

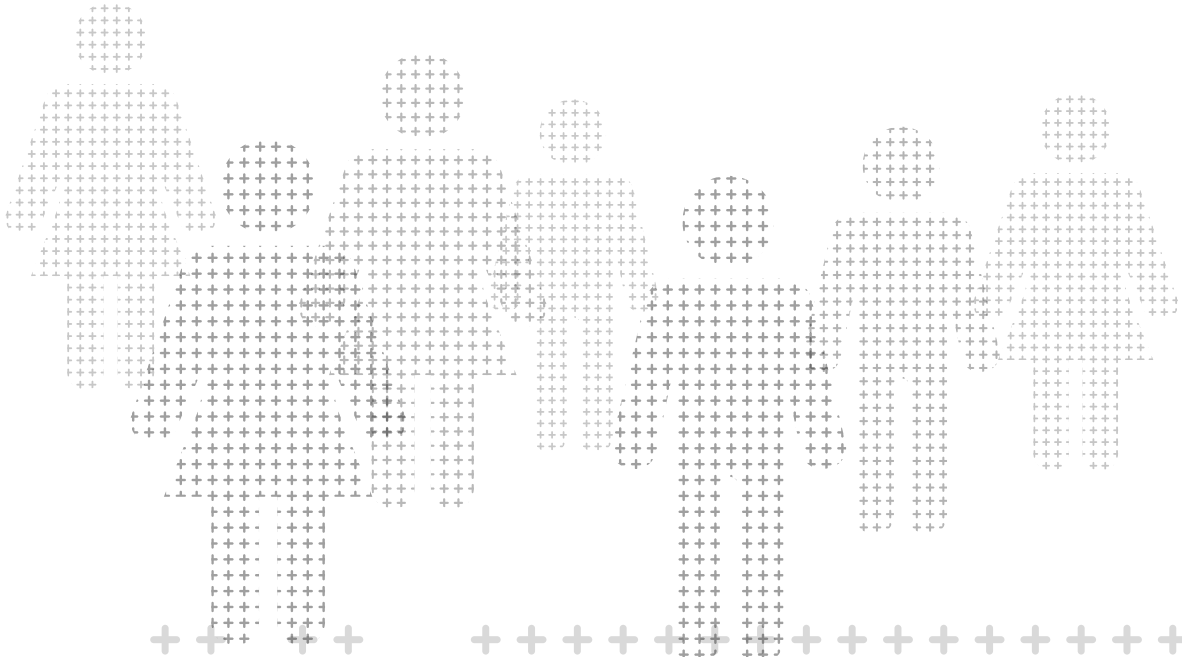
The International Year of the Nurse and the Midwife

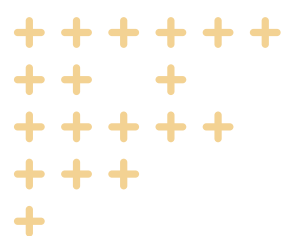
Taking stock of outcomes
and commitments



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The International Year of the Nurse and the Midwife: taking stock of outcomes and commitments

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Contents

+ Executive Summary	v
+ 1. Background	1
+ 2. Methods	1
+ 3. Outcomes of the YONM	2
3.1 Global Level	2
3.1.1 Advocacy	2
3.1.2 Evidence	4
3.1.3 Global Policy Engagement and Action	5
3.2 Global Level by WHO Region	6
3.2.1 African Region	6
3.2.2 Region of the Americas	6
3.2.3 Eastern Mediterranean Region	6
3.2.4 European Region	7
3.2.5 South-East Asia Region	7
3.2.6 Western Pacific Region	7
3.3 Country Level, by Category	8
3.3.1 Recognition and Appreciation	8
3.3.2 Special Events	8
3.3.3 Leadership Advancement	9
3.3.4 Political Engagement	10
3.3.5 Education and Training	10
3.3.6 Employment	11
3.3.7 Service Delivery and Work Environment	12
+ 4. Discussion	13
+ 5. Conclusion	16
+ 6. References	17



Executive Summary

The 72nd World Health Assembly (WHA) designated [WHA72(19)] 2020 *The International Year of the Nurse and the Midwife* (YONM). This provided a special opportunity to celebrate the two professions and drive investments in the education, employment, leadership and working conditions of the largest component of the health workforce.

A rapid review was conducted of online information in English of reported activities and outcomes of the International Year of the Nurse and the Midwife from mid-2019 (when it was announced) through mid-2021 (to capture activities postponed due to the COVID-19 pandemic). The findings, which cannot be considered representative or comprehensive, were described at the global and WHO Regional levels and, at the country-level, they were grouped into special events, high-level recognition and awards, advancements in leadership, and commitments and actual investments in education, employment and working conditions.

The YONM was a powerful catalyst for global advocacy, evidence, and policy action. The Nursing Now campaign generated more than 700 grassroots nursing groups in 126 countries. The *State of the world's nursing 2020* and the *State of the world's midwifery 2021* reports provided persuasive data on these two workforces. Shortly thereafter, Member States requested that WHO develop the next Global Strategic Directions for Nursing and Midwifery (SDNM), which were adopted with a Resolution on nursing and midwifery – the first in ten years.

