

# WHO Family Health Nurse Multinational Study

Report on a WHO Meeting

Madrid, Spain  
15 March 2003

## ABSTRACT

The WHO Family Health Nurse Multinational Study Meeting was attended by representatives from twelve WHO European Member States. The purpose of this meeting was to receive a progress report from each participating country in the study and furthermore to identify what help the various pilot sites needed to maintain progress. The WHO Family Health Nurse Multinational Study reflects the intention of the Munich Declaration: Nurses and Midwives – a force for health to enhance the role of nurses particularly in the field of public health. The outcomes of the Multinational Study on the Family Health Nurse are intended to inform policy-makers on the most effective way of developing community nursing and related services in the future.

### Keywords

NURSING – trends – congresses  
FAMILY NURSING  
COMMUNITY HEALTH NURSING  
PROGRAM EVALUATION  
HEALTH POLICY  
EUROPE

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## Objectives of the Meeting

Twelve countries expressed an interest in participating in the Multinational Study at the outset of the study. While progress has been made in particularly one pilot site, this was not true for the majority of interested countries. The purpose of the meeting was to review progress across the pilot sites and to identify the types of support needed by each pilot site. Other objectives concerned:

- agreement of what is feasible in terms of assistance to those sites which made slow progress as well as to identify who will provide that assistance;
- in-country evaluation; and
- receiving a progress report on the work on cross-regional evaluation tools and methodologies.

## Introductory remarks

Ainna Fawcett-Henesy, Regional Advisor Nursing and Midwifery, WHO/EURO, welcomed participants and apologized for the time pressure under which the meeting was announced and organized. For reasons of economizing on time and resources the meeting was scheduled directly after the WHO Government Chief Nurses meeting and the annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO in Madrid. All participants introduced themselves briefly.

An overview of activities since the launch of the Family Health Nurse Multinational Study was given. The implementation of the Family Health Nurse (FHN) concept was one of the objectives of WHO for the biennium and was endorsed by the Regional Committee. After this endorsement potential Member States were identified as possible pilot sites in the Multinational Study. Ministerial approval was a prerequisite for being accepted to the study as a means of ensuring ownership by each country. This prerequisite has proved an obstacle for many of the potential pilot sites and hampered progress.

Many Ministers of Health expressed commitment to Nursing and Midwifery development and asked for support in developing the Family Health Nurse concept. Some initiatives have taken place across the Region which can be built upon. WHO Liaison Officers were contacted before the meeting to ensure that there is continuous support of the Ministries of Health in the newly independent states (NIS) and countries of central and eastern Europe (CCEE). This meeting was dedicated to renewing the WHO initiative to implement the Family Health Nurse concept.

## The Family Health Nurse Pilot Project: The Scottish Experience

Despite the limited progress on the Family Health Nurse project across the Region, one country has made great progress during the past two years: Scotland. Ms Anne Jarvie, Chief Nursing Officer of Scotland, gave a presentation on the Scottish experience. This example is especially useful for Member States that are about to start as a pilot site. Three phases could be identified in the Scottish pilot site: The planning, the implementation and the evaluation phases.

*Planning Phase:* During the planning phase work was done to develop the project proposal. Planning was absolutely essential to mobilize the commitment needed. It was particularly important, because in Scotland eight nursing disciplines providing a range of community-based nursing services already exist. The challenge was to introduce another along with those eight without creating a feeling of threat. Following this, important stakeholders for implementing the Family Health Nurse concept were identified including ministers, colleagues in the governmental Department of Health such as the Head of the Department and the Chief Medical Officer of Health. Externally, nursing leaders, leaders of educational establishments, and heads of professional organizations, in particular medical organizations, were identified. Finally the local communities in which the implementation was to take place needed to be involved. To start the project students and supervisors had to be recruited. Recruitment took place in the Scottish Highlands which was identified as a suitable location based on the needs of Scotland for the Family Health Nurse. Students were identified by Directors of Nursing and the supervisors were prepared for their new role in clinical assessment. Meanwhile two cohorts of students were recruited. The preparation of supervisors was especially challenging because they had previously been working on another agenda in community nursing.

