



## Overview of the global strategic directions for nursing and midwifery 2021-2025:

### Toward effective NATIONAL POLICY for nursing and midwifery

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#### ABSTRACT

*Nurses are at the forefront of international health care. They provide individualized patient care, but they also educate and advocate for the health and well-being of whole societies to renew primary health care and achieve universal health coverage. However, the workforce shortage compounded by the prevailing global economic and funding constraints, pose severe challenges to the nursing and midwifery workforce, and to service delivery worldwide. The strategic directions and conceptual framework were drawn from the common thematic areas derived from evidence from the global literature including the Global strategic directions for nursing and midwifery (SDNM) 2021-2025. In this overview a qualitative content analysis was used to describe and interpret the data from the selected documents. The SDNM includes the four areas of education, jobs, leadership, and service delivery. Each "strategic direction" comprises two to four prioritized policy actions needed to achieve it. The suggested implementation strategy reflects an inclusive process beginning with broad engagement for robust national data, intersectoral policy dialogue supported by data and analysis, and evidence based decision-making on appropriate policy actions and investments. The document emphasizes actions by the national Ministry of Health, however, the role of key stakeholders in sharing data, participating in policy dialogue, and advancing the implementation of policies through coordinated work and aligned investments, is essential for meaningful movement towards each strategic direction. The proposed National Libyan Plan (NLP 2022-2032) is prepared around key global policies and standards in midwifery and nursing.*

**Keywords** Nursing -Midwifery- Global strategic-National Policy - SDNM

#### لمحة عامة عن التوجهات الاستراتيجية العالمية للمريض والقبالة 2021-2022

#### نحو سياسة وطنية فعالة للمريض والقبالة

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#### الملخص

الممرضات في طليعة الرعاية الصحية الدولية. إنهم يقدمون رعاية فردية للمرضى ، لكنهم أيضًا يتفقون ويدعون إلى صحة ورفاهية مجتمعات بأكملها لتجديد الرعاية الصحية الأولية وتحقيق التغطية الصحية الشاملة. ومع ذلك ، فإن النقص في القوى العاملة الذي تقاوم بسبب القيود الاقتصادية والتمويلية العالمية السائدة ، يفرض تحديات شديدة على



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القوى العاملة في التمريض والقبالة ، ولتقديم الخدمات في جميع أنحاء العالم. تم استخلاص الاتجاهات الاستراتيجية والإطار المفاهيمي من المجالات المواضيعية المشتركة المستمدة من الأدلة من الأدبيات العالمية بما في ذلك الاتجاهات الاستراتيجية العالمية للتمريض والقبالة (SDNM) 2021-2025 ، تم استخدام تحليل المحتوى النوعي لوصف وتفسير البيانات من الوثائق المختارة. يشمل SDNM المجالات الأربعة للتعليم والوظائف والقيادة وتقديم الخدمات. يتألف كل "اتجاه استراتيجي" من اثنين إلى أربعة إجراءات سياسية ذات أولوية مطلوبة لتحقيقه. تعكس استراتيجية التنفيذ المقترحة عملية شاملة تبدأ بالمشاركة الواسعة لبيانات وطنية قوية ، وحوار سياسات بين القطاعات مدعوماً بالبيانات والتحليل ، واتخاذ القرار القائم على الأدلة بشأن الإجراءات والاستثمارات السياساتية المناسبة. تؤكد الوثيقة على الإجراءات التي تتخذها وزارة الصحة الوطنية ، ومع ذلك ، فإن دور أصحاب المصلحة الرئيسيين في تبادل البيانات ، والمشاركة في حوار السياسات ، والمضي قدماً في تنفيذ السياسات من خلال العمل المنسق والاستثمارات المنسقة ، أمر ضروري لتحرك الهادف نحو كل اتجاه استراتيجي. تم إعداد الخطة الوطنية الليبية المقترحة ( 2022-2032 NLP حول السياسات والمعايير العالمية الرئيسية في مجال القبالة

#### Background

The situation of healthcare and health coverage in Libya is considered to be a difficult case file that is surrounded by many challenges and issues. The lack of vision and suitable strategies required for advancing the sector, in addition to the absence of bridging the gap between the sector and the beneficiaries from the services provided by the sector [1]. The health sector is the second largest service sector after the education sector in terms of the number of workers. This has negatively affected the sector's ability to provide good services to people [1].