The high-profile appreciation and special events during the YONM increased public awareness and provided an avenue through which nurses and midwives could celebrate, and be celebrated for, their contributions to health and well-being. As the YONM took place squarely within the global COVID-19 pandemic, there was added resonance to the recognition of nurses and midwives, but also to the call for support, motivation and protection for all health and care workers to end the COVID-19 crisis.

There were several commitments to and investments in nursing and midwifery education, employment and working conditions announced in the YONM period. In each WHO Region, there were examples of countries committing to and creating jobs, including new roles (e.g., midwife, advanced practice nurse) that could help expand service delivery. While actual policy action in and investments by countries can be interpreted as positive outcomes of the YONM, many other commitments to action or investments in these areas are yet to be realized.



The next steps are to consolidate both the gains and the lessons learned during the YONM, and to each take our respective actions to ensure that announcements are turned into policy decisions, and advocacy appropriately links with political decisions. There is a clear mandate through the SDNM to monitor and hold countries accountable for strengthening their nursing and midwifery workforces via investments in education, jobs, leadership and service delivery. If countries can realize the gains through policies that help countries optimize the contributions of nurses and midwives towards achieving UHC and the SDGs, it will be the longest-lasting legacy of the YONM.

1. Background

The World Health Organization's (WHO) Global Strategy for Human Resources for Health, published in 2016, projected a shortfall of 18 million health workers below the level needed to achieve and sustain the health-related Sustainable Development Goals (SDGs) by 2030. Globally, the nursing and midwifery workforces comprised over 50% of the health workforce. Nurses and midwives provide a huge range of primary health care (PHC) services and, as with all other health and care workers, shortages were greatest in low and lower-middle-income countries.

The biggest challenge was to accelerate country, regional, and global-level investments in the health workforce to overcome predicted shortages, especially in countries with the weakest PHC systems and the furthest from achieving universal health coverage (UHC). Investments in these countries were needed to build the necessary foundations for PHC. This included human capital investments in pre-service education, particularly education institutions in rural areas, as well as recurrent investments, such as employment and retention of health workers. Some countries required longer-term development assistance to ensure both adequate fiscal space and strengthened governance of health systems, so that the required health workforce investments could increase universal access to primary health care.

Challenges in human resources for health featured prominently at the 72nd World Health Assembly (WHA). The Assembly decided [WHA72(19)] to designate 2020 The International Year of the Nurse and the Midwife (YONM), in part to mark the 200th anniversary of Florence Nightingale's birth. This formal designation provided a special opportunity to celebrate the two professions and drive investments in them. Nursing and midwifery being the largest component of the health workforce, investments in education, employment, leadership and working conditions could make meaningful progress towards diminishing the shortages of health and care workers and advancing towards UHC and the SDGs for Quality Education, Gender Equality, Decent Work and Inclusive Growth.

2. Methods

A rapid review of information available in the public online domain was conducted using Google. The primary search terms were "International Year of the Nurse and the Midwife" AND [each WHO Member State]. A data charting form was developed in Excel to record relevant findings. Items were included on the charting form if they occurred after the designation of the YONM by the 72nd WHA and had an implicit or explicit relationship with the YONM. To complement the online findings, the WHO Regional Offices were asked to share noteworthy activities from



their perspective, as were the WHO Collaborating Centres for Nursing and Midwifery. These contributions were received via email and added to the data charting form where appropriate. The content on the data form was sorted into distinct categories and then subcategorized as relevant subgroupings were constructed.

3. Outcomes of the YONM

3.1 Global Level

The WHO Director-General initiated global action by immediately convening a high-level steering committee of global nursing and midwifery partners, comprised of the International Council of Nurses [ICN], International Confederation of Midwives [ICM], United Nations Population Fund [UNFPA], and Nursing Now global campaign. The committee met seven times during the YONM period [2019–2021] to ensure that YONM celebrations also fuelled advocacy on key issues, a stronger evidence base for decision-making and impactful policy actions.

The dawning of the YONM sparked high-level recognition of nurses and midwives throughout the year. The WHO Director-General issued a series of tweets [1] on New Year's Eve [31 December 2019], and a statement [2] by the United Nations on 1 January 2020 [2] emphasized the purpose of the YONM to advocate for greater investment in nurses and midwives and ensure they can work to their full potential. In his New Year's address, Pope Francis acknowledged the importance of the Year and praised the work and dedication of nurses and midwives. On World Health Day [7 April], the United Nations Secretary-General expressed his appreciation [3] to nurses and midwives, as did the WHO Director-General and the Executive Director [4] of the UNFPA.

3.1.1 Advocacy

Ahead of 2020, the Steering Committee partners reached out to heads of state [5] to encourage them to recognize and leverage the YONM as part of a global "health for all" movement. To highlight the need to invest in nurses and midwives, the WHO maintained a year-long campaign [6], providing online events and engagements on a variety of social media platforms, including a dedicated category in the WHO International Film Festival [7]. UNFPA launched a YONM advocacy campaign based on stories on the impact midwives have in a wide variety of settings and held global advocacy events on the importance of midwives in achieving UHC [8], including the contributions and challenges of indigenous midwives [9]. UNFPA, ICM and partners issued a Global Call to Action [10] to protect midwives during the COVID-19 pandemic and a podcast series [11] on how midwives promote maternal and newborn health and save lives at birth.

