

# Regional Meeting to Accelerate Progress Toward UHC and SDG Goals Through Nursing and Midwifery Strategy and Leadership



**Bali, Indonesia | 10 – 12 December 2024**

## Meeting Report



**Note:** This report contains the collective views of the participants of the regional meeting to accelerate progress toward UHC and SDG goals through Nursing and Midwifery strategy and leadership, and does not necessarily represent the decisions or the stated policy of the World Health Organization

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## Executive Summary

A robust health workforce is vital for delivering high-quality health services and achieving global health targets. Currently, over half of the health workforce in the South-East Asia region consists of nurses and midwives. Despite their crucial role, there is a significant global shortage of health professionals: 4.5 million nurses and 900,000 midwives are needed worldwide. Specifically, in South-East Asia, there was a shortage of 1.96 million nurses and 16,000 midwives as of 2021. This deficit threatens the quality of health services and hinders progress toward universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

This meeting was constructed on the momentum from the Global Partners Meeting and the Government Chief Nursing and Midwifery Officers (GCNMO) meeting held in Geneva in May 2024. It aimed to enhance health system delivery and workforce quality through strategic discussions and sharing of national, regional, and global initiatives. The year 2024 marked the final year of the Regional Strategic Directions for Strengthening Midwifery in South-East Asia (2020-2024).

Key discussions included the region's work on documenting transitions to midwifery models of care and identifying progress, challenges and opportunities, debating on priorities for the next regional strategy, sharing of resources such as the Regional Midwifery Leadership Programme, discussion of the upcoming State of the World's Nursing (SoWN) 2025 report and what areas to call for policy dialogues, progress made in the Global Strategic Directions of Nursing and Midwifery and discussion of policy priorities in the region to strengthen nursing and midwifery strategy and leadership to accelerate progress toward UHC and SDG goals.

## Introduction

In the context of health services, achieving universal health coverage (UHC) and the health sustainable development goals (SDG), a robust health workforce is indispensable. Currently, more than half of the health workers in our region are nurses and midwives. However, there is a significant shortage: globally we have a shortage of 4.5 million nurses and 900,000 midwives, and in the South-East Asia region, we were short of 1.96 million nurses and 16,000 midwives in the year 2021. This scarcity poses a risk to the quality of health services delivered and hampers achieving the SDG health targets, especially on reducing maternal mortality, ending preventable deaths under 5 years of age, ensuring universal access to sexual and reproductive care, fighting infectious diseases, reducing mortality from noncommunicable diseases, and promoting mental health. Midwives are indispensable for providing sexual and reproductive health to women and nurses for all patients including preventive, curative, restorative and palliative services.

Midwives are essential for sexual and reproductive health services, while nurses are critical for providing a range of patient care services, including preventive, curative, restorative, and palliative care. To address these challenges, we must focus on ethical recruitment, development, quality training, and retention of the nursing and midwifery workforce.

This meeting builds on the momentum from the Global Partners Meeting and the Government Chief Nursing and Midwifery Officers (GCNMO) meeting held in Geneva, Switzerland, in May

2024. It aims to enhance health system delivery and workforce quality through strategic discussions and sharing of national, regional, and global initiatives.

The Seventy-fourth World Health Assembly adopted the Global Strategic Directions for Nursing and Midwifery. This resolution outlines evidence-based practices and policy priorities to help countries maximize the contributions of nurses and midwives towards achieving universal health coverage (UHC) and other health goals.

In terms of Midwifery specific discussions, the year 2024 marked the final year of the Regional Strategic Directions for Strengthening Midwifery in South-East Asia (2020-2024) and findings from the rapid assessment of the expiring regional strategy was shared. Furthermore, a discussion was needed with the Member States on the relevance and whether another strategy for the Region was needed.

Another important agenda in the regional meeting was the STAGE recommendation on midwifery models of care to strengthen quality of reproductive, maternal and neonatal health service and the region's work on documenting the transition to midwifery models of care were shared. Moreover, the SEARO Regional Midwifery Leadership Programme which was requested from Government Chief Nursing and Midwifery Officers and built from India's Midwifery Leadership Programme was shared in the meeting in the form of participatory activity.

In terms of Nursing specifically, the State of the World's Nursing (SoWN) 2025 report planned to be released in April 2025 will provide valuable data and evidence-based policy options. It will provide guidance to discussions to hold during policy dialogues to progress toward Universal Health Coverage (UHC) and support investments in nursing and midwifery workforces for strengthened Primary Health Care (PHC). During the proposed meeting, a session will be held dedicated to sharing the layout and headings to expect in the report. Discussions will be held on how countries can prepare for the upcoming SoWN 2025 report release and how to utilize the country profiles for national policy dialogues.

### Meeting Objectives

The main objective of the meeting was to support the acceleration on progress toward universal health coverage and the sustainable development goals through strengthening country nursing and midwifery leadership by sharing and strategizing utilizing national, regional and global initiatives.