The World Health Organization (WHO) said in its report on the health situation in Libya for the year 2021 that the health sector in Libya is facing several challenges, including institutional fragmentation, weak governance, lack of accountability, and severe shortages of funding, medical supplies and health workers, in addition to the disruption of the primary healthcare network [2], [3],[4] .

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) set clear targets for health, education, gender equity, decent work and inclusive growth, and others [5]. The WHO, provides global leadership on SDG 3, which is rooted in the concept of universal health coverage (UHC), and support to WHO Member States to optimize their health workforce towards achievement of UHC and other health targets [6]. The Global strategic directions for nursing and midwifery 2021-2025 (SDNM) presents evidence-based practices and related set of policy priorities that can support countries to ensure that midwives and nurses optimally contribute to accomplishing (UHC) and other population health goals [7]. The SDNM encompasses the four areas of education, jobs, leadership, and service delivery. Each "strategic direction" comprises two to four prioritized policy actions needed to achieve it. The prioritized policies arise from published evidence in the State of the world's nursing 2020 [8] (SoWN) and the State of the world's midwifery (SoWMy) reports [9]. To identify the most important policy actions, a prioritization exercise was conducted with over 600 nursing and midwifery leaders from ministries of health, national nursing and midwifery associations, regulators, WHO Collaborating Centers for Nursing and Midwifery, and the Nursing Now campaign in attendance at the biennial WHO Global Forum of Government Chief Nursing and Midwifery Officers and the "Triad Meeting" hosted by WHO, the International Confederation of Midwives (ICM), and the



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International Council of Nurses (ICN) [10]. Regional and global consultation processes corroborated and helped refine the prioritized policies. The policy priorities are interrelated: the issues and policy responses in one are correlated with the issues and policy responses in the others [10].

#### Methods

In this review a qualitative content analysis was used to describe and interpret the data from the selected documents considered the key global policies and standards in midwifery and nursing as the foundations for assessing the strengths, weaknesses, opportunities and threats (SWOT) within the midwifery and nursing systems in the health sector in Libya [11]. The Policy framework described in this review builds on the contextual evidence derived from the situational analysis of the health care system in Libya as well as the in-depth SWOT analysis on midwifery and nursing.

#### Results

##### *Situational analysis of Nursing and Midwifery in Libya*

Nursing and midwifery practice and service delivery is set against the backdrop of a complex and dynamic demographic, epidemiological, and health system context. The population and health care needs are also rapidly changing requiring innovative policy approaches to effectively address these needs and demands [12].