The ICM capitalized on the YONM to launch their Push Campaign [12], a ten-year movement to position midwives as central to delivering SDG 3.1 [reducing the maternal death rate to 70 per 100 000]. They developed key resources including a global interactive digital data repository [13] and advocacy tools [14] to equip midwives' associations for advocating for increased investments in midwifery. The Stronger Together webinar series [15] highlighted midwives' perspectives on strengthening and empowering maternal and newborn health services. ICM collaborated with Seed Global Health on the Nurses Lead, Midwives Lead campaign [16], and with the Global Breastfeeding Collective on an advocacy brief [17] about the role of midwives and nurses in protecting, promoting and supporting breastfeeding. Inspired by ICN and in partnership with Jhpiego, ICM inaugurated an international photo contest, Midwives in the Spotlight [18].

The ICN launched a website which highlighted and celebrated the work of nurses during 2020, including through a "Nursing in Focus" photo contest and weekly case studies on innovative work by nurses across the world. "Year of the Nurse" coins and certificates were issued for ICN members. On International Nurses Day, the ICN released Nurses: A voice to lead [19], a "call to action" that detailed the contributions of nurses to addressing global health challenges. The ICN also published new Advanced practice nursing guidelines [20], a report on the ageing nursing population, and a dedicated chapter on nursing in the annual report [21] by the Safeguarding Health in Conflict Coalition. In statements [22] to the WHO Executive Board and the World Health Assembly, the ICN called on Member States to leverage the YONM to take action on key nursing policy issues. The activities and outcomes of Members' campaigns are detailed in the report 2020: *The International Year of the Nurse and the Midwife and the COVID-19 pandemic* [23].

The Nursing Now global campaign, centred on the YONM, aimed to improve health and health care by raising the profile and status of nurses. Nursing Now supported national and institutional organizing for advocacy and action to address key priorities for nursing. By the end of the campaign, there were more than 700 Nursing Now groups in 126 countries. The final report [24] states that "63 groups reported increased investment in nursing during the campaign, with some evidence that in 24 countries investment was directly influenced by local Nursing Now groups". The 'Nightingale Challenge' (which has since been renamed the 'Nursing Now Challenge') encouraged employers to offer leadership development opportunities for young nurses and midwives. By the end of 2020, more than 31 000 young nurses and midwives had participated in programmes by over 800 employers in 79 countries. In 2021, the Global Solutions Initiative [25] focused on leveraging nurses' ideas to address global health issues, and the Nurses Together initiative encouraged nurses to present priorities for investment to their ministers of health.



3.1.2 Evidence

The designation of the YONM and the related global advocacy campaigns catalysed unprecedented engagement in evidence generation to describe the nursing and midwifery workforces. The YONM Steering Committee partners worked sequentially to engage government chief nursing and midwifery officers (GCNMOs), professional associations and unions, Nursing Now groups and other stakeholders, such as regulatory bodies and WHO Collaborating Centres, to transmit national data for the reports on the *State of the world's nursing (SoWN) 2020* [26] and *State of the world's midwifery (SoWMy) 2021* [27]. Countries reported their nursing and midwifery workforce data for *SoWN 2020* and *SoWMy 2021* through National Health Workforce Accounts (NHWA), an online platform and process through which WHO Member States collate, monitor and use their human resources for health data, and share the data with WHO for global compilation and reporting (for example, on SDG 3c) and communication on the NHWA Portal.

The *SoWN 2020* report was generated by national data from 191 Member States— the highest number for a WHO report on human resources for health and a 53% increase in data points compared to 2018. Each country's data was transposed into a country profile available on the NHWA portal in WHO official languages. Reports from WHO Collaborating Centres for Nursing and Midwifery indicated that countries such as Lithuania, Japan, Democratic People's Republic of Korea, Myanmar and the Philippines launched and disseminated the *SoWN* report through a series of dialogues, webinars and meetings with relevant stakeholders.¹ Both Japan and the Democratic People's Republic of Korea translated the *SoWN* report into the national language for wider uptake² and a university in the USA incorporated the findings and country profiles into its undergraduate and graduate nursing curricula.³ GCNMOs of the South Pacific and key stakeholders gathered virtually to review their country contexts vis-à-vis the policy options in *SoWN 2020* and articulate their recommendations for regional policy changes.⁴

The *SoWMy 2021* report, the third of its kind, included countries in all income categories and presented at least one data element from all 194 WHO Member States (a substantial increase from the 87 countries included in *SoWMy 2014*). This provides the most comprehensive global data set on midwifery personnel to date and allowed for robust findings on the density,

¹ Reports provided by the respective WHO Collaborating Centres for Nursing and Midwifery in a four-week period beginning 23 November 2020.

² Written communication from the Japan National Centre for Global Health and Medicine and Korean Nurses Association, respectively.

³ Written report provided by the WHO Collaborating Centre at the University of Birmingham School of Nursing, Alabama, USA; 24 November 2020.

⁴ Written report provided by the WHO Collaborating Centre at University of Technology Sydney, Australia on 27 November 2020.

distribution, education, leadership and regulation of midwifery personnel around the world. Various international events served to share the evidence base on midwifery, including the Wilson Center's Advancing the Dialogue Maternal Health Series [28] and a webinar series organized by the Network of WHO Collaborating Centres for Midwifery, featuring research developments in midwifery education, leadership and practice [29].