The WHO multinational curriculum was adapted to fit the Scottish nursing educational framework. The adaptation had to be approved by the regulatory body. Subsequently the evaluation research was planned and specified and a steering group was formed. The steering group consisted of representatives from health care personnel, professional bodies and the health council. After the appointment of a project officer a communication strategy was developed. The position of the project officer proved to be key to maintaining continuous communication as well as to solve problems as they arose during the implementation period. Local meetings and roadshows, articles in professional journals and the local media and the creation of a website were the means of communication used to raise awareness of the Family Health Nurse concept and to promote its implementation.

The Scottish piloting was strongly facilitated by a budget of £1.3 million. Most of the money was spent on paying absence times for the 31 nurses who were already NHS employees while attending the education and training programme for the Family Health Nurse role. Because the Highlands are a remote area, in some instances only accessible by sea or air, each nurse was given a laptop on loan. Other expenses included the Project Officer's costs and the research evaluation.

*Implementation Phase:* The Education Programme and the Practice Role of the Family Health Nurse were presented. The University of Sterling was selected to be in charge of conducting the educational programme. Thirty-one students (eleven in year one and twenty in year two) participated in the educational programme. Their educational backgrounds were: Nursing, District Nursing and Health Visiting. Teaching was carried on campus and through distance learning. Four modules had to be completed: Working with families; Communication; Advanced Family Health Nurse Practice; Research, Decision-making and Clinical Practice. The programme was accompanied by regular student reflections that provided useful insights into education and practice. Students stated that they worked in a different way.

In practice, the role as Family Health Nurse was a catalyst for teams to review their practices and roles. This process was facilitated and supported by senior nurse managers. Local meetings in the community have taken place to ask communities for their perceptions of the role of the Family Health Nurse and how it matches local health needs. New practice tools have been

developed (Family Health Nurse records, activity recording systems and practice proformas to be completed by the Family Health Nurses to provide feedback to Steering Group).

*Evaluation Phase:* A concurrent evaluation is being carried out by the Centre for Nurse Practice, Research and Development, the Robert Gordon University in Aberdeen. The evaluation will address the main areas of:

- the education curriculum
- the educational preparation and support of students
- the Family Health Nurse model in clinical settings
- the perceptions of stakeholders and families.

The results of this evaluation will inform the discussion on the future of the Family Health Nurse role and are due June 2003.

*Emerging Practice Models:* The first Family Health Nurses have been in practice for one year and different models of practice are beginning to emerge. Eleven different ways of practising could be identified which is indicative of the flexibility of the role of the FHN. Examples of the practice models include: the FHN as a single practitioner working on an island or in a remote inland area with other specialists some distance away, who is multi-skilled and maintains strong links with specialists and the FHN integrated in a nursing team.

Projects that have been facilitated by the Family Health Nurses in Scotland include diabetes prevention in families, a men's health club, first aid training for communities, a teen health programme, the creation of a community involvement group to discuss health issues, the development of an information pack on environmental hazards in the farming community pack, and a multidisciplinary-led breastfeeding awareness day.

*Outcome scenarios:* There will be a broad discussion on how to proceed after piloting the Family Health Nurse in Scotland. Outcome scenarios in the Steering Group discussions included:

1. The Model is not appropriate for Scotland (this was already rejected by the Steering Group).
2. There will be further development within four pilot areas.
3. It will be extended to other remote and rural areas.
4. An exploration in other areas, i.e. urban settings or with specific groups will be undertaken.

A consultation phase is underway to address the outcomes and to discuss further procedures and policies. Aspects to be taken into account include: the health policy agenda in general, the redesign of education and services to fit with the regulatory body, and the agenda of the remote and rural areas.

More information on the project can be found on the website: [www.show.scot.nhs.uk/sehd/familyhealthnurseproject](http://www.show.scot.nhs.uk/sehd/familyhealthnurseproject)

Two main issues were addressed in the discussion of the presentation. The first concerned the question *how to get started*. The lesson to be learned from Scotland is the involvement of as many stakeholders as possible including professional organizations. Equally important is the

involvement, commitment and support of a physician from the local community. Another important aspect is the involvement of the community, which may be achieved by strongly focusing on patients from the local community.

A committed Chief Nursing Officer can do much to facilitate the implementation of the Family Health Nurse concept. A leader in the government was key to implementation in Scotland. Where there is no Chief Nursing Officer, the National Nursing Association may be the starting point. Another route may be to start from a primary health care perspective where dedicated professionals perceive the Family Health Nurse concept as a means to move forward and to convince decision-makers in health care.