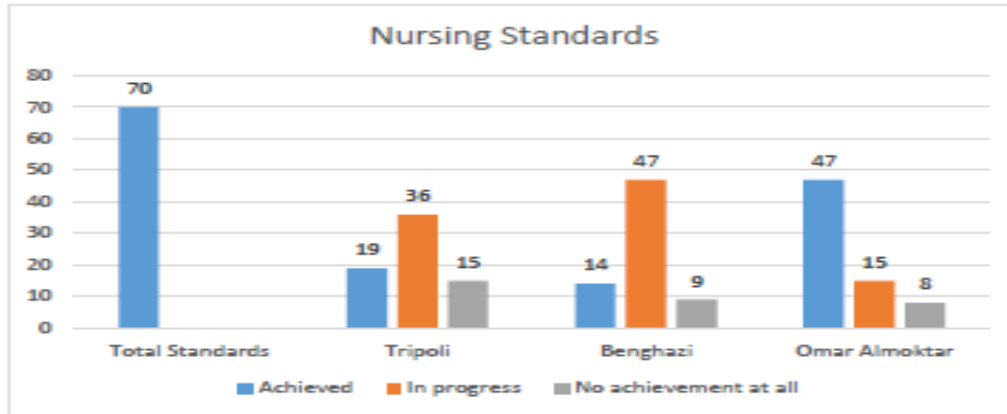
In 2007, the Faculties of Nursing was established and till date it reached 7 schools and is working under supervision of Ministry of Education. Similarly, the Faculty of Medical Technology, Health Sciences and Public Health were established. After the departure of the human resources for health as a result of the events and armed conflicts in Libya, the Ministry of Health considered the re-establishment of the system of intermediate schools to cover the shortage of nursing in the shortest possible time. Therefore, a number of 14 institutes were developed in the Western, Central and Southern Region. [13] The program includes 30% theory and 70% practical training. The duration of the study is three years and gives the graduate an intermediate qualification which make them eligible to pursue their career in labor market or for continuing education in higher institutions but not at university colleges [13]. The qualification falls within the educational and career ladder of the state. The number and distribution of intermediate health institutes, as shown in below table for the year 2015, reached 1288 students in the field of nursing. The institutions of training generally do not meet the accreditation standards of ICM and ICN as well as that of WHO. According to WHO/MOH/EU/ (2018) report [14], even the Nursing Faculties of the 3 universities of Tripoli, Benghazi and Omar Almoktar do not meet over 75% of the 70 WHO standards set for effective education as depicted in the Fig. 1 below.

Figure 1: Status of Nursing Accreditation Standards in Libya defined by WHO EMRO Accreditation standards



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**Source: WHO/MOH/EU/ (2018) report**

Nursing education seems more streamlined and is the entry point for both nursing and midwifery education. There is no direct entry midwifery programme. One enrolls into the University to study nursing and then after two years of basics education, the student may choose a track to complete in nursing, midwifery & neonatal nursing, critical care or theatre nursing from Year 3 to 4. By academic and professional consideration, these tracks cannot be deemed as specialist courses as they are offered within the basic training [14]. Table 1 summarized the barriers and challenges facing the nursing and midwifery education in Libya[14], [15].



**Table 1 Barriers and challenges facing the nursing and midwifery education in Libya**

1. Weak student preparation in English and Ethics. [1], [2], [3], [7], [14].
2. Number of years used to prepare midwives and other nurses below standard duration [14]
3. Weak accreditation and no quality assurance and licensure exam to practice. [14]
4. Weak assessment criteria for qualification and licensure [12] ,[14]
5. Doctors/ OBGYNs commonly teaching midwifery/nursing [14]
6. Limited availability of qualified local faculty to train nurses and midwives. [1], [2], [3],[14]
7. No PHC facility conduct deliveries limiting sites for preceptorship[14],[15].[16]
8. Weak clinical competencies of students as staff on duty unwilling to precept [7],[14] [2]
9. Limited interest of basic school graduates to enroll in Higher Technical Institutes due to poor public respect of qualifications .[14]
10. Poor infrastructure in Institutes including under-furnished skills Labs [1], [2], [3], [7], [14],[16]
11. Limited finances to support quality education. [1], [2], [3], [7],[14],[16]
12. Private Institutions largely operating on unregulated standards [14]
13. Institutions not geographically distributed 14],[16]
14. Ill-equipped skills labs and limited resources even in hospitals of clinical practice. [1], [2], [3], [7], [14].],[16]