The evidence in the *SoWN* 2020 and *SoWMy* 2021 reports was complemented by increases in the peer-reviewed literature on nursing and midwifery. A number of journals issued a call for papers on nursing and midwifery, including the Lancet, Human Resources for Health Online [30], the Journal of Research in Nursing and many others. In Lancet Global Health, a seminal publication updated the analysis on the potential impact of midwives on a global scale in preventing and reducing maternal and neonatal mortality and stillbirths. A study of articles available in PubMed indicates that, even accounting for year-on-year increases in publications, the number of peer-reviewed articles on nursing and midwifery increased in 2020 and 2021. In comparison to the Year of the Nurse in 2010, which marked the 100th anniversary of the death of Florence Nightingale, in the YONM period there was a ten-fold increase in peer-reviewed publications referencing the YONM.

3.1.3 Global Policy Engagement and Action

This powerful global advocacy, along with the swelling evidence base, provided a strong foundation for global policy engagement and action. Engagement in 2020 from GCNMOs along with their counterparts in nursing and midwifery associations resulted in the largest ever biennial WHO Global Forum of GCNMOs and the WHO-ICN-ICM Triad Meeting [31]. At this meeting, participants reviewed the available evidence and policy options and prioritized areas for strategic focus going forward. Policy action was initiated at the 73rd World Health Assembly (a special session dedicated exclusively to COVID-19) when Her Royal Highness Princess Muna Al-Hussein of Jordan used her keynote address to urge Member States to invest in nurses and midwives. When the 73rd WHA resumed in November 2020, Member States requested that WHO develop the next Global Strategic Directions for Nursing and Midwifery (SDNM) and bring them to the 74th WHA for consideration. The 74th WHA adopted the SDNM 2021–2025 with a Resolution on nursing and midwifery – the first in ten years. The 12 policy priorities in the SDNM 2021–2025 represent a global consensus on how countries can maximize the contributions of nurses and midwives towards population health goals.



3.2 Global Level by WHO Region

3.2.1 African Region

The WHO Regional Office compiled data and information for a regional-level analysis of key nursing and midwifery issues. The World Bank partnered with WHO, Jhpiego, ICN, and East, Central and Southern Africa College of Nursing to develop a sub-Regional report [32] on the nursing education labour market in east, central, and southern Africa using *SoWN* 2020 data. The Global Nursing Leadership Program [33] was launched by Harvard's T. H. Chan School of Public Health and the Africa Centres for Disease Control and Prevention to expand the capacities and strengthen the policy role of senior government nursing leaders in the African Region.

3.2.2 Region of the Americas

In the Region of the Americas, the YONM catalysed global and national policy leadership. Jamaica initially proposed the Year of the Nurse and the Midwife to fellow WHO Member States at the 144th meeting of the Executive Board. Jamaica then sponsored a WHA Resolution [34] to adopt the draft *Global Strategic Directions for Nursing and Midwifery*, which was adopted with over 50 countries as co-sponsors. The Bahamas hosted the Nursing Now global campaign board to discuss progress and plan the future of the campaign with Regional leaders [35]. The WHO AMR Office convened a large virtual gathering of government chief nursing and midwifery officers to discuss strategic approaches to strengthening the nursing workforce during the YONM following the publication of the *SoWN* 2020 report, and given the challenges imposed by the COVID-19 pandemic.

3.2.3 Eastern Mediterranean Region

In line with the 72nd WHA designation of 2020 as the International Year of the Nurse and the Midwife, the 66th Regional Committee of the Eastern Mediterranean issued a Call to Action to strengthen nursing. The Call urged Member States to focus on key areas in advancing the profession, including the development and implementation of effective human resource and health information systems, maximizing the scope of practice of nurses and supporting country level activities to mark the YONM. In 2020, WHO EMR organized a Region-wide meeting for all GCNMOs, WHO Collaborating Centres for Nursing and Midwifery, regulatory bodies, and professional associations, to take stock of progress on the Call to Action and identify priorities for moving forward.

3.2.4 European Region

To showcase the contributions of nurses and midwives during the YONM, WHO EUR rolled out a large-scale social media campaign. Posts on Twitter received more than two million views; Instagram posts reached more than 120 000 people, and Facebook posts reached almost 700 000. Traffic on the EURO Nursing and Midwifery website [36] almost doubled during the Year. A milestone for the YONM in the Region was a WHO EURO-hosted meeting of GCNMOs, WHO Collaborating Centres for Nursing and Midwifery, and professional associations with the purpose of taking stock of progress on the European Strategic Directions for Nursing and Midwifery 2016–2020 and to plan for implementation of the SDNM 2021–2025 [36]. WHO EURO launched two major resources during the YONM: the Midwifery Assessment Tool for Education [MATE] on the International Day of the Midwife [37] and the competencies for nurses working in primary health care on International Nurses Day [38].

3.2.5 South-East Asia Region

Citing the landmark opportunity of the YONM, the WHO Regional Office for South-East Asia published the *Regional Strategic Directions for strengthening midwifery in the South-East Asia Region 2020–2024*. [39] A photo competition was also held to highlight the varied roles and contributions of nurses and midwives in the Region [40]. The Regional Director's speech on World Health Day in 2020 called for an enabling work environment, more education opportunities, and more engagement in leadership for nurses and midwives [41].