#### Specific Objectives:

- To share the findings of the rapid assessment on implementation of the Regional Midwifery Strategy 2020-2024 and the progress on Global Strategic Directions for Nursing and Midwifery 2021-2025
- To share and deliberate on the draft of Regional Midwifery Strategy for 2025-2030 period to further refine for an agreed regional strategy
- To share the Regional Midwifery Leadership Programme with respective Government Chief Nursing and Midwifery Officers
- To conduct a site visit to a PHC site to see how multidisciplinary teams deliver health services at the community level

- To share the release of the State of the World’s Nursing 2025 report and how to interpret specific findings

## Meeting Proceedings

The meeting consisted of seven sessions including Midwifery in the region, Midwifery strategy, site visits, learnings, the State of the World’s Nursing, the strategic directions for nursing and midwifery and key priorities for the region. A total of 41 participants from ten countries of the South-East Asia region (SEAR) attended the meeting, along with observers from the Ministry of Health Indonesia and thirteen students from Poltekkes Kemenkes from across Indonesia. Participants included Government Chief Nursing and Midwifery Officers or equivalent officials responsible for nursing or midwifery workforce policies in Member States, WHO Collaborating Centres (CCs) on nursing and midwifery from the region, expert on nursing and midwifery from the Region, UN organizations and focal points for nursing and midwifery from SEAR country offices, WHO Regional Office for the Western Pacific and headquarters. Resource persons and staff members from the WHO South-East Asia Regional Office provided secretarial support. A list of participants is available in Annex 1 and the meeting programme in Annex 2.

### Opening session

The meeting officially opened on the morning of the 10<sup>th</sup> December with traditional cultural dances performed by students from Polytechnic Institutes from different provinces in Indonesia. Welcome remarks from the Regional Director, Ms Saima Wazed, and Director FGL ai Dr Anoma Jayathilaka were read by Technical Officer – Nursing and Midwifery, Ms Ai Tanimizu, followed by opening remarks by the WHO Chief Nurse Officer, Dr Amelia Latu Afuhaamango Tuipulotu, who delivered her speech virtually and underscored the priceless value of caring in the nursing and midwifery professions and called for strategic actions based on regional assessments and collaboration to strengthen the workforce and improve health outcomes.



The Director – Health Workforce Provision from the Ministry of Health Indonesia, Dr Oos Fatimah Rosyati provided a keynote opening welcoming participants to Bali, Indonesia and highlighting the importance of this meeting to leave no one behind and the key achievements in Indonesia through partnership with NGOs, private sector, and other public sectors. Dr Oos shared the transformation plans for the Ministry of Health and expressed her sincere appreciation for the commitment and dedication from the nursing and midwifery workforce for ensuring health service provision.



Dr Prakin Suchaxaya, a retired WHO staff and expert on Nursing and Midwifery in the Region, delivered a keynote presentation on how we can achieve UHC and SDG goals through nursing and midwifery strategy and leadership. She emphasized that globally only 17% of SDG targets are on track and that more than half of the world's population is not covered by essential health services. The SEAR region is also not going to meet the SDG targets at this rate, in which COVID-19 had an impact on reversing some of the progress countries had made prior to year 2020. The importance of collaboration and partnership among key stakeholders with the GCNMOs was highlighted as key to strengthening nursing and midwifery agenda.

### Session 1 – Midwifery in the Region

The technical sessions started with the topic on Midwifery in the Region, chaired by Sri Lanka. The first technical presentation had a focus on health trends and challenges in maternal and newborn health in the SEAR by Dr Rajesh Khanna. Dr Khanna emphasized that we only have six years remaining until the 2030 agenda, and while SEAR achieved the highest mortality reduction in maternal mortality rate, under-5 mortality rate and newborn mortality rate, countries still need to increase efforts to achieve the SDG targets. Dr Ulrika Rehnstrom Loi representing HQ MCA followed and shared the global initiatives on midwifery and the recent publication on the global position paper for midwifery models of care along with other WHO guidance documents. Then, a panel discussion was led by Leontien Becker from the WHO country office for Nepal on the findings of mapping progress on midwifery models of care by Indonesia, Nepal and Bangladesh.

- Dr Most Shahinoor Begum, Principal of College of Nursing, Sher E Bangla Nagar, and Director of Education and Discipline for the Directorate General of Nursing and Midwifery, Dhaka, Government of Bangladesh, shared key milestones achieved in midwifery education and increase of posts for midwives.
- Ms Hira Kumari Niraula, Director of Nursing and Social Security Division, Department of Health Services, Ministry of Health and Population, Nepal, shared how the Ministry developed several supporting strategies and policies that recommended midwives and skilled birth attendants for service delivery in reproductive, maternal, neonatal, child and adolescent health care, and even predicted the number of midwives that are needed in the

coming years. However, challenges remain as there are currently no posts for midwives in the government system and a high priority was creation of posts and deployment of midwives.

