SoWN Theory of Change

**Data**

**Broad Engagement**

**Dialogue**

**Decision Making**

**Investment**

- National health workforce accounts and complementary data validated by countries
- Policy dialogue workshops in all countries, and at Regional and global levels
- Evidence-based policies for migration and mobility, education, regulation, practice, decent work, youth inclusion and gender equity
- Sustainable domestic, regional, and international investments in the nursing and midwifery workforces

Today we are...
Ensuring the investment case and policy agenda is data-driven and nurse-led
Policy Dialogue within the SoWN Theory of Change

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

EVIPNet Europe, 2016
Policy Dialogue within the SoWN Theory of Change (2)

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

Robert et al 2019
Policy Dialogue within the SoWN Theory of Change (3)

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

• Meeting planner including agenda
• Country profile guide
• Set of ready Powerpoint slides, with detailed facilitator notes
• Meeting report forms
Anita Di, Phase 1 Sample Agenda: Inception & Pre-Planning Meeting Facilitator Guide

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

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

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

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

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

Suggested total participants: 20

Agenda: Virtual Session 1
Objective: Based on country data – what key policy issues will be addressed moving forward? (Consensus building)

<table>
<thead>
<tr>
<th>Suggested Time</th>
<th>Topic/Activity</th>
<th>Notes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Arrival, Check-in &amp; IT check</td>
<td>Attendance captured via online platform</td>
</tr>
<tr>
<td>10 min</td>
<td>Welcome &amp; Introductions</td>
<td></td>
</tr>
<tr>
<td>10 min</td>
<td>Agenda Overview, Desired Outcomes for Planning and Consensus Building Meeting</td>
<td>Articulate how success will look like at the end of the day to focus participants in summary</td>
</tr>
<tr>
<td>30 min</td>
<td>2020 The Year of the Nurse and the Midwife/First-ever SoWN Report, The Case for Policy Dialogues</td>
<td></td>
</tr>
<tr>
<td>90 min</td>
<td>Prioritisation: discussion of national nursing priorities after reflection on country profile and key applicable resources (Virtual Breakout Rooms and Virtual Post Its, e.g. Stem Board)</td>
<td></td>
</tr>
<tr>
<td>20 min</td>
<td>Closing, planning for Session 2</td>
<td></td>
</tr>
</tbody>
</table>

Virtual Session 2
Objective: Preparation/logistics planning for broader meeting

<table>
<thead>
<tr>
<th>Suggested Time</th>
<th>Topic/Activity</th>
<th>Notes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 min</td>
<td>Recap from Session 1, Facilitator led</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>Stakeholder Identification Activity, Stakeholder identification matrix</td>
<td></td>
</tr>
<tr>
<td>45 min</td>
<td>Validating National Policy Strategy Development Agenda, Logistics and Budget, Agenda, Logistics Planning and Budget Template</td>
<td></td>
</tr>
</tbody>
</table>
Overview of country profiles and path

Jamaica

<table>
<thead>
<tr>
<th>Country</th>
<th>WHO Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>Americas</td>
</tr>
</tbody>
</table>

**Total population (in 1,000 persons, 2018)**
- Jamaica: 3194000

**Life expectancy at birth (years, 2016)**
- Jamaica: 72.6

**Proportion of people living on less than $1.90 per day**
- Jamaica: 14.4%

**Gross domestic product (GDP) per capita (USD, 2017)**
- Jamaica: 20790

**Current health expenditure as a percentage of GDP (2017)**
- Jamaica: 6.0%

**Current health expenditure per capita (USD, 2015)**
- Jamaica: 1715

**Nursing stock and density 2013-2018**

- **Nurses per 1000 population**
  - 2013: 90.0
  - 2014: 95.0
  - 2015: 100.0
  - 2016: 105.0
  - 2017: 110.0
  - 2018: 115.0
  - 2019: 120.0
  - 2020: 125.0

**Age distribution**
- <25: 40%
- 25-54: 50%
- 55+: 10%

**Sex distribution**
- Female: 98%
- Male: 2%

**Nurse mobility**
- Foreign trained: 4.86%
- Foreign born: NR

**Issues for consideration**

- An estimated shortage range of 3000 to 4000 nurses is projected for year 2020.

Source: WHO

---

**Nursing personnel (latest year)**

- **Nursing professionals**: 2368
- **Nursing associates**: 384
- **Nurses not further defined**: 0

**Share of professional nurses**: 84%

**Nurses per 1000 population**: 8.1

**Graduates per year**: 418

**Minimum duration of training**: 4 years

---

**Geography**

This map is an approximation of actual country borders.