3.2.6 Western Pacific Region

The WHO Regional Office for the Western Pacific published *The Vital Roles of Nurses and Midwives in the Western Pacific Region* [42] to showcase contributions of nurses and midwives to population health and provide policy directions for strengthening the professions. The Pacific Community and the Department of Foreign Affairs and Trade co-organised the Inaugural Pacific Heads of Nursing meeting [43], which is intended to provide executive level oversight for regional nursing functions in the Pacific, including a policy advisory and technical role. Throughout 2020, the WHO Collaborating Centre at the University of Technology Sydney, Australia [WHO CC UTS], in collaboration with WHO Division of Pacific Technical Support and national Ministries or Departments of Health in the Pacific Islands, carried out a scoping study [44] to provide recommendations, including a roadmap, for improving the quality of nursing and midwifery education and regulations in Pacific Island countries and areas.



3.3 Country Level, by Category

3.3.1 Recognition and Appreciation

In Jamaica, His Excellency the Governor-General of Jamaica launched the Year with a proclamation and assigned a high-level Patron for the national campaign [45]. In the Seychelles, the Year was inaugurated by the Minister of Local Government in the presence of the President, National Assembly Speaker, Secretary of State for Health, Attorney General and other Ministers [46]. The Ministers of Health of Botswana [47] and Lesotho [48] also officiated at national launch proceedings. Many high-level global and national government figures used special days within the YONM to publicly appreciate the work of nurses and midwives. Royal families, presidents, ministers, embassies, and other government officials from countries such as Antigua and Barbuda [49], Australia [50], Bangladesh [51], Cyprus [52], Italy [53], Kyrgyzstan [54], Namibia [55], Qatar [56], Sweden [57], South Africa [58], Uganda [59], the United Kingdom [60], Viet Nam [61] and Zimbabwe [62] used the occasions of International Nurses Day and International Day of the Midwife to publicly praise the work of nurses and midwives.

In many instances, the appreciation and recognition took the form of awards for those who have positively impacted the nursing and midwifery professions. Her Royal Highness Princess Muna Al-Hussein of Jordan was awarded [63] the WHO's Health Leaders Award for Outstanding Leadership in Global Health for her "tireless support over six decades for nurses and midwives". The Minister of Health of Tonga, a nurse and a midwife, was awarded the WHO's Director General's Award [64], as was the Kingdom of Tonga's Nurses' Choir, for their inspiring performances during the International Year of the Nurse and the Midwife, including at the 73rd World Health Assembly. Dr Mabel Magowe, Deputy Dean of the Health Sciences Faculty at the University of Botswana, was the first nurse to be awarded the Sheth Distinguished International Alumni Award [65].

3.3.2 Special Events

Throughout the year, a variety of creative events helped celebrate, commemorate and raise awareness of the Year. In the United Kingdom, the likeness of Florence Nightingale was projected onto the façades of St Thomas' Hospital [66] and the Houses of Parliament, both in London; in Italy, onto the façade of Spallanzani Hospital in Rome [67]. Many countries organized month-long or even year-long campaigns; others had special events such as a national march [68], an "awareness walk" [69], a walk-a-thon [70], a "flash mob" [71], a prayer service [72] or a tree planting ceremony. Both traditional and social media were used to heighten awareness of the role of nurses and midwives in advancing health. In some countries it was a commemorative stamp, poster campaign, messages of support on public transport [73], serial

newsletters [74], a radio campaign,⁵ daily TV shows [75], films [76], visits to secondary schools by area nurses [77], Facebook Live events [78], videos [79], webinars [80] or multimedia online platforms. In Bangladesh, an “awareness session” was held with the Health Reporters Forum, to enable reporters to write accurately about nurses and midwives in their coverage of YONM-related events.⁶ In Malta, a targeted marketing campaign [81] by the nurses’ union and the Ministry of Health aimed to attract young people to the profession. The Indo-Pacific Centre for Health Security dedicated a podcast [82] to the contributions of nurses and midwives to health security. New international conferences were hosted by governments and partners in Iraq [83], Ireland [84], Nigeria [85], and the United Kingdom [86], while recurring conferences in Ireland [87], Jamaica [88], Slovenia [89], Thailand [90] and others used the YONM to emphasise key themes in the conference content.

3.3.3 Leadership Advancement

In the period around the YONM, there were significant appointments of nurses and midwives to senior government health and academic positions. In both the Seychelles [91] and Tonga [92], the health professional appointed to be the Minister of Health was both a nurse and midwife. The Minister of Health of Tonga was also elected to the post of Rapporteur on the World Health Organization’s Executive Board – the first time for a nurse and a midwife. In Chile, the National Chief Midwife [93] position was re-introduced for the first time since 1834. A Chief Midwife position was established in England [94]; it already existed in Scotland [95]. The Ministry of Health in Malawi established a high-level position specifically for midwifery in Malawi’s central hospitals⁷ and the Bhutan Ministry of Health announced a dedicated division for nursing and allied health professionals.⁸ In Myanmar the first Rector position for the University of Nursing was established.⁹ In Egypt, the Government Chief Nurse was appointed to a high-level Committee on Universal Health Coverage and Health Insurance.¹⁰ The Irish delegation to the 73rd WHA selected a nurse to deliver the national statement [96] and a midwife was chosen to lead a strategic and technical advisory group reporting to the WHO Director-General [97] on maternal, newborn, child and adolescent health and nutrition.