The second matter of discussion concerned the nursing profession itself. A new nursing role may cause jealousy among other nurses or feelings of being threatened in their own position. The Scottish experience shows a way to address this issue. The third discussion point was the importance of getting the educators involved and prepared. If the implementation of the Family Health Nurse is to be successful, the only way is to involve and prepare educators and ensure that they take on and are committed to this new range of competencies.

## **Country Reports**

### **Armenia**

Nora Pahlevanyan, Government Chief Nurse of Armenia, reported that in 1996 the Ministry of Health adopted a new approach in organizing the health care system that focused on family medicine and family nursing. There is as yet no legislation on family medicine, but the National Nursing Association was asked by the Ministry of Health to formulate proposals. The association was also given the responsibility to prepare the nursing legislation. There are three departments of family nursing in nursing schools and one in the national institute of health. A total of 144 family nurses have already been educated and two are currently being educated in a six-month programme. Although there are huge financial problems, nurses in Armenia are very enthusiastic about the Family Health Nurse project. There was support from Lesley White, the Project Officer for the Family Health Nurse piloting programme in Scotland.

### **Denmark**

Merete Thorsen from the Danish Nursing Association described the Danish experience as a learning one. After a conference in 2000 there seemed to be agreement from the Ministry of Health of Denmark to be a pilot site in the Multinational Study. After a change in the Ministry of Health a new initiative was undertaken to get ministerial support which has not been successful to date. The Danish Nursing Association contracted a project manager to start a study on the Family Health Nurse in Bornholm, where there is no barrier between primary and secondary health care and which therefore seems to be a suitable pilot site. Contact with a nursing school that is linked to a university department has been established. Governmental approval and funding has not been obtained yet, but will be essential for performing the study in Denmark.

## Finland

Marjanna Pelkonen from the Finnish Department of Health reported that there are three pilot sites (Helsinki, Espoo and eastern Karelia). The education programme will be performed by the polytechnics. The course in Helsinki started with seven students, which is less than expected. The practice setting will be a hospital. In Espoo an active director has recruited 21 students from an outpatient clinic who will start their programme in April 2003. This pilot site aims at the development of family-centred outpatient services. The pilot site in eastern Karelia will start in autumn 2003 and will concentrate on families with children. In the first instance the teachers will need to be educated for their role – each is required to have a Master's Degree with special knowledge in Family Health and Family Health Nursing. A project proposal has been prepared, a steering group was established and support of the Ministry of Health and the Ministry of Education has been ensured.

## Germany

Christa Schrader from the German Nursing Association reported that progress has been made. After two years, governmental approval seems to have been achieved but still needs to be formally confirmed. Funding from the government will not be available. The German Nursing Association has prepared the final proposal for conducting the study and is now making every effort to secure funding from the Robert Bosch Foundation. An educational institution in Munich and the Institute of Nursing Science at Witten University are partners in the study. Because the German Nursing Association is involved in roundtable discussions at ministerial level, the chances of achieving a successful outcome are considered more probable than was believed previously.

## Kyrgyzstan

In Kyrgyzstan there are 32 000 nurses and 13 000 physicians serving a population of five million. Nurses are educated in nursing schools. The national health care reform led to larger hospitals and more primary health care settings. Following this reform family doctors and family nurses have been educated. There are 59 nurses educated to be family nursing teachers. Discussions are underway to increase the responsibilities of family nurses. It was also recognized that nurses need regular training in family nursing and therefore a six-month programme was developed and will be implemented. In addition, a documentation system for family nursing was developed and work is being done on implementing appropriate nursing legislation. This process will be facilitated by changes in the educational system. Within the Ministry of Health a department on primary health care was established which will be also supportive in promoting family health nursing. A remaining problem is the lack of learning materials, in particular with regard to community health care.