- Ms Bintang Petralina from the Midwifery Council of Indonesia shared initiatives that took place in Indonesia to include women, families and communities' voices in provision of midwifery services.



For facilitated group discussions, all participants were divided into four breakout groups of (the Midwife; health systems and midwifery service delivery; enabling governance, policy, regulation landscape; women, families and communities) and were tasked to discuss the progress, challenges and opportunities for each of the topics from the mapping assignment. Student volunteers helped each of the session leaders to document the discussion. At the end of the discussions, student volunteers read out the summary. Some reflections from each group are as follows:

#### *The Midwife:*

Progress including building public engagement and advocacy, preparing educational institutions, strengthening regulation and professional associations, gathering data and evidence on midwifery, clear role identification of a midwife, and implementing competency exams for midwives

Challenges include having no midwifery leadership and no focal point at the Ministry of Health, no policy in place for education, lack of career pathways, lack of implementation research, lack of monitoring and evaluation of midwifery programmes

Opportunities included strengthening faculty standards and curriculum, gathering more data and evidence on midwifery

#### *The health systems and midwifery service delivery:*

Progress included integrating technology to assist midwives such as artificial intelligence, high antenatal coverage of 90-95% in Timor Leste and midwives able to provide autonomous care and postnatal services with collaboration with specialist when needed for high risk cases, midwives able to provide family planning services such as IUD insertion

Challenges included having dual practice of nursing and midwifery, shortage of nurses and midwives resulting in difficulty with quality service

Opportunities included changing paradigm of care to person centered care

*Enabling governance, policy, and regulation landscape:*

Progress included development of strategic directions of midwifery in countries such as Bangladesh

Challenges included the unstable political condition, long working hours causing fatigue and burnout, need creation of posts for licensed midwives

Opportunities included strengthening collaboration and networking and getting more support from national government

*Women, families and communities:*

Progress

1. Allowing husbands to participate. In some countries like Timor Leste and Indonesia, cultural norms are shifting to encourage more men's involvement during childbirth. This can include providing emotional support during labour and engaging fathers in prenatal education. This approach strengthens family involvement and better maternal outcomes.
2. Mother support groups: In Timor-Leste, community-based 'mother support groups' engage local women and families to support mothers during pregnancy and delivery, These groups educate mothers, encourage breastfeeding and address social determinants of maternal health and increases community participation.
3. Regulation of midwives: many countries are refining their administrative framework to ensure gender equality and better-defined roles for midwives.

Challenges

1. Access to institutions: women face barriers in reaching health facilities, especially in rural and isolated areas.
2. Monitoring and evaluation: limited resources for tracking and evaluating midwifery practice.
3. Exclusive breastfeeding challenges: promoting exclusive breastfeeding for six months have been challenging for countries due to lack of awareness, cultural barriers and insufficient maternity leave policies.

Opportunities:

1. Education and social media: social media is a powerful tool for disseminating health education. Campaigns can reach wide audiences, raising awareness about maternal health and midwifery
2. Evidence-based advocacy: using research and evidence to influence policy-makers can lead to better understanding and maternal health outcomes
3. Preventing delivery complications: investing in skilled midwifery can help address complications during childbirth, reducing maternal and infant mortality rates

4. Bridging professional gaps: collaborative training programmes can reduce gaps between midwifery and other professions



### Session 2 – Midwifery Strategy

The second technical session was on midwifery strategy and chaired by Thailand. Dr Catherine Breen Kamkong from the UNFPA APRO shared UNFPA activities in the Asia Pacific region on strengthening midwifery. Activities included the following:

- Faculty development: a virtual TOT programme trained 50 trainers from 12 countries, focusing on needs-based development and localized curriculum implementation.
- Strengthening midwifery regulation” an online course for midwifery regulators is launching in 2025 to address gaps in education quality and regulation
- In-service training for midwives: specialized modules addressing adolescent care, disabilities, respectful maternal care, and obstetric violence are available.
- Asia-Pacific regional report on midwifery: data was collected from 22 countries to assess workforce changes since the last State of the World’s Midwifery 2021. The report will come out in 2025.
- Advocacy and collaboration: UNFPA promoted country-level strategy implementation through establishing new and sustaining ongoing partnerships.

TO-NUR shared the findings from the rapid assessment of the regional strategic directions for strengthening midwifery 2020-2024 and the work on midwifery models of care. TO-NUR’s presentation included the following points:

- With the Decade of Health Workforce Strengthening in the SEAR, the region experienced a 69.3% rise in average health workforce density over the last decade in 2015-2024, with investment in production of health workers. The Region also utilizes other key PHC workers that are closest to the communities
- The Regional Strategic Directions for Strengthening Midwifery in South-East Asia Region 2020-2024 was initiated with the goal to create a world in which every woman, child and adolescent in every setting realizes their right to physical and mental health and well-being,

with the focus areas of governance and regulation; education and training; workforce planning and management; practice and service delivery; and research and evidence.