Efforts were also made to develop the leadership capacity of nurses and midwives during the YONM through leadership development programmes. For instance, the Philippines College of Nursing, together with the Department of Health committed to further UHC leadership training

⁵ WHO Collaborating Centre report from the University of Pennsylvania, USA.

⁶ Written communication from WHO Regional Office for South-East Asia.

⁷ Written communication from WHO Department of Maternal, Child, Adolescent Health and Ageing.

⁸ Written communication from WHO Regional Office for South-East Asia.

⁹ WHO Collaborating Centre report from the University of Nursing, Yangon, Myanmar.

¹⁰ Written communication from the WHO Representative in Egypt.



for public health nurses [98]. In Samoa, a series of training sessions on Transformational Leadership [99] was conducted for nurses and midwives from the private and public sectors. At three regional hospitals in Croatia, leadership courses [100] were introduced to give young nurses valuable insight into leadership practices as part of the Nightingale Challenge. Employers in the Solomon Island also participated in the Nightingale Challenge and provided leadership development training sessions. The Scottish Government worked with NHS Education for Scotland to deliver senior nursing leadership development training sessions.¹¹ In Jamaica, the Leadership Development Lecture Series [101] was organized to build the leadership capacities of nurses and midwives in the Caribbean. In India, the Ministry of Health and Family Welfare co-developed and launched a 12-week Midwife Leadership Programme pilot course [102] with three midwifery leaders from seven states.

3.3.4 Political Engagement

The awareness and visibility created by the YONM may have stimulated a more political posture of nurses and midwives within some countries. In Brazil for instance, nurses were elected [103] to occupy 1 192 seats in Brazilian City Councils and City Halls according to a survey by the Brazilian Federal Council of Nursing and based on data from the Superior Electoral Court. In the USA, a nurse was chosen as one of three electors for Washington, D.C. for the presidential election [104]. In Finland, the YONM and *SoWN* 2020 reports were the backdrop for meetings held with parliamentarians.¹² Advocacy efforts were also initiated for expanding the scope of practice for midwives in Myanmar.¹³ In Uruguay, the Ministry of Public Health created a National Commission (CONAE) to hold a series of intersectoral policy dialogues [105] on how investments in nursing can help achieve national health goals.

3.3.5 Education and Training

In the United Kingdom, an increase of funding and enrolment was noted for both nursing and midwifery. In England, 34 190 new nursing students began a nursing degree in 2020, representing a 20% increase compared to 2019 and a record high for undergraduate intake. In Wales [106], the government increased funding for more education places for nurses and midwives and increased the midwifery education intake by 25%. In September 2020, Health Education England allocated £7 million to support nursing associates and assistant practitioners in training to become nurses through a two-year 'top-up' apprenticeship [107]. In Scotland, bursaries for nursing and midwifery students were raised to £10 000 per annum [108].

¹¹ WHO Collaborating Center report from Department of Nursing and Community Health, Glasgow Caledonian University.

¹² WHO Collaborating Centre report from Hotus Nursing Research Foundation, Finland.

¹³ WHO Collaborating Centre report from the University of Nursing, Yangon, Myanmar.

The Federal Ministry for Family Affairs in Germany, launched a nationwide campaign to attract people to a career in nursing *[109]*. In Finland, nursing and midwifery programmes in universities and colleges received more state funding for students.¹⁴ In Ireland, Trinity College Dublin announced a fellowship scheme worth €1 million to enable nurses and midwives to undertake doctoral research *[110]*. The Philippines College of Nursing also secured an increase in government research funding for nurses.¹⁵ In Pakistan, the President marked the National Year of Nursing by announcing the establishment of a new nursing university in Islamabad, adjacent to the National Institute of Health, to provide training to 25 000 students each year *[111]*.

Advancements in quality assurance mechanisms for education and training were also seen during the YONM. In South Africa, a national push for strengthened education programmes resulted in eight of the ten nursing colleges receiving accreditation by the end of September 2020.¹⁶ In Ghana, the first ever policy on preceptorship for midwifery students' clinical competency was launched.¹⁷ New education standards published by the United Kingdom's Nursing & Midwifery Council will take effect in all universities beginning in 2022.¹⁸ In 2019, the Indian Ministry of Health and Family Welfare initiated the first Midwifery Educator and Nurse Practitioners in Midwifery programmes *[112]* for the country.

3.3.6 Employment

The Year of the Nurse and the Midwife and the COVID-19 pandemic underscored the importance of having sufficient numbers of nurses and midwives in health systems. Governments took steps to retain and create additional jobs, and employ or hire nurses and midwives, to meet country specific needs. In Pakistan's Year of Nursing [2019], the President announced plans to double the size of the nursing sector within two years in an effort to overcome shortages *[111]*. In 2020, the Bangladesh Public Service Commission created 6 000 Senior Staff Nurse posts; recruitment began in 2021.¹⁹ In India, there was a commitment to adding 85 000 midwives to the workforce by 2023 *[80]*. In Mexico, the number of midwifery contracts renewed by the government increased compared to the previous five years.²⁰ The United Kingdom and Kenya signed a Health Alliance which provides a route for registered and unemployed nurses

¹⁴ WHO Collaborating Centre report from Hotus Nursing Research Foundation, Finland.

