estonia
  (Ms Silja Mets, Family Nurse, Dr Pille Oopik, Family Doctor, Family Doctor Centre, Tallin)
- A Model for Midwifery Across Europe
  (Ms Petra Ten Hoope Bender, Secretary General, ICM)
- Sweden
  (Ms Eva Fernvall-Markstedt, President; Ms Kerstin Belfrage; Staff Member – Swedish Association of Health Professionals)
- Hungary
  (Ms Katalin Mucha, President, Hungarian Nursing Association)
- Slovenia
  (Ms Bojana Filej, Board Member, Nurses Association of Slovenia)
- Moldova
  (Ms Elena Stempovscaia, President, Republican Nursing Association of Moldova)
- France
  (Mr Jean-François Negri, Vice-President of ANFIIDE)
- United Kingdom
  (Ms Caroline Hyde-Price, Royal College of Nursing)
16.15-16.30 Coffee/tea

16.30–17.30 Group work to interpret family nursing in the framework of **Health 21 – the Health for All Policy for the WHO European Region**

17.30-18.00 Feedback from group work rapporteurs

18.00-18.30 Conclusions and recommendations for a policy statement

19.00 *Reception (in Conference Lobby area)*
# Status of Membership to the Forum at 16 October 1998

<table>
<thead>
<tr>
<th>Country Assoc.</th>
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* Not yet in membership with ICM
### SUBSIDIARY LEDGER ACCOUNT RECORDS FOR

**EU98/25FT01/014486684/USD/**  

**EUROPEAN FORUM OF NATIONAL NURSING AND MIDWIFERY ASSOCIATIONS AND WHO MEMBERS**  

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**TOTAL AMOUNT RECEIVED FROM MEMBERSHIP FEES INTO FORUM ACCOUNT:** US$13,800  

**AMOUNT USED FROM FORUM MEMBERSHIP FEE ACCOUNT AT 14.10.98:** US$10,572 (see expenditures attached)  

**FUNDS LEFT ON FORUM MEMBERSHIP FEE ACCOUNT AT 14.10.98:** US$3,228
# EXPENDITURES IN RELATION TO ACTIVITIES OF THE EUROPEAN FORUM OF NATIONAL NURSING AND MIDWIFERY ASSOCIATIONS AND WHO
FROM 1 January – 14 October 1998

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</table>

**TOTAL EXPENDITURES FROM WHO ACCOUNTS:** US$17,080

**TOTAL EXPENDITURES FROM FORUM MEMBERSHIP FEE ACCOUNT:** US$10,572

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<table>
<thead>
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<th>WOMEN AND CHILDREN</th>
<th>ELDERLY</th>
<th>CHRONIC DISEASE</th>
<th>SMOKING</th>
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</table>
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Nursing and Midwifery  
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Regional Office for Europe  
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Fax: +353 1 6610466 | Ms Theodora Pappa  
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Fax: +30 1 7790360 |
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Fax: +45 33 152455 | Macia Gika  
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Fax: +45 32 683834 | Ms Grazvilé Serpytiene  
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<th>WOMEN AND CHILDREN</th>
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Summary of presentation on the WHO Survey of Community Nursing in Europe
(by Lesley Whyte, Glasgow Caledonian University)

All countries which responded had a community nursing service although there was considerable differences in the number of nurses employed within primary health care settings (range: 52-96,800). Where very high numbers were reported, it was not clear whether this included unqualified nursing support workers. Community nurses were reported working within a variety of care settings from the more traditional ones of peoples’ own homes, schools, clinics and workplaces to the more creative environments of sports centres, kindergartens and centres for elderly people. Public accessibility to community nursing services across the Region demonstrated a degree of professional autonomy with 77% of countries operating a direct access system to the service.