- Educating midwifery workforce does not automatically equate in increase in RMNCAH service coverage. Midwives need an enabling environment which includes the physical space they work in, supplies, culture of collaboration and supportive management as well as enabling policies
- Key informant interviews provided the situation and challenges of implementing and strengthening midwifery.
- For the years 2025-2030, a focus on strengthening the areas of education, leadership, service delivery within the health systems context, enabling governance, policy and regulation landscape, women, families and communities with cross-cutting themes of monitoring, evaluation and research and innovation and technology are needed.

Participants were able to discuss whether the draft strategy proposed for 2025-2030 reflected their country priorities. The draft strategy was sent to all participants a week before the meeting to enable time to review and reflect. Group discussion was based on the following questions:

Q1: What are some points/areas you want included in the next regional strategy?

Q2: Does the strategic direction accurately describe what should be the goal in this area for the five-year period for the Region and for your country?

Q3: Are the strategic directions appropriate and realistic in your country?

The responses from the group work were as follows:

Group 1:

- o Include a support system for students with varying educational outcomes.
- o Clarify the scope of midwifery research.
- o Emphasize the importance of continued midwifery education.
- o Highlight enabling work environments, high-quality care, and health facility management in training.
- o Ensure training prepares midwives for leadership and facility management.
- o Address adequate pay for midwives to ensure workforce retention.

Group 2:

- o Incorporate modern teaching methods, like simulation-based learning.
- o Focus on capacity-building programs for midwifery faculty.
- o Add feedback mechanisms to involve women in service improvement.
- o Encourage women's participation in hospital development committees.

- Rename nursing councils to "Nursing and Midwifery Councils" as a practical step.
- Include a code of practice for ethical midwife migration.

### Group 3

- Emphasize the role of community-based midwives in primary healthcare (PHC) and universal health coverage (UHC).
- Engage the private sector in midwifery service delivery. / Regularize midwifery engagement in the private sector.
- Promote midwifery contributions to gender equality.
- Highlight midwives' contributions to gender equality with supporting evidence.
- Strengthen government support for midwifery leadership and governance.
- Promote midwives' dignity through higher education opportunities.



### Session 3: Site Visit

In the morning of 11<sup>th</sup> December, all participants headed to Poltekkes Kemenkes Denpasar (Health Polytechnic Denpasar) where they were greeted by the Poltekkes faculty and students. A nursing performance on infection prevention control, effective communication for a complication with vaginal delivery took place by midwifery and nursing students of Poltekkes Kemenkes Denpasar. A keynote speech from the Director of Health Workforce Provision, Ministry of Health, Indonesia, Dr Oos, was delivered. All participants were invited to attend a launching ceremony of the Poltekkes Roadmap for Nursing International Class that was supported by WHO Indonesia. A presentation by the Director, Poltekkes Denpasar, Dr Sri Rahayu, followed where she shared nursing and midwifery education and participants were able to learn in detail about programmes being offered at Poltekkes and the curriculum offered.

Participants then toured the campus including the laboratory, mini-hospital, language centre, library, midwifery booth in the maternity laboratory room and the international classroom set-up. For the second part of the site visit, which was to the primary health care centres, the group was split to two to not overcrowd the Puskesmas centres. At the Puskesmas Denpasar Selatan IV and Puskesmas Denpasar Selatan I, participants were able to see how nurses and midwives work autonomously and as a collaborative team. Participants voiced their appreciation and observations from the site visit, often comparing Indonesian system to theirs.





#### Session 4: Learnings

This part of the meeting was focused on learnings and was chaired by Bhutan. The group heard from Nursing Officer of WHO Western Pacific Regional Office, Dr Midori Anami Akimoto on the Western Pacific region's current health challenges on rapidly ageing society and the burden of noncommunicable diseases, the current state and challenges for nursing in the Western Pacific and their strategic frameworks and future directions initiatives for nursing and midwifery.



Then, TO-NUR and Ms Leontien Becker from WHO country office for Nepal delivered a session on the WHO SEARO Midwifery Leadership Programme, and information was shared on why the Midwifery Leadership Programme is needed in the Region, what type of leadership it aims to

strengthen and who the target audience is. Participants were split into groups of four to five and had an opportunity to work on an elevator pitch and advocate for strengthening midwifery by speaking with the Minister of Health of their country. The elevator pitches were role played in front of the group to learn from each case that was presented. For example, one group requested advocacy from the Health Minister to support for more deployment of midwives to rural areas and to increase funding to support Maternal and Child health programmes. Participants voiced how efficient the session was and that all nurses and midwives in different stages of their career would benefit from participating and actively involving themselves in such activity. WHO resources on building competencies of health workers were compiled from HQ and SEARO and participants were informed that all information are included in the USB key that they will receive at the end of the meeting.