¹⁵ WHO Collaborating Centre report from University of the Philippines, Manila.

¹⁶ National strategic direction for nursing and midwifery education and practice: A roadmap for strengthening nursing and midwifery in South Africa.

¹⁷ Reports provided by the respective WHO Collaborating Centres for Nursing and Midwifery.

¹⁸ WHO Collaborating Centre report from Chief Nurse Directorate, Public Health England.

¹⁹ Written communication from National Professional Officer, Human Resources for Health, WHO Country Office Bangladesh.

²⁰ WHO Collaborating Centre report from Escuela Nacional de Enfermería y Obstetricia, Universidad Nacional Autónoma de México.



in Kenya to work in the United Kingdom, before returning to work in Kenya's health sector [113]. In Germany, the Health Care and Care Improvement Act was initiated to create 20 000 additional jobs for nursing assistants from January 2021 [114]. As of April 2020, 345 nurses and midwives had been hired in response to Ireland's call to ease the pressure placed on the professions during the YONM due to the pandemic [115]. In Finland, the government committed to increasing funding and providing more positions for advanced nurse practitioners [116].

Countries also undertook national planning to ensure service delivery needs could be met by employment strategies for nurses and midwives. Strategic plans were launched in Botswana [117] and South Africa [118], while in the Seychelles, the Department of Health, nursing leaders, and the National Institute of Health and Social Studies were tasked with developing strategies to address nursing and midwifery shortages [119]. A similar process was undertaken in Ireland to address shortages, labour disputes, and provide for continued development of career pathways and retention of highly trained professionals [120]. An expert review by nursing and midwifery leaders generated recommendations direction for the development of the professions and modernise the approach for workforce planning for the next five years [121].

3.3.7 Service Delivery and Work Environment

As part of the Concerted Care Action (Konzertierte Aktion Pflege), the German Government put forth legally binding goals and specific measures for better working conditions, better wages, more training positions and more responsibility for nursing staff [122]. Progress on this initiative was driven forward in the context of the YONM and the COVID-19 pandemic. Similarly, the United Kingdom government announced funds to review how community midwifery services can be maintained or strengthened in crisis situations [123]. In Northern Ireland, the government commitment was towards enhancing service delivery by ensuring safe staffing levels [124]. In Hungary, as part of a government-led campaign to increase its frontline nursing staff, there was a commitment to increasing the wages of Hungarian nurses [125].

Health leaders in Lesotho [48], Uganda and Zimbabwe resolved to ensure conducive working environments for nurses and midwives. The Zimbabwean Health Service Board [62] also announced new health insurance and paid sick leave for affected health workers and their families; Bangladesh instituted a similar programme of an honorarium and increased health and life insurance coverage [126]. In the Seychelles, the base pay for nurses and midwives was raised as of 1 July 2020 [46]. In the Solomon Islands, the Ministry of Health and Medical Services reinforced its commitment to supporting and equipping nurses and midwives for effectively and efficiently providing the services that meet the needs of the population [127].

4. Discussion

We conducted a rapid review of online information in English of reported activities and outcomes of the International Year of the Nurse and the Midwife from mid-2019 (when it was announced) through mid-2021 (to capture activities postponed due to the COVID-19 pandemic). The findings, which cannot be considered representative or comprehensive, were described at the global and WHO Regional level and, at the country-level, were grouped into special events, high-level recognition and awards, advancements in leadership, and commitments and actual investments in education, employment and working conditions. The activities related to YONM include more than 50 countries from all WHO Regions and all World Bank income level classifications.

The YONM was a powerful catalyst for global advocacy campaigns and ambitious agendas for evidence and policy action. Some campaigns that launched in the YONM period, such as Nursing Now, have concluded and assessed their impacts in published reports; others, such as ICM's PUSH campaign, will last through the SDG era. The designation of the YONM provided a strong impetus for strengthening the evidence base on nursing and midwifery, with several positive outcomes. *SoWN* 2020 and *SoWMy* 2021 greatly increased the data available for the period 2013–2018 compared to other occupations due to the momentum created by the YONM [26]. Furthermore, the availability of actual and retrospective data made it possible for previous estimates to be updated and the data limitations of prior analyses and reports to be addressed. Finally, the demand for these data triggered an increase in the country-level nominations of NHWA reporting focal points, which helps strengthen national health human resources (HRH) information systems and improves WHO's ability to collate and share these data through the NHWA portal.

The special events held during the YONM increased public awareness and provided an avenue through which nurses and midwives could celebrate, and be celebrated for, their contributions to health and well-being. However, the YONM had almost complete overlap with the COVID-19 pandemic, which exposed chronic underinvestment in the health and care sector, including shortages of health workers, and poor working conditions. As postponed YONM activities were held in 2021, they dovetailed with the International Year of Health and Care Workers [YOHCW] campaign [128], which had a slogan of #ApplauselsNotEnough. The focus of YOHCW was to invest in all health workers and ensure safe and decent working conditions during and beyond the COVID-19 pandemic. This review found examples of countries investing in the work environment- improving nurse staffing levels, increasing wages, and enhancing health insurance and other protections. Nevertheless, with conservative estimates of COVID-19 deaths among health and care worker currently standing at 115 500 [129] and only one in four



health workers in Africa being vaccinated [130], there is much work to be done to ensure that the celebrations and recognition translate to safe and decent working conditions for all health and care workers everywhere.

