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Event

2019 NCSBN Annual Meeting

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Presenter

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- [Elizabeth] Good afternoon, everyone. President Julia George, Board of Directors, and, of course, CEO, David Benton, greetings. Ladies and gentlemen, it is a great pleasure to be with you all here at this annual meeting of the National Council of State Boards of Nursing.

I feel very honored having come from a background where I was also a regulator for the Cook Islands in a very small island stage and to be among some of you distinguished guests, distinguished participants and delegates, looking at this very, very important function that will guide the work of nurses and midwives going forward beyond 2020.

The NCSBN is an important partner, especially as we plan to develop the World Health Organization's first *State of the World's Nursing Report*. It is great to have David Benton on the steering committee for this work. Since taking up my post as the WHO chief nursing officer, I have witnessed this amazing synergy with the nursing and midwifery organizations.

They be in education, practice and welfare, civil societies, or regulations in policy at local, national, or international level. I think many of us would've felt this movement of the coming together of these really important professions.

Galvanizing this energy among the nursing and midwifery workforce has been possible with your interventions. As a political appointment to the World Health Organization, I am mindful that some of you have been instrumental in mobilizing and influencing my appointment. At the same time, I know that the director-general of WHO is committed to the provision of health for all and recognizes the contribution that nurses and midwives can make to achieve this vision.

I believe my appointment was part of his transformation of the WHO organization. As David mentioned, I have been in this role as chief nursing officer since January, 2018. Just a little bit more about my

background, I was born in, I grew up and went to school in the Cook Islands, a small island with population of about 17,000 people.

I decided to be a nurse for three reasons. One was not one of those that was mentioned earlier on that David mentioned as to why we get into this profession. I got into this profession... I decided when I was 16 years old that I wanted to be a nurse, one, because I could see the job security, I could get a job anywhere. I heard that if I had a New Zealand qualification, I could get a job anywhere in the world.

And two, the training was three years, it is not too long. And third, I wanted to travel and I could get a job anywhere in the world. So those were my reasons for getting into this profession. Health for all was not a focus in my very early career decision. However, in my journey since, it has clearly been the focus.

I have been a president of the Nursing Association of the Cook Islands affiliated to the International Council of Nurses. I was the registrar of the Cook Islands Nursing Council and in nursing leadership roles prior to taking on the role as secretary of health for the Cook Islands Ministry of Health.

Without realizing it, this was my somewhat preparation of over 30 years for my transitioning from a local to a global platform. So, my association and collaboration with the National Council of State Boards of Nursing as the global leader in nursing regulations to improving the safety and welfare of patients through education, research and service, and public protection can only enhance the work we do to strengthen our profession.

And for this, I commend you. Today, it is my intention to draw from my work as the chief nursing officer of World Health Organization and to share priorities of the World Organization's 13th program of works and how nursing can contribute to this. And second, to provide an update on the Nursing Now campaign, and the *State of the World's Nursing Report*, and the planned events that will take place to commemorate the Year of the Nurse and the Midwife.

And thirdly, I want to explore the role regulators will play in realizing the full potential of nursing in supporting universal health coverage and the health systems. As I mentioned earlier, the World Health Organization is entering a new era and it's recognition of the contributions of nursing and midwifery. The WHO Director-General.

Dr. Tedros has stated, and I quote, "We simply cannot achieve universal health coverage and the health-related targets in the SDGs unless we empower and equip nurses and midwives and harness their power." There are significant efforts underway to better engage the global nursing and midwifery communities to accelerate collaboration and progress on the achievement of UHC and the health-related SDGs.

One of my initial courses of action upon starting my role as the chief nursing officer at the World Health Organization was to establish a task force on nursing and midwifery that was open to any nurse, midwife, or champions of these professions working through our WHO at headquarters, at the six regional offices, and at country offices.

The intention was to provide a platform to strengthen nursing leadership, advocate for political commitment, develop research and evidence, improve coordination, and embed nursing and midwifery perspectives in WHO's work and global health initiatives. This remains a work in progress.