#### Session 5: The State of the World's Nursing.

Session 5, co-chaired by Bangladesh and Indonesia, took place on the morning of 12 December 2024 and focused on the State of the World's Nursing. Carey McCarthy from HQ HWF team presented on the global agenda for the nursing and midwifery workforces and presented on the next national policy dialogue opportunity with the State of the World's 2025 report release in April 2025 and the global governance on the Global Strategic Directions for Nursing and Midwifery during the next World Health Assembly.

Dr Prakin Suchaxaya then facilitated a panel discussion on learnings from the State of the World's Nursing 2020 and how countries were able to utilize findings from the report to conduct policy dialogues.

- Bhutan shared their experience on developing their national strategic directions for nursing and midwifery and how the strategic directions have five goals, related with the global nursing and midwifery strategy and how it contributes to the Gross National Happiness and other national and global goals.
- Maldives shared their experience on creation of the Government Chief Nursing Officer role and a Government Chief Midwifery Officer role and how the council and national professional association urged the Ministry of Health to create the two posts during the job matrix of nursing posts was in process.

Then, each country delegation had an opportunity to discuss how they can prepare for the release of the next State of the World's 2025 report and what topics they want to focus on from each of the policy priority areas of education, service delivery, leadership and jobs. Like the previous breakout sessions, student volunteers helped to document the discussions to the flip chart and groups shared what was discussed.

### *Education*

Progress include establishing a nursing and midwifery act, having an accreditation system developed and a committee established, having a Master's curriculum for nursing in Bangladesh; receiving support from international organizations to support interprofessional education in the Maldives and having a strong accreditation system; CPD system established in Myanmar

### *Jobs*

Challenges include having shortage of nurses in many countries in SEAR, not having a good basic salary, low salary in private sect, nurse migration, needing more public health nurses but having not much capacity at the university to produce enough; needing to safeguard nurses and midwives from violence as there is a rise for GBV and need to prevent and respond to such events

### *Leadership*

Some countries have a professional association representing nurses. Some countries already have or gained the position of Government Chief Nursing and Midwifery Officer at the Ministry level and at the provincial/district level in some countries, but the positions need to play a greater role

### *Service Delivery*

Challenges included not having advanced practice roles.



## Session 6: the Global Strategic Directions for Nursing and Midwifery

Session 6, chaired by Nepal, took place in the afternoon and the conversation was focused on the Strategic Directions for Nursing and Midwifery. Dean Ameporn from Mahidol University Faculty

of Nursing which is a WHO CC co-chair for the Global WHO CCs for Nursing and Midwifery shared WHO CC contributions to the global SDNM. Then a panel discussion was held to hear from countries on their national progress of SDNM including the following:

- Thailand talked about how they increased leadership positions for nurse-midwives throughout the country;
- Indonesia Health Professional Council spoke about the country's regulatory reform and how health professionals are regulated under the Ministry of Health including nursing and midwifery;
- Sri Lanka spoke about the roles of public health midwife posts and their scopes of practice and the SWOT analysis.
- curriculum revision that took place for midwifery in Timor Leste.

The Q&A that followed the panel discussions was an opportunity to clarify and ask further questions on each topics.

### Session 7: Key priorities for the Region

The meeting ended with session 7 on key priorities for the Region. We discussed what roles GCNMOs had in SEAR using the model that was shared by EURO office. Countries were able to respond if their country's GCNMO role could fit into either categories:

- the focal-point model
- dispersal model
- programme model
- advisory model
- executive model

Upon responses from each country representatives, it was deemed that the models did not particularly fit well into the GCNMO models in the Region, as most GCNMOs fit into more than one model.

Key priorities for the region, as summarized from the discussions during the three-day meeting, was discussed and the meeting concluded with a vote of thanks by SEARO TO-NUR.

Key priorities for the Region agreed amongst the participants are as follows:

**Leadership:** Establish and strengthen the GCNMO roles

- Develop leadership skills and capacities for nurses and midwives to conduct and interpret research, lead policy dialogues on workforce planning, sustainable resource and financial availability, engaging the private sector, articulate the impact of nurses and midwives to meet national health goals, UHC and SDGs beyond the health goals

**Education:** strengthening and increase investment in educational institutions and faculty development

- Improve quality of education and CPD systems by involving private and public sectors (establish and strengthen regulator)

**Service delivery:** Advocate and implement midwifery models of care to further reduce maternal and newborn mortality and improve quality of care for women and newborns

- Advocate and implement global/regional standards to improve nursing capacity
- Identify and clarify scopes of practice and competencies required for health professions