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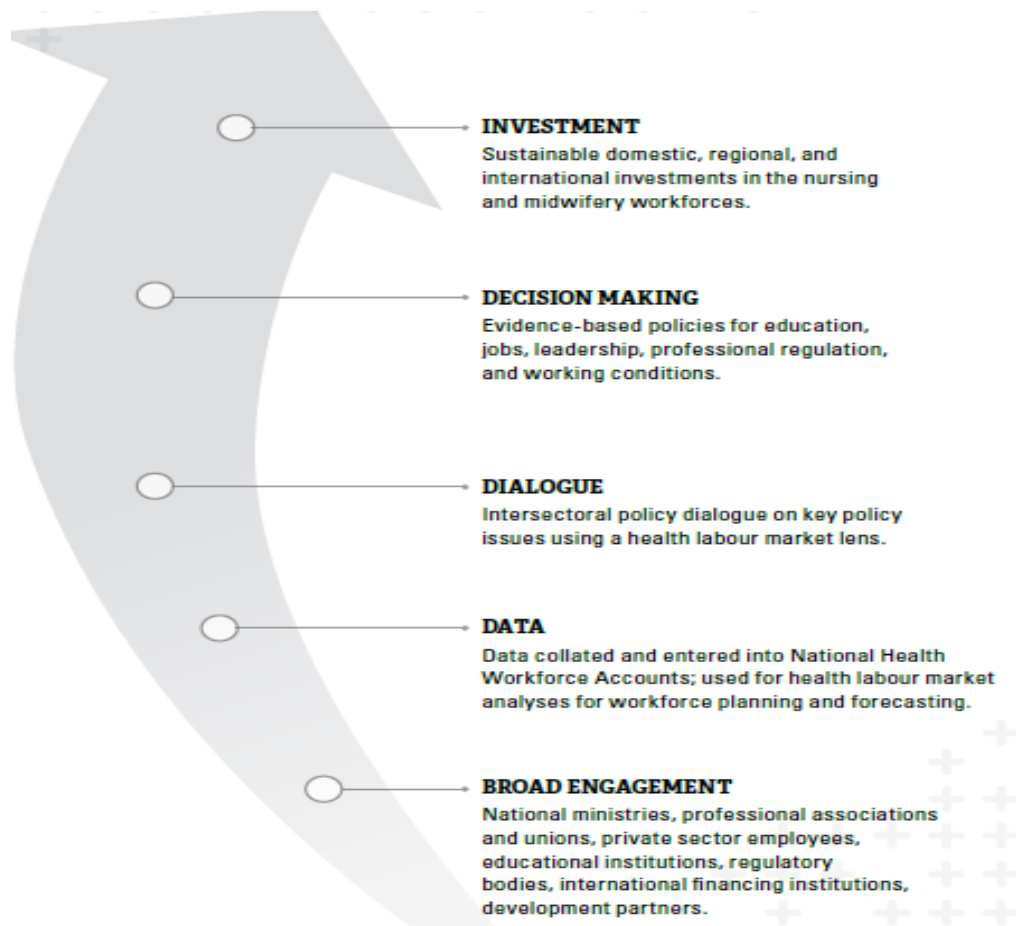


Figure 2 Strategic directions for nursing and midwifery 2021-2025: theory of change [16].

### Policy measures and strategies

Table 2 Strategic Directions and Expected Outcomes [16]:





No.	Strategic Direction	Expected Outcomes
1.	<i>Leadership for professional governance</i>	Midwifery and nursing leadership at policy, academic and clinical settings strengthened for optimal professional governance and positioning
2.	<i>Midwife-led and nurse-led research</i>	Midwife-led and nurse-led research initiated and driven to build an organized literature of academic and clinical studies to form the foundations for evidence-based care
3.	<i>Policy, advocacy and communications</i>	Policy decision-making influenced positively for impactful promotion and repositioning of the professions of midwifery and nursing through advocacy and communications for quality health care
4.	<i>Competency-based pre-service and continual education</i>	Comprehensive, competency-based well-defined pre-service education and continual education system established for categories of midwives and nurses and informed by global standards and evidence for services at all levels of the health care system
5.	<i>Regulation and accreditation</i>	Global regulatory and accreditation standards and ethical codes of practice applied to strengthen the Nursing and Midwifery Council to govern the 2 professions of autonomous midwifery and nursing for the protection of the population
6.	<i>Midwifery and nursing workforce</i>	Production, recruitment, deployment and promotion of a motivated midwifery and nursing workforce optimized and organized to accelerate progress in health care for the attainment of SDG/UHC goals
7.	<i>Midwifery and nursing clinical practice</i>	Midwifery and nursing clinical practice re-modelled and re-organised to expand and facilitate the provision of packages of health care in accordance with the national BPEHS and global SRMNCAH policies within a supportive environment
8.	<i>Independent associations for Midwives and Nurses respectively</i>	2 independent associations for Midwives and Nurses respectively established and nurtured to build formidable entities that advocates for optimal care and stand as strong voices for professional advancement and public health
9.	<i>Partnerships</i>	Robust and diverse partnerships established to build and support the professions of midwifery and nursing for quality health services
10.	<i>Mainstreaming gender, technology application and innovations</i>	Gender, technology application, and innovations mainstreamed into all core tenets of midwifery and nursing development and structures established for supporting other language(s) of communication aside Arabic for enhanced international professional engagements and development