This taskforce aligns well with the 13th WHO general program of work, often referred to as GBW 13. It sets out WHO's next 5-year strategic plan with 3 priorities, with each priority targeting 1 billion more people benefiting from universal health coverage, a billion more people better protected from health emergencies, and a billion more people enjoying better health and wellbeing.

This is the triple-billion target of WHO. This new program of work for WHO seeks to promote health, to keep the world safe, and to serve the vulnerable. The health workforce is a critical component to achieving these targets and more so, especially nurses and midwives, who make up 50% of the workforce globally.

The sheer magnitude of the nursing and midwifery workforce, coupled with the vast range of health services they provide in different health care settings, their collaboration, and coordination of services makes nurses and midwives integral to improving health and wellbeing around the world. But we should not only focus on the numbers, we must focus on quality of nursing and midwifery care.

Increasing evidence shows that death due to poor quality of health care in low middle-income countries accounts for 10% to 15% of all deaths and between 5.7 and 8.4 million deaths annually are from poor quality of care, including access. Globally-speaking, we are dealing with some critical issues confronting the nursing and midwifery professions.

Issues such as gender bias, low pay, limited scope of practice, low staffing ratios, accreditation and regulations issues, all continued to hold nurses back from reaching their full potential or from having the powerful positive global impact that they could contribute to. Training more nurses and midwives is critical to address the 9 million shortfall the WHO has projected will be needed to achieve and sustain UHC by 2030.

This shortfall mainly effects low and middle-income countries, but how they are educated and where they work is even more important. Last week, I was honored to visit some of the Pacific islands with Dr. Tedros and it highlights with me some of these challenges in small island states, and the capacity-building options available, and why we need to consider options such as training hubs in regions, and make human capital investments, and increase service education, particularly education institutions in rural areas, as well as recurrent investment such as employment and retention of health workers.

Regulatory function is critical in these situations, but what would this look like? WHO has developed policy documents and strategies to provide a framework for broad-based actions to enhance capacity of nursing and midwifery developments. The Global Strategic Directions for Nursing and Midwifery 2016-2020 reinforces the preexisting Global Strategy for Human Resources for Health: Workforce 2030, which outlines policy options for countries, the WHO secretariat, and other stakeholders such as yourselves to optimize the health workforce and progress towards UHC and the SDGs.

The 2016 United Nations High-Level Commission on Health Employment and Economic Growth concluded that investment in the health workforce can result in not only improved health outcomes and

that health workers are not a cost, they're an investment, an investment that pays a triple return for health, gender equality, and economic growth.

The WHO recognizes that health workforce and services are important building blocks of a health system, but mere availability of health workers is not sufficient. Only when they are equitably distributed and accessible by population, when they possess the required competency, and are motivated and empowered to deliver quality care that is appropriate and acceptable to the expectations of the communities and people, and when they are adequately supported by the health system, can we say that there is effective service coverage.

This is a challenge for many countries, especially those with weak health systems, small island states and why some countries will require development assistance in the long term. This assistant can fall within the regulator support mechanisms as well. In recent times, we have seen this energized focus on nursing globally. The launch of the Nursing Now campaign has seen the strength and collaboration of key partners, WHO, ICN, and Nursing Now, with the Burdett Nursing Trust and the uptake of over 200 Nursing Now groups in over 80 countries globally.

In 2018, the 3-year Nursing Now global campaign was initiated to improve global health by raising the profile of nurses. The campaign was based on the findings from the *Triple Impact Report*, which showed that by empowering nurses and midwives, it would also contribute to improvements in gender equality, strengthen economies, and improve health globally.

This movement aims to have nurses and midwives playing central roles to addressing the 21st-century health challenges and threats, and they are doing so in various roles and positions from the frontlines to the levels of leadership. Now, more than ever, nurses are using their voices and drawing from their unique perspective to shape policy and find solutions.

What is also exciting is Nursing Now has launched a Nightingale Challenge, which aims to equip and empower the next generation of nurses as practitioners, advocates, and leaders in health. The Nightingale Challenge asks every health employer to provide leadership development training for a group of young nurses and midwives during 2020, the Year of the Nurse and the Midwife.