Models of Practice
The Study also explored the two main models of community nursing, namely specialist and generalist practice. Nineteen countries identified the community nurse as a “generalist” who carried out a range of activities including care of the sick as well as having a health promotion role across a spectrum of ages. The “specialist” nurse was perceived by these countries as mainly having expertise in specific clinical conditions, e.g. diabetes care. Other countries identified the community nurse as a “specialist” who carried out well-defined activities related to specific client groups. Twenty-three different community specialist titles are currently in use across Europe including the public health nurse, district nurse, family nurse, health visitor, patronage nurse and mental health nurse. This range of titles has highlighted the difficulty in attempting to define and achieve a consensus on what we mean by community nursing. The educational preparation of all nurses working in the community also revealed widespread differences with some countries having no programmes of community nursing education and others having courses ranging from certificate to degree level. Approximately 50% of countries were in transition or had just completed reforms of their community nurse education programmes.

Nursing Support Workers
There is little existing literature on the role of the nursing support worker, therefore it was important to obtain some information on this member of the workforce. Twenty countries employed this group of staff, working mainly in conjunction with qualified community nurses. However, the proportion of support workers within the total community nursing workforce ranged from 10-90% suggesting that there are likely to be wide variations in terms of their role and function. The majority of countries had some form of training for these staff.

In conclusion, almost every country within Europe has experienced or is experiencing health care reforms. For many, the community nursing service is in a state of transition. Education is one way in which the community nursing workforce can become more empowered by gaining the necessary knowledge and skills to negotiate their position as a key contributor to community health care.

The preliminary results of this Study have highlighted that there are vast differences in the educational preparation of community nurses as well as inequalities in service provision across the Region. Finally, whilst the nursing support worker is a resource within primary health care, there are no substitutes for a highly skilled qualified community nurse.

Note: Final report of this Study will be made available in mid-1999.
HEALTH 21

The Nursing and Midwifery Contribution

The European Forum of National Nursing and Midwifery Associations and WHO accepts the challenge to play a key role in HEALTH 21. They acknowledge the new focus on the determinants of health and the acknowledgement that poverty and socioeconomic deprivation are major factors contributing to ill health. Together with other stake-holders in health, we are ready to take part in both the process of decision-making and furthering the implementation of actions.
Guiding principles

We endorse the following guiding principles as laid out in the HEALTH 21 Policy document, as being of particular relevance to effective health care:

- Equity
- Health gain and quality of life
- Effective use of human, financial and other resources
- Outcome oriented quality development
- Participatory approach intersectorally, multidisciplinarily and with individuals, families and the community
Specific strategy areas

- The following strategy areas have particular implications for the nursing and midwifery contribution to HEALTH 21:

- **Focus on primary health care**

  * providing holistic care throughout the life cycle
  * needs assessed on population basis
  * specific requirements of vulnerable individuals and groups
  * support to informal care givers
  * support to women and children
  * health promotion and disease prevention, self-reliance
  * multidisciplinary, multisectoral, voluntary agencies and special interest groups.
• Quality development for outcome-oriented care

* client-focused

* based on best available evidence, focused on long-term cost-effectiveness.

* comparable data on outcomes for continuous quality development

* accountability
• **Adequate and competent care through appropriate education**

  * Adequate resources to enable training and education programmes which are responsive to population needs and are competency based.

  * Adequate supply of professionals

• **Appropriate resources**

  * adequate and appropriate resources, a much larger proportion of which are to be community-based

  * efficiency, effectiveness linked with health gain and quality of life
• **Protecting values (Health Care decision-makers)**

  * equitable distribution of resources
  * equitable access to health services
  * necessary legislative and regulatory framework

• **Nursing and Midwifery responsibility in addressing HEALTH 21**

  * Articulate and implement the concept of the “Family Nurse and family midwife”
  * Appropriate education, training, experience and professional position to exercise it
  * Adequate supply of nurses and midwives
* quality practice based on evidence

* autonomy; accountability

* work with multidisciplinary and intersectoral approach
The Forum, through its national nursing and midwifery associations, will work together with respective governments, third party payers, doctors and other health professionals to ensure that the HEALTH 21 Policy and in particular, the concept of the Family Nurse and Family Midwife becomes a reality.