The highest government, religious and royal representatives publicly appreciated the work of nurses and midwives during the YONM. This type of endorsement can help raise the profile and elevate the status of nurses and midwives in the eyes of the public. Nursing and midwifery have often been considered “women’s work”, a fact that has contributed to social and economic undervaluing of these professions and the sector. This occupational segregation by gender also underpins the pervasive gender pay gap in the health and care sector. There are indications that occupational segregation by gender is lessening: *SoWN* 2020 reported a global average of 89% of nurses being female; newer WHO data suggest it is now approximately 85%.²¹ Leveraging the high-level support voiced in the YONM, continued advocacy and policy action is needed to address and change social norms and stereotypes and move towards gender equality and inclusive employment in the health and care workforce that will value and empower both nurses and midwives. Investments in nursing and midwifery education and employment can be effective vehicles to increase women’s empowerment [131, 132].

The YONM saw the appointment of nurses and midwives to senior health and academic positions, as well as investments in leadership development, and engagement in political processes. In the *SoWN* report, the combination of a senior government chief nurse and national leadership development programmes was associated with a higher prevalence of nursing education standards and workplace regulations. However, only 70% and 50% of countries reported a chief nurse or a chief midwife position, respectively, and in the health sector overall, women hold only 25% of health leadership roles. The *SoWN* report and the YONM may have prompted engagement in political processes, and some countries saw increasing numbers of nurses and midwives being elected or appointed to public office during the YONM, suggesting potentially greater political influence by nurses and midwives among the populations they serve. However, in most work environments, dedicated policies will need to eliminate barriers that impede nurses and midwives from achieving leadership positions and enable them to apply for and achieve leadership positions equally and on merit. Such policies can help drive progress towards SDG 5 (Gender Equality) and SDG target 5.5: Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

²¹ The *SoWN* 2020 data on gender (representing data ranging from 2013–2018) was based on 132 countries. The NHWA portal update in January 2021 included 146 countries for which nursing personnel data by gender was available and indicated a global median proportion of female nurses of 85%.

There were several commitments to and investments in nursing and midwifery education, employment and working conditions announced in the YONM period. In each WHO Region, there were examples of countries committing to and creating jobs, including new roles (e.g., midwife, advanced practice nurse) that could help expand service delivery. While actual policy action in and investments by countries can be interpreted as positive outcomes of the YONM, many other commitments to action or investments in these areas are yet to be realized. Monitoring implementation of the SDNM 2021–2025 through country-level reporting can help track policy advancements in the areas of education, jobs, leadership and service delivery. WHO Member States actively signalled their support for the SDNM 2021–2025 by adopting it with the first WHA Resolution (WHA74.15) on nursing and midwifery in a decade. This clear global mandate, catalysed by the advocacy and evidence from the YONM, presents an excellent opportunity to hold governments and partners accountable for investments in nursing and midwifery that can strengthen primary health care and advance us towards UHC and other SDGs.

Limitations: This description of activities, outcomes and accomplishments of the YONM has several inherent limitations. First, it is by no means exhaustive nor representative of what took place in a given country or Region during the YONM period. The contents of this rapid review are limited to those that were available online and in English or were shared with WHO by a Collaborating Centre for Nursing and Midwifery. Many of the evidence sources identified are not peer reviewed, and are of an “advocacy” nature, which introduces an obvious risk of bias. In addition, most of the actions, events or activities, reports or strategies, and political announcements or commitments, are best categorized as inputs or processes, whose added value lies in being potentially instrumental to actual policy and investment decisions. While many activities or outcomes were expressly linked to the YONM, far from all can be specifically attributed to the YONM. Simultaneously, there is no way to know whether a given result would have come about if it were not for YONM, as the occasion undoubtedly provided a rationale, a compelling context, or traction for action or policy change.



5. Conclusion

The designation of 2020 as the International Year of the Nurse and the Midwife catalysed an unprecedented period of celebration, commemoration, commitments and, ultimately, a World Health Assembly Resolution on advancing nursing and midwifery. Impacts were seen in terms of data availability, uptake of the SoWN and SoWMy reports for development of national strategies for nursing and midwifery, increases in nurses and midwives in senior government posts, and investments in education, jobs, and Decent Work. As the YONM took place squarely within the global COVID-19 pandemic, there was added resonance to the recognition of nurses and midwives, but also to the call for support, motivation and protection for all health and care workers. The next steps are to consolidate both the gains and the lessons learned during the YONM, and to each take our respective actions to ensure that announcements are turned into policy decisions, and advocacy links-up effectively with political decisions. There is a clear mandate through the SDNM to monitor and hold countries accountable for strengthening their nursing and midwifery workforces via investments in education, jobs, leadership and service delivery. If countries can realize the gains through policies that help countries optimize the contributions of nurses and midwives towards achieving UHC and the SDGs, it will be the longest-lasting legacy of the YONM.

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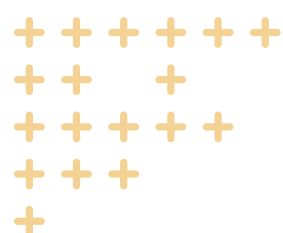
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