**Jobs:** Develop nursing and midwifery workforce planning and management

- Conducting analysis on retention policies and develop adequate bundles of policies for retaining the nursing and midwifery workforce
- Strong policy, legal and regulatory frameworks needed for nursing and midwifery contribution to health sector and beyond
- Engage in cross country learnings by sharing country case studies

## Conclusion

Throughout the regional meeting, nominated delegates from Member States shared their country progresses and shared their situation and challenges with other participants as evident in the unanimous strong agreement that participants had the opportunity to exchange information and ideas. The majority of participants strongly agreed (or agreed) that the meeting's objectives were accomplished, the agenda was relevant to achieving the objects and that the outcomes addressed the needs of their respective countries. The working papers were considered substantive by most participants and WHO staff's technical support received overwhelmingly positive feedback. A high percentage of respondents of the meeting evaluation expressed confidence in integrating the outcomes into their national work plans. The practical applicability of the meeting's outcomes indicates its direct relevance to participants' roles and responsibilities in their respective countries. A more detailed meeting evaluation is included as Annex 3.

Participants particularly voiced how beneficial the site visits to educational and practice sites were and how they appreciated learning from Indonesia. Some participants discussed how they would like to send other officials from their country to Indonesia. While sharing one activity from the Midwifery Leadership Programme, participants were challenged to articulate their requests and rationale for certain requests to senior officials at the Ministry of Health and unanimously agreed that this was a skill that all nursing and midwifery leaders need to possess.

Participants agreed on the policy priorities for the region to strengthen nursing and midwifery as written in the previous section. Recommendations to Member States and WHO were also discussed and are as detailed below.

Recommendations to Member States:

- Establish and strengthen GCNMO roles and leadership skills with supportive systems to strengthen the position in policy development
- Establish licensure system, update and ensure regulatory framework for
- Invest in educational institutions and strengthen faculty and educators
- Identify scopes of practice of health professions to meet health needs and advocate for new models of care
- Create posts, ensure deployment, and enhance retention by conducting situational analysis and bundles of appropriate policies
- Share case studies and engage in cross-country learning activities

Recommendations to WHO include:

- Facilitate periodic regional forums for GCNMOs
- Refine and finalize the regional midwifery strategy 2025-2030 and include nursing
- Publish and share the Midwifery Leadership Programme
- Share various models of care from other countries (ie midwifery models of care and roles of advanced practice nursing)
- Continue facilitating cross-country learning opportunities and sharing case studies
- Establish a WHO CC for strengthening midwifery in the Region as the current WHO CCs focus more on nursing
- With the support of WHO CCs, generate research and evidence on impact of nursing and midwifery to UHC and SDG goals

Participants expressed a strong need for support and advocacy for nursing and midwifery leadership from WHO, WHO CCs, other UN organizations, donors and partners.

## Annex 1 List of Participants, Experts, Observers

### Ministry of Health Officials

#### Bangladesh

1. Dr Mosammat Shahinoor Begum, Director (Education and Discipline)  
Directorate General of Nursing and Midwifery, Dhaka

#### Bhutan

2. Ms Chhimi Lhamo, Specialist Head III  
Department of Nursing, Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), Thimphu
3. Mr Phuntsho Norbu, Specialist Head III  
Mongar Regional Referral Hospital, Mongar

#### Indonesia

4. Dr Yuli Farianti, Acting DG of Health Workforce  
Ministry of Health
5. Dr Pramita Iriana, Chairman of AIPVIKI (Indonesia Association on Vocational Education)
6. Dr Oos Fatimah Rosyati, Director of Health Workforce Provision  
Ministry of Health
7. Dr Sri Wahyuni, Deputy Director for Health Workforce Provision  
Ministry of Health
8. Mr Luffhans Arstipendy Head of Working Group of International  
Relations and Public Relations, DG HRH, Ministry of Health
9. Mr Bonanza Perwira Taihitu, Center for Global Health Policy and Health Technology  
Ministry of Health
10. Mr Jeffri Ardiyanto, Chairman of APKESI (Indonesia MOH Polytechnic Association)
11. Dr Sri Rahayu, Director of Health Polytechnic Denpasar  
Ministry of Health
12. Dr Megawati Santoso, Chairperson of the Indonesian Health Council
13. Dr Bintang Petralina, Member of Midwifery Council

## Maldives

14. Ms Gulisthan Easa, General Nurse, Non-Clinical, Quality Assurance & Regulations Division  
Ministry of Health, Malé
15. Ms Aishath Vishama, Director  
Human Resource Division / Foreign Recruitment Section, Ministry of Health, Malé

## Nepal

16. Ms Hira Kumari Niraula, Director  
Nursing and Social Security Division Department of Health Services, Ministry of Health and Population  
Kathmandu
17. Ms Suna Laxmi Karmacharya, Senior Community Nursing Officer  
Ministry of Health and Population, Kathmandu