---

**Governance and leadership**

- Chief Nursing Officer position
- Nursing leadership development program
- National association for pre-licensure students

---

**Data**

- National Health Workforce Accounts (NHWA), 2020 except 1. Latest available data are sheltered.
- Includes multiple data sources such as the OECD/WHNe/WHO/EC/WHO-ECO-20 Joint Data Collection, labour force survey, census data and estimates from WHO. All data are directly collected for the year 2017

---

*As compared to a benchmark density, detailed in the report of the world’s nursing 2020: report and Global Strategic Plan on Human Resources for Health, WHO 2018*
Overview of country profiles and “reading path”

1. General statistics
2. Nursing workforce key statistics
3. Contextualize nursing workforce as compared to others
4. Nursing stock and trend toward 2030
5. Regulation and policies
6. Demography and migration
7. Addressing shortage
1. General statistics

Main points:

a. Determine the country’s health statistics (i.e. how the country performs based on proposed standards)

b. Compare with other countries in the region

c. Health expenditure

Additional optional elements for discussion:

- Population size + other contextual elements (landlock country, small island,… see map)
- Broad economical situation GDP per capita
Annex E: Guide to Use of Inception Meeting Slide Set

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

Inception and Pre-Planning session 1

<table>
<thead>
<tr>
<th>Slide</th>
<th>Facilitator Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception &amp; Pre-planning Meeting</td>
<td>Facilitator note: throughout the PPT, there are orange boxes which indicate areas to be filled in/customised for the meeting. Orange boxes correspond with Phase 1 (this Inception Meeting) and blue boxes correspond with Phase 2.</td>
</tr>
<tr>
<td>Arrival and Check in</td>
<td>Facilitator note: fill in name and email address. It will be helpful to create a running list of names and email addresses of those involved in Phase 1 and 2 for documentation purposes.</td>
</tr>
<tr>
<td>Welcome &amp; Introductions</td>
<td>Facilitator note: help participants note that one meeting that is broken into two, shorter virtual sessions. The agenda is quite full, so introductions should not take longer than 10 minutes. Introduce facilitators first.</td>
</tr>
</tbody>
</table>

Facilitator notes: Identify note taker for the day and ensure that participants have access to the report out template so they can add content during the meeting. Explain to participants: These activities will be repeated in wider stakeholder meeting next, but now it is being done in a smaller group to ensure there is a strong foundation and in-depth understanding. The country lead team must ensure their understanding of the data before they can convene wider discussions. Now this meeting is 1 Day.

Purpose of today

- The purpose of this meeting is for the country lead team to:
  - Discuss implications of policy documents
  - Briefly review the global report findings
  - Present sub-scale what these findings mean in our country
  - Prioritise areas for policy action
  - Plan for a broader meeting with more stakeholders (the national policy strategy meeting)

Importance of Policy Dialogue

- Solid findings recommend critical gaps in the nursing workforce.
- Nurses and midwives often absent from discussions around health policy agenda.
- COVID-19 brings new urgency to protecting and empowering nurses.
- Risky dialogue, as a tool for bringing about change, must be evidence, inclusive, evidence-based.

Facilitator notes: Identify note taker for the day. Share the workshop report template. These activities will be repeated in wider stakeholder meeting next but purpose for doing now in smaller group is to ensure there is strong foundation and in-depth understanding of in country lead team so they must own the data and believe in it and it must make sense before they can convene wider discussions. Now this meeting is 1 Day.

At the end of it, this team needs to have a roadmap of how the process will look like for next phase up to implementation and results.

In the next meeting (blue), a facilitator doesn’t lead the data piece, but rather this core team. So that it’s country own, led, driven. And intersectoral (because the initial meeting will still include other ministries - nursing experts).
### PART II: BASIC INFORMATION

<table>
<thead>
<tr>
<th>1. Meeting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
</tr>
<tr>
<td>In Person</td>
</tr>
<tr>
<td>Combination</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

### PART II: GENERAL MEETING CONTENT

#### Policy Area

<table>
<thead>
<tr>
<th>5. Which general policy areas were identified as priorities through the policy dialogue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Stock</td>
</tr>
<tr>
<td>Workforce Mix</td>
</tr>
<tr>
<td>Density / Distribution</td>
</tr>
<tr>
<td>Age / Gender</td>
</tr>
<tr>
<td>Migration / Mobility</td>
</tr>
<tr>
<td>Nursing Education</td>
</tr>
<tr>
<td>Regulation</td>
</tr>
<tr>
<td>Practice and Workplace issues</td>
</tr>
<tr>
<td>Governance / Leadership</td>
</tr>
<tr>
<td>National / Subnational Nursing Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Please describe the policy problems identified through the dialogue and any specific discussion that led to these policy problems being identified as most important.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Policy Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. What (top 3) policy commitments were made in response to the policy problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Please describe the timeframe in which each commitment will be implemented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Please map or describe the policy commitments in relation to each of the SoWN policy recommendations.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. What will be done to strengthen the evidence base for planning, monitoring, and accountability?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Please describe commitments to ensure that intersectoral collaboration occurs so as to strengthen the health workforce information system, in turn strengthening the data availability for evidence-informed decision making.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12. What changes are planned with respect to migration and mobility specifically?</th>
</tr>
</thead>
</table>

| 13. How will the nursing workforce be developed and supported in these areas? |
| Education | Nursing Practice | Regulation | Decent Work |
Discussion

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