The aim is to have at least 20,000 nurses and midwives aged 35 and under benefiting from this in 2020, with at least 1,000 employers taking part. Each employer will determine how best to respond to the Nightingale Challenge. Programs can be any mix of formal course, mentoring, shadowing, or learning from other professions or sectors.

Organizations are welcome to involve other age groups and other professions in their program as well, but only nurses and midwives under 35. Age 35 and under will count towards the 20,000 goal. By participating in the Nightingale Challenge, you can demonstrate that you are committed to investing in your nurses and midwives in particular during the year when the two professions will be in the spotlight.

Already over 200 employers have signed up. I hope you can distribute this information to your networks. Find out more and accept the Nightingale Challenge. You can log into the website, www.nursingnow/nightingale. Another exciting activity that has seen the collaboration of many key partners such as ICN Nursing Now, WHO Collaborating Centers for Nursing and Midwifery,

government chief nursing and midwifery officers, or the equivalent, the World Innovation Summit for Health, [inaudible], and NCSBN is the development of the first *State of the World's Nursing Report*.

The report will provide a global picture of the nursing workforce and its contributions to WHO triple-billion goals. It will inform national policy dialog and drive development of national nursing workforces to optimize their contributions towards UHC and primary health care at the same time, progress across the SDGs.

And we anticipate that the data and policy dialog will unlock investment in nursing, the health workforce, and the gender equity agenda. The report will provide us with valuable data that will help to identify the major gaps in nursing practice, specifically the data collected will help to shape policy and shed a light on countries' specific needs.

This provides the opportunity to shape better nursing regulation and standard of practice. What more does this mean for country, regional, and global nursing regulations? I'll look to the support advice from NCSBN to guide us in this. The report will identify the active stack of nurses, the number, demographics, distribution, looking at geographicals and service category.

It'll look at the nursing education, the duration, the standards, and annual graduates, the accreditation, fitness for practice assessments. It also looks into the nursing regulations, the nursing council model. The labor market flows will provide us with informations on graduate starting practice, the unemployment rate, the foreign-born and trained and also looks into the employment characteristics in terms of working conditions and entry-level wages, social protections in various countries.

At the same time, governance and leadership will also be highlighted in the report, identifying chief nursing and midwifery officer positions, the leadership development programs, and the leading care teams in countries. The gender and nursing composition pay gaps will also be highlighted. This report would comprise four main sections.

One, how the nursing workforce will help deliver the triple-billion goals, and two, results of aggregated country data and modeling to present a global picture of the nursing workforce, and three, a forward-facing policy agenda for advancement towards 2030 targets. And four, the country profiles, detailing the nursing workforce and projections for meeting population health needs.

This report will be launched on April the 7th, World Health Day, in 2020. I'm really excited about this report although it appears very ambitious, but I think it will actually allow countries to make decisions based on their data and their health needs.

And I think our role in supporting countries around policy dialog is critical. And I mean us regulators, WHO, and all the partners engaged in this work. At this year's World Health Assembly, members agreed that 2020 is the International Year of the Nurse and the Midwife.

The World Health Assembly is made up of 194 member countries represented at the World Health Assembly through the ministers of health. And it's a decision-making body and we're really pleased that this year that they have designated 2020 the Year of the Nurse and the Midwife. This decision

effectively shines the global spotlight on nursing and midwifery and the significant contributions that they bring to achieving universal health care.

We must take the approach that 2020 is a year of opportunity for us all. We not only have the opportunity to highlight the global contributions of nurses and midwives to better health for all, but I would also challenge each of you to consider how you can use this year to move forward in a strategic and empowered way in your current projects and areas of expertise.

We must use this opportunity to initiate nursing agendas for beyond 2020. It's not just a year of celebration of our successes and where we've been, but I think it's an opportunity to look beyond 2020 and what more can we contribute to health for all.

Some of the key dates noted. In 1st of January, a kickoff to 2020 Year of the Nurse and the Midwife, we aim to get as many global health political leaders to share a message of support or refer to the Year of the Nurse and the Midwife in their New Year addresses.