## Sri Lanka

18. Dr Manatungage Bhashinie U D Sooriyaarachchi, Consultant Community Physician  
Education, Training and Research Unit, Ministry of Health, Colombo
19. Ms Malawipathirannahalage Anoma, Senior Public Health Midwife  
Office of Medical Officer of Health, Battaramulla

## Thailand

20. Ms Uraiporn Janta-Um-Mou, Nursing Technical Officer  
Senior Professional Level, Division of Nursing, Office of the Permanent Secretary, Ministry of Public  
Health
21. Ms Khwannapha Khwansatapornkoon, Nursing Technical Officer  
Senior Professional Level, Division of Nursing, Office of the Permanent Secretary  
Ministry of Public Health

## Timor-Leste

22. Ms Emilia Ayati de Sousa, Chief of Health Centre  
Comoro
23. Prof Jose Dionisio Ximenes, President of Timor-Leste Nurse Association (AETL)  
Dili

## WHO Collaborating Centre

24. Professor Ameporn Ratinthorn, Dean of Faculty of Nursing  
Mahidol University, Thailand
25. Professor Dr Supapak Phetrasuwan, Program Chair, Master of Nursing Science Program (International Program) Faculty of Nursing, Mahidol University, Bangkok, Thailand
26. Professor Dr Thitipong Tankumpuan, Associate Dean for Research  
Faculty of Nursing, Mahidol University, Bangkok, Thailand

## UNFPA

27. Dr Catherine Breen Kamkong (*Virtual*), Technical Adviser for Sexual and Reproductive Health and Rights and Maternal Health, UNFPA-APRO, Bangkok, Thailand
28. Ms Joy Kemp, International Midwifery Specialist  
UNFPA Bangladesh

## Expert

29. Dr Prakin Suchaxaya, Former Regional Adviser, Nursing & Midwifery (WHO SEAR)

## WCO Focal points

### Bangladesh

30. Ms Minhyung Hwang, Technical Officer for Nursing and Midwifery

### India

31. Dr Priyanka Singh, National Professional Officer (Maternal Health and Midwifery)

### Indonesia

32. Ms Zakiyah, National Professional Officer (Health Workforce)

### Myanmar

33. Dr Shwe Sin Yu, National Professional Officer (Reproductive, Maternal, Newborn, Child & Adolescent Health)

### Nepal

34. Ms Leontien Becker, Technical Officer (Midwifery)

### Timor-Leste

35. Mr Jermias Da Cruz, National Professional Officer (Reproductive, Maternal, Newborn Child & Adolescent Health)

## Western Pacific Regional Office

36. Dr Midori Anami Akimoto, Nursing Officer

## WHO-HQ

37. Dr Carey McCarthy, Technical Officer (Health, Workforce Policies and Standards)

38. Dr Ulrika Rehnström Loi, Technical Officer (Midwifery)

## WHO-SEARO

39. Dr Rajesh Khanna (*Virtual*), Medical Officer (Newborn Child & Adolescent Health)

40. Ms Ai Tanimizu, Technical Officer (Nursing and Midwifery)

41. Mr Amit Sood, Team Assistant, Department of UHC/ Family Health (FGL)



<b>Session 2: Midwifery Strategy</b>		
14:00 – 14:10	UNFPA activities to strengthen midwifery in the Asia Pacific	UNFPA APRO Catherine Breen-Kamkong
14:10 – 14:25	Decade of Health Workforce Strengthening, Regional Strategic Directions to Strengthening Midwifery and Midwifery Models of Care	SEARO FGL Ai Tanimizu
14:25 – 15:30	Deliberation on the draft Regional Strategic Directions to Strengthening Midwifery Models of Care in South-East Asia 2025-2030	Facilitated by Chair Supported by Ai Tanimizu
15:30 – 15:50	<i>Coffee/Tea Break</i>	
<b>WHO internal meeting</b>		
15:50 – 16:30	HQ, RO, WCO colleagues meeting	