## Lithuania

Nijole Bielinienė, Chief Nurse in the Ministry of Health in Lithuania, reported that Lithuania participated in two international projects and that there is a longstanding partnership (ten years) with the Danish Nursing Association. The main project was changing basic nursing education. Since 1999 Lithuanian nurses are educated according to the new educational programme, which initially came from Denmark. The second project concerned Primary Health Care and teamwork. This project changed the attitudes of physicians to nurses. A programme for community nurses



was prepared, which initially lasted one month but is now extended to three months. Meanwhile District Nurses are interested in participating in this community health care programme. Physicians have also expressed the view that nurses who work in districts and in distant regions participate in this programme. In Vilnius there are eight nurses working with families. As part of the reform of the health care system hospitals have cut the number of beds and patients stay has decreased from two months to fifteen days. Meanwhile there is a growing understanding that nurses are a valuable and efficient resource to address this problem. This may lead to governmental funding for the Family Health Nurse. The idea is that regional authorities could organize nursing centres for families, but have no funding to do so yet.

## **Republic of Moldova**

Dr Elena Stempovscaia, Government Chief Nurse and President of the Republican Nursing Association of Moldova, reported that the project on the Family Health Nurse was started with great enthusiasm. With the external support of WHO consultants a training of trainers and family nurses was performed. This was followed by a one-month training period in which WHO material on the Family Health Nurse was used. This was helpful for evaluating patients and families needs as well as doing a community health needs assessment. There was encouragement by the Ministry of Health, the Social Investment Fund and other governmental bodies, but during implementation many problems and obstacles appeared. The WHO curriculum was adapted to national needs and was shortened from ten to six months due to financial constraints. The project was realized in two regions: Stauceni region and the Riscani sector of Chisinau. After doing a health needs assessment problems were identified and it was decided that the situation of how nurses work needs to be changed. Instead of spending too much time on being assistants to physicians they need to focus more on patients needs and should be available in home care services. This led to a discussion of the functions and responsibilities of family nurses. It was revealed that nurses have many consultative and coordinative aspects to cover in their everyday practice. The Family Health Nurse concept was helpful in re-thinking the nursing contribution to health care and to initiate first steps to make more use of this potential.

## **Slovenia**

Tatjana Gec, Director of the WHO Collaborating Centre for Primary Health Care Nursing in Maribor, described difficulties in preparing the final study. The main reason is that Patronage Nursing, a similar model to the WHO concept was established in 1986. Today 770 registered nurses cover a population of two million people, which means that there is one nurse per 2500 inhabitants. The goal is to have more nurses so that the ratio is one nurse for 1650 inhabitants. A new college has just been established and the pilot study education and training programme will be undertaken by this college. Nurses are being trained as mentors.

## **Spain**

Dr Teresa Icart Isern from the Nursing School at the University of Barcelona reported on Catalonian activities to participate in the pilot study. Governmental authorities expressed an interest in participating and therefore ten nurses from rural and eighteen from urban areas were recruited to participate. This was followed by setting up the educational programme, which was adapted by experts and approved by the University of Barcelona. Although everything is prepared to start there remains problem of insufficient funding to commence activities.

## Tajikistan

Dr Nargis Rakhimova, National Coordinator of Nursing and Midwifery in the Ministry of Health in Tajikistan reported many steps being taken to advance Family Nursing. The Minister of Health is in strong support of the Family Health Nurse concept. Activities have been initiated as a follow-up of the Munich Conference in 2000. Collaboration with Scotland was established which also promoted the development. In 1998 educational programmes for nurses were changed (at basic or undergraduate level) with a strong focus on family nursing. With the priority on primary health care by the Ministry of Health new educational programmes for nurses were developed. Today there are four medical (nursing) colleges (old terminology of the former Soviet system) and the implementation of the FHN curricula as part of undergraduate nursing education started in 2002. The curricula were developed according to WHO recommendations (Strategy for Nursing Education) and adapted to the needs and circumstances of Tajikistan. When the previous educational programmes for nurses were reviewed it showed that these curricula were not nursing curricula per se, but curricula for physicians' assistants. Facilitated by the strong and continuous support from the WHO Collaborating Centre at Glasgow Caledonian University in Scotland meetings of organizations have been held and the curriculum was revised step by step. It was put on record that such support is very helpful to achieve progress according to WHO principles.

Mrs Fawcett-Henesy thanked all the participants for providing useful updates. She pointed out however that only those countries who were willing to train nurses along the WHO FHN lines based on the WHO outline curricula could participate in the study. This would ensure that the nurses had the appropriate competencies to provide the kind and level of care outlined in the WHO definition of the FHN. It would appear that some of the countries who had reported today will not be suitable as pilot sites. She agreed to visit each country and discuss the requirements with Ministers of Health and the Chief Nurses concerned.