You can influence your leaders in your areas to also highlight or amplify this message. On the 7th of April, of course, as I mentioned, the global launch of the *State of the World's Nursing Report*, the main international launch is planned for Geneva with simultaneous launchers events held in WHO regions. The report launch toolkit will be developed with partners to encourage countries and key stakeholders to get involved in organizing policy dialog events to launch the report.

The toolkit will contain key messages, social media, and infographics. Other key dates are in May the 5th is the International Day of the Midwife. We also intend to amplify some of our messages around this date as well as the International Nurses Day, which is May the 12th. The celebration in Geneva, hosted by WHO, ICN, and Nursing Now as a kickoff to the Global Forum of Government Chief Nursing and Midwifery Officers and the triad meeting.

On May the 13th to the 15th, WHO will host the global forum, a meeting of government chief nursing officers and midwives, to discuss the *State of the World's Nursing* findings and inform national delegations of the policy recommendations for countries and regions. We have encouraged delegations that are attending the World Health Assembly to include their government chief nursing and midwifery officers as part of their official delegation, but they come prior to the World Health Assembly to attend this WHO forum.

The triad meetings of WHO, ICN and ICM, and the regulators, and I think this is a really key meeting to ensure that you are engaged moving forward. I think we're used to seeing ICN taking the lead in the regulatory work when David wasn't CEO.

But I think we need to revisit the space and see how this engagement can actually be embedded in this triad meeting so that we've got key partners at the table when we're making decisions. So that an opportunity for widened discussions among nursing stakeholders on the findings of the *State of the World's Nursing Report* and implications for policy investment is made.

On May the 18th to 23rd is the 73rd World Health Assembly. This is an opportunity to ensure nursing and midwifery is firmly on the agenda and champion through relevant discussions with potential participations of high-level champions and health ministers.

In addition, a Walk the Talk, an event that WHO holds annually and is held just prior to the start of the World Health Assembly, we anticipate a main feature showcasing nursing and midwifery during this event. And you're quite welcome if you're in Geneva to join us.

We continue to explore opportunities for official events and side events during the World Health Assembly. Really critical that we do this because, you know, political leaders from 194 countries will be attending this meeting, so I think this is the opportunity we can't afford to miss.

We need to maximize the exposure that it's offered us as part of the Year of the Nurse and the Midwife. Then in September to October, WHO has regional committee meetings and we anticipate to highlight nursing and midwifery and see their commitments on their health workforce during their discussions and deliberations.

This is our early discussion on activities and as they get finalized, we want to amplify our messages throughout the year by linking with our networks. I encourage you to share any of your planned activities so we can achieve this together.

The *State of the World's Nursing Report* offers opportunity to consider impact of regulatory functions at country, regional, and global levels. And I look forward to working with NCSBN to see how we can best support countries and regions to advance in this area. The Global Regulatory Atlas puts the world's nurses at your fingertips.

It was really quite exciting to hear that you have 200 countries on this platform. This is so important in an increasingly connected world. But at the same time, I acknowledge the work in the different countries and regions as nurse leaders strengthen nursing practices through strengthening regulatory functions and some because gaps were identified due to changes in models of care as nurses and midwives in response to the continuous changes in practices, for example, of HIV treatment without the necessary regulations to support the shifting of practice from physician to midwives.

While the concept of task sharing was endorsed by the WHO in 2008, many of the regulations throughout Sub-Saharan Africa failed to support the changes taking place. Regulations involving scopes of practice, licensure examinations, pre-service education, etc., that are central to HIV treatment were largely overlooked.

Therefore, the African Health Professional Regulated Collaborative aimed to engage countries where treatment for HIV was largely being carried out by nurses and midwives. Some strategic developments of regional regulatory functions came out of regulatory systems strengthening in response to many changes, challenges faced, including limited numbers of personnel in small, low, and middle-income countries.

One answer is to regionalize efforts among countries that share common histories, cultural values, languages, and economic conditions to work together to establish more efficient systems such as the one

established in the Caribbean Regulatory System. This initiative has helped to enhance sustainability in resource constraint contexts such as building human resource capacity in nursing and midwifery.