## Day 2: Wednesday, 11 December 2024

### Session 3: Site Visit

07:15	Registration for the site visit	
07:30	Buses leave Aryaduta Bali Hotel to Health Polytechnic Denpasar	
08:00 – 10:00	<p><b>Site visit to Health Polytechnic Denpasar (Education site) – Everyone</b></p> <ul style="list-style-type: none"> <li>• Nursing Performance by Poltekkes Denpasar team</li> <li>• Keynote speech from Director of Health Workforce Provision, Ministry of Health, Indonesia</li> <li>• Invitation from MOH: Ceremony. Launch of Poltekkes Roadmap for Nursing International Class</li> <li>• Presentation by Director, Poltekkes Denpasar</li> <li>• Visit Nursing department at Poltekkes Denpasar (Faculty and students from Midwifery department will present and set up booths at the Nursing department)</li> </ul> <p>International class, laboratory, mini-hospital, language centre, library, midwifery booth set up in maternity laboratory room</p>	
10:00	<p>Group will split into two.</p> <p>Bus leaves Poltekkes Kemenkes Denpasar to Primary health care centres (Puskesmas Denpasar Selatan IV &amp; Puskesmas Denpasar Selatan I)</p>	
10:30 – 12:00	Site visits at Puskesmas Denpasar Selatan IV & Puskesmas Denpasar Selatan I (Primary Health Care centres)	
12:30 – 13:45	<i>Lunch at Aryaduta Bali Hotel</i>	
<p><b>Chair: Bhutan                      Rapporteur: WCO-TLS</b></p>		
<b>Session 4: Learnings</b>		
13:45 – 14:00	Reflections and recap from Day 1 and site visit	
14:00 – 14:10	Learning from another WHO Region WHO Western Pacific initiatives for nursing and midwifery	WHO WPRO Midori Anami Akimoto
14:10 – 15:00	Interactive experience of the WHO SEARO Midwifery Leadership Programme	Ai & Leontien Becker
15:00 – 15:20	Sharing of WHO resources on building competencies of health workers	WHO
15:20 – 16:00	Wrap-up of Day 2 and Coffee/Tea	

### Day 3: Thursday, 12 December 2024

Co-Chairs: Bangladesh and Indonesia

Rapporteur: WCO-IND

#### Session 5: The State of the World's Nursing

09:00 – 09:15	Reflections and recap from Day 2	
09:15 – 09:30	State of the World's Nursing Report 2025 and the Global Strategic Directions for Nursing & Midwifery 2021-2025	HQ HWF Carey McCarthy
09:30 – 10:00	<b>Panel discussion on learnings from State of the World's Nursing 2020 policy dialogues</b> <ul style="list-style-type: none"> <li>• Bhutan</li> <li>• Maldives</li> </ul>	Dr Prakin Suchaxaya
10:00 – 10:20	Healthy break	
10:20 – 11:30	<b>Preparing for State of the World's Nursing policy dialogue</b> <ul style="list-style-type: none"> <li>• Education</li> <li>• Service delivery</li> <li>• Leadership</li> <li>• Jobs</li> </ul>	Breakout sessions  Facilitated by: Drs Ameporn, Supapak, Thitipong, Midori
11:30 – 12:00	Sharing learnings (5 min for each group) And general discussion on SOWN	Presentations from breakout sessions
12:00 – 13:00	Lunch	

Chair: Nepal

Rapporteur: WCO-MMR

#### Session 6: The Strategic Directions for Nursing and Midwifery

13:00 – 13:10	WHO Collaborating Centres WHO CC contributions to the Global SDNM	WHO CC Co-Chair Mahidol University
13:10 – 14:20	Regional progress on the Global Strategic Directions for Nursing and Midwifery 2021-2025 <ul style="list-style-type: none"> <li>• Thailand (leadership)</li> <li>• Indonesia (regulation)</li> <li>• Sri Lanka (service delivery)</li> <li>• Timor-Leste (education)</li> </ul>	Panel discussions Facilitated by Mahidol University
	Q&A and Discussions	Facilitated by Chair

### **Day 3: Thursday, 12 December 2024**

14:20 – 14:40	<i>Healthy break</i>	
<b>Session 7: Key priorities for the Region</b>		
14:40 – 15:00	Roles of GCNMOs in SEAR	Carey/Ai
15:00 – 16:00	Discussion Key priorities for the Region to Accelerate Progress to UHC and SDG goals and future collaborations	Facilitated discussions
16:00 – 16:30	Vote of thanks and next steps	SEARO FGL

## Annex 3 Evaluation of the meeting

19 out of the 41 participants submitted their comments.

The evaluation data from the Bali meeting includes participant feedback on multiple aspects of the meeting's objectives, agenda, outcomes, and logistics. Below is a summary of the key findings:

### **Quantitative Feedback:**

1. **Meeting Objectives:**
  - Majority of respondents strongly agreed that the meeting achieved its objectives.
2. **Relevance of Agenda and Outcomes:**
  - Most participants found the agenda and outcomes relevant to their countries' needs.
3. **Technical and Logistical Support:**
  - WHO staff technical support received high ratings.
  - Participants strongly agreed there was sufficient opportunity for information exchange.
4. **Integration into National Work Plans:**
  - Many respondents felt confident in integrating the outcomes into their national plans.
5. **Logistical Arrangements:**
  - Venue, seating, transportation, accommodation, meals, and secretarial support were generally rated as "strongly agree."

### **Suggestions for Improvement:**

- Comments included:
  - Reducing long transit times for attendees.
  - Involving students in future meetings to enhance engagement.
  - Overall positive feedback, with one participant mentioning it was an "excellent meeting."