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### The Conceptual framework of the National Policy

The conceptual framework that will govern the strategy for midwifery and nursing improvements over the next 10 years in Libya is hinged on the concept of universality (leaving no- one behind) in the achievement of equitable, available, affordable quality and respectful integrated SRMNCAH and general health services with midwives and nurses (secondary target audience) playing their pivotal professionals' roles[11]. The framework further presents the ten strategic directions of midwifery and nursing requiring improvement as interconnected systems that need to work in tandem with support from the MOH, other professionals and partners as tertiary target audience for success.

### The objectives of the National Nursing and Midwifery Policy

1. To enhance quality and transformative nursing and midwifery education and research for innovative and evidence-based practice.
2. To strengthen the nursing and midwifery workforce planning and management for effective provision of quality nursing and midwifery services.
3. To ensure access to safe and quality nursing and midwifery services in a healthy work environment.
4. To strengthen the regulatory framework for nursing and midwifery education, professional practice, and service delivery.
5. To strengthen nursing and midwifery governance, leadership, management capacities for effective involvement in decision making and leadership responsibilities at various levels of the health system.
6. To ensure sustainable financing for nursing and midwifery services through innovative financing options and entrepreneurship [16].

### Implementation framework

The implementation framework hunt for to outline the key stakeholders in the implementation of the policy and strategic interventions [11]. This is critical for ownership and to get every player to take responsibility for rolling out their part of the mandate. The Office of the director of MN in MOH takes direct and primary responsibility in close collaboration with the policy, planning, monitoring and evaluation remits of MoHS. The PHC Directorate (PHCD) and the National Centre for Disease Control (NCDC) have critical roles to lead on how the appropriate aspects of the plans would be roll-out at the 3 levels of the PHCC [11].

These policy priorities can support advancement along the four strategic directions:

- 1) educating enough midwives and nurses with competencies to meet population health needs; 2) creating jobs, managing migration, and recruiting and retaining midwives and nurses where they are most needed;
- 3) strengthening nursing and midwifery leadership throughout health and academic systems; and 4) ensuring midwives and nurses are supported, respected, protected, motivated and equipped to safely and optimally contribute in their service delivery settings.

The strategic directions and conceptual framework were drawn from the common thematic areas derived from evidence from the global literature including (SDNM) 2021-2025 that fed into the SWOT analysis and policy framework. The best practices reported in countries





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for success in addressing similar gaps were also considered. During the 3-day development workshop that was organized with strategic stakeholders, each group was requested to brainstorm on the strategic directions for the next ten years[11].

## Conclusion

The impact of the COVID-19 pandemic has reinforced the global need for skilled midwives and nurses and underscored the urgency of investments in their education, jobs, leadership, and service delivery settings[5]. The proposed National Libyan Plan (NLP 2022-2032) is organised around key global policies and standards in midwifery and nursing as the foundations for assessing the strengths, weaknesses, opportunities and threats (SWOT) within the midwifery and nursing systems in the health sector [11]. The strategic directions provide prioritized areas for policies to empower the world's midwives and nurses. Implementation is based on a country-owned process of broad and intersectoral engagement for data reporting, policy dialogue and decision making on policy actions. It further provides an overview of the cross-cutting factors that also effect on the two professions [16].

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