Another example of cross-regulatory initiatives includes the Western Pacific Government Chief Nursing and Midwifery Officers Alliance, where small island nations provide aid for each other by mobilizing their nursing and midwifery workforce during disasters due to climate change such as hurricanes and cyclones. These initiatives can deploy nurses and midwives where they are most needed.

These are just two examples of how nurses and midwives can formulate strategies and align influence for the greater good. I believe that the first *State of the World's Nursing Report* will identify critical gaps in education, registration, practice, advanced practice that can be addressed through strengthened regulations.

Telemedicine has been shown to have success in overcoming geographical challenges that limit access to quality health care around the world. However, there are still many barriers that need to be addressed in order to ensure its success. As in all areas of medicine, telemedicine is only successful if staff receive adequate training and management to maximize healthy results.

Therefore, what are we going to ensure the competencies in regulations for telemedicine practice? Advanced practice roles are developing globally and opportunities for advanced practice nursing are expanding worldwide due to a need for expert nursing care at an advanced-level practice.

It is well acknowledged globally that APRN practice encompasses several components, including the ability to diagnose, prescribe medication, prescribe treatments, perform and interpret diagnostic tests, among other aspects of care. However, as the advanced practice role continues to develop, we must ensure that we are addressing the existing barriers that prevents APRNs from practicing within their full scope of training and education.

Complex issues relate to role clarification, access to education programs globally, lack of respect for the nursing profession, variation in scope of practice, and more complicate promotion of global-uniformity APRN practice. As a global nursing community, we must continue to support programs such as these.

Now is the time when we must closely evaluate what is globally taking place on the ground. To further advance the nursing and midwifery professions and to achieve universal health coverage, we must pool all our resources together and offer support where it is very much needed. NCSBN continues to play a pivotal role in supporting global recollective standards that ensure to advancement of the profession of nursing.

Altogether, I hope you can see how our mandates are being used globally in high and low-middle income countries to serve the public. "You are," I quote, "envisioning and refining recollection systems for increased relevance and responsiveness to changes in health care, championing regulatory solutions to address borderless health care delivery, expanding the active engagement and leadership potential of all members, and pioneering competency assessments to support the future of health care and the advancement of regulatory excellence.

But we as a nursing profession must have our own mandate, one that ensures that nurses and midwives have equal educational opportunities and standards of quality practice regardless of regions, country, or community. We're hearing about some of the exciting work that is being done from a global perspective and we must take the momentum from the International Year of the Nurse and the Midwife in 2020.

Nurses and midwives are key vessels of change in their communities around the world. NCSBN and WHO have key roles to play in the global empowerment of the nursing profession. And I truly believe that if supported, the ambitious triple-billion target can be achieved. I anticipate the results of 2020 with great hope and I look forward to seeing how we can all work together to elevate the global nursing profession and achieve health for all.

I conclude with a quote. Ms. Julia, she mentions that people normally conclude with quotes. And I actually take one of Dr. Tedros', the WHO DJ's statement from the ICN Congress, where he says, and I end, "Together we can ensure that nurses and midwives get the education, the training, the jobs, the conditions, the opportunities, the dignity, and the respect they deserve."

Thank you very much. - [David] So we have some time for some questions. If you want to go to the microphone and I'll recognize whoever's at the microphone and you can then ask your question.

And while people are thinking that one through, I have a question for you, Elizabeth. I want to draw on you're very impressive resume in terms of making policy change in the Cook Islands. And here at NCSBN at the moment, we're going through a process of reviewing our model act and rules, and one of the issues that we have recognized is that to be as agile as we need to be to keep pace with the very changing health care demands, the changes in education, etc., we need to write that act in a way that is sufficiently permissive to enable rapid change.

Part of the problem is obviously getting legislative time and that can take some time. Any advice you can offer us in terms of how we might come up with that next-generation legislative framework that really keeps pace with all of the demands that we're facing?

- I think, you know, any legislative change is always challenging, but I think for me, I would like to say that, you know, before kind of moving on to that process, I think the *State of the World's Nursing Report* is going to be a critical report that can actually inform the way forward in regards to legislative changes.

I think the key thing would be about consultation, is how widely you consult because I think there are experts in this area and I think it's important to also ensure that you've captured the differences in our context because if you're making some changes, that's going to be forward looking, I think it's important that you actually capture what exists right now in terms of people's needs.

And that's why I kind of say that the *State of the World's Nursing Report* is going to be a key document that can actually inform on that process as well. Process itself though, as you know, it's not that simple. It's a long process. It's really about getting the right people to the table and as part of that consultation... Sorry, David, I don't have any kind of easy reference for this because it's not an easy process.

- Well, I'll give a little shoutout for the Texas Board of Nursing's Act because it has a provision in it which enables, "pilot work" to be done. And I think that's a very...it protects the public, but it also gives some flexibility as well.

And I think we need to look at those examples, whoever has got those examples that find solutions, and to bring them together so that we can all learn from them. Thank you. Any questions for Elizabeth? If not, I have another one. So, let me ask another question in terms of how we might work with you to help really make 2020 a springboard for the future.

As you know, the World Health Organization is one of almost 200 UN agencies and many of them touch upon the work that we do. The International Labor Organization obviously looks at some of the issues around how many people are there and what conditions they have.

But in today's world with both nurses and patients being highly mobile, the World Trade Organization, the International Organization of Migration, and many other groups, how might we embrace those other parts of the UN so it's not... And it's great that the World Health Organization is really embracing nursing, but if we can get some of these other parts, particularly, as regulators, the World Trade Organization, the way that people move is something that we are very interested in.

How might we work together to kind of raise the profile within these other UN agencies?

- I think, you know, this is about how you influence key movers and shakers within those organizations. I think with the ILO, they've definitely got a place there where I think nursing has an entry point in regards to the Convention for Nursing Personnel and I think we probably have an opportunity to revise what that definition might be because I think that has impact on regulations.

So I think there's some entry, definitely some...early conversations have happened with WHO and ILO in regards to what those classifications might look like. In terms of the World Trade Organizations, I think, you know, this is about organizations at the highest level, getting our leaders engaged to actually recognize the contributions that nurses can make.

I think we have a place and I think 2020 is the opportunity we need to take. And I think that this is about making it...this is about collaborating so that we're actually going forward as one unit rather than, you know, various partners taking their own initiative.

So I think we have opportunity to actually, you know, get together and maximize on how we influence those organizations.

- Thank you. Number one. - [Woman] Good afternoon, and thank you so much for your presentation. The question that I had to ask is how can and/or what recommendations do you have for local state boards of nursing to prepare for, educate others, and promote the 2020 Year of the Nurse and Nurse-Midwife?

- Thank you. Great question. I think that this talks to...speaks to opportunity and I think what you do as your organization and who you are actually already networking with in terms of countries. If you don't

have anyone, I'd be happy to kind of link you to some countries who are actually looking to engaging with regulators to support what they do in-country.

So I think that this is really your... We don't want to be telling you what to do to celebrate the Year of the Nurse, but what I asked is that you actually consider what existing projects you may have or if you want to engage with country-level regulators, I'd be happy to link you with them because I think this is the time and this is the opportunity that perhaps we can maximize and have the reach further than what you're perhaps, you know, managing within your organization.

So, you know, happy to talk to you about some linkages and network. I have to say, when I went to the Pacific, I talked about coming to this conference, to this meeting and I had a... Tonga chief nursing officer was very excited and wants to engage with this organization. So, I do have some interested parties already out there that wants to either learn more or see what more you can do together.

- And I would just add that Elizabeth's agreed to be interviewed and Dawn Kappel is going to write an article [inaudible], so that that will be disseminated and you can use that locally as well to help have the discussion at your state boards as well.

And Maryann Alexander and her team have been analyzing the data within the Regulatory Atlas and there will be a special edition of the supplement next year because the *State of the World Nursing Midwifery Report* will have a section related to regulation in there, but it's limited in terms of the page length, and therefore, because we have the data, we're using that to really do a very detailed analysis of the 320 jurisdictions that we've got data on, so.

Any more questions? Everyone wants their dessert, I guess. No? Going once.

- Thank you very much.

- Going twice. Okay. Well, please join me again in thanking Elizabeth for her wonderful presentation.