## In-country evaluation of the Family Health Nurse Pilot Projects

Ainna Fawcett-Henesy presented the framework for the in-country evaluation of the pilot sites. She put on record that it is essentially important to get evidence on the effectiveness of community nursing programmes to inform political decision-makers on how to restructure their health care systems and their nursing policies.

The evaluation will focus on structures, processes and outcomes. The leading question for evaluating structures will be:

What changes were made to existing primary health care structures in:

- The range of nursing services provided
- Access to nursing services
- Financing of nursing services
- Impact on services provided by other health care professionals (e.g. family doctors)
- Educational preparation of community nurses (where they exist).

Concerning processes the focus will be on:

- Preparation of the Family Health Nurse
- Functions within the new role
- Area and population of practice
- Interaction with other health care professionals and community based support services.

The outcome evaluation will focus on:

- Changes to existing primary health care nursing services
- Financial costs of the services
- Acceptance by families, patients, employers, other related services
- Perceived effectiveness (health status of the families, promotion of equity, quality of the Family Health Nurse Provision).

All these aspects are to be measured in the participating countries and can be used to indicate how to develop or change the role of nurses in Member States.

## **Comparative analysis across the European Region**

Ainna Fawcett-Henesty introduced Dr Deborah Hennessy who is commissioned by WHO to work on the evaluation of the Family Health Nurse pilot sites. Her particular focus is on cross-regional analysis. Dr Hennessy has developed tools for evaluation and is in the process of testing them in Scotland, where implementation began in 2001.

Steps that have been undertaken for the regional intercountry evaluation included the development of tools, guidelines and methods, the management of data collection procedures and data analysis, interpretation and writing of a report. The development of tools, guidelines and methods started in 2002 and was finalized in April 2003. The tools consist of a standardized and a comprehensive questionnaire with guidelines for each and guidelines for the linkworkers. The comprehensive questionnaire has four parts, which will be answered by different persons:

- Part I: FHN pilot implementation – Country linkworker;
- Part II: social, economic and health service context of the country – Government Health Office Staff;
- Part III: Education of FHNs – FHN Education institution;
- Part IV: Role and effects of FHN – a team working in FHN pilot site.

The standard questionnaire asks about the organization of the FHN study, the role of the FHN compared with the role of others and the organizational issues that affect the role of the FHN. This questionnaire is to be filled in by each FHN and by selected national and local stakeholders concerned with the new FHN role.

Testing of the tools, guidelines and the process was undertaken in Scotland from January to March 2003 and served to test the validity and reliability of the tools, identify specific stakeholders, understand the logistics of in-country data collection and test the suitability of the guidelines. All questionnaires have been distributed and collected and all respondents have been interviewed by phone. The final report and the tools will be ready by the end of April 2003.

Next steps to be taken are:

- Translation of the instruments
- Data collection workshop
- In-country data collection
- Translation of data collected
- Analysis and report.

## **Closure of the meeting**

It was agreed that the evaluation should take place one year after the first Family Health Nurses are in practice following their education. This ensures adequate experience to gather meaningful results on the impact of the Family Health Nurse concept. It was announced that the data collection workshop will take place on 1–2 September 2003 in Slovenia.

Ainna Fawcett-Henesy closed the meeting and thanked all participants for their commitment to the Multinational Study.

*Annex 1*

**SCOPE AND PURPOSE**

The Munich Declaration calls for the enhancement of the role of nurses particularly in the field of public health. It furthermore promotes the establishment and support of family focused community nursing (and midwifery) programmes and services. At the same time it reinforces the importance of a sound knowledge and evidence base for practice in nursing and midwifery. The establishment of the WHO Regional Office for Europe Multinational Study on the Family Health Nurse is very much in line with the spirit of the Declaration. The outcomes of the overall study are intended to inform policymakers on the most effective way of developing community nursing and related services in the future.

All Member States were invited to participate in the study. In the first instance twelve countries expressed an interest. As a result of lack of support at ministry or institutional level several countries withdrew from the Project in the early stages. Whilst one pilot site has made huge progress the same is not true for the majority. The meeting will be used to review progress across all the pilot areas and to identify what support each pilot site needs and how and by whom that support can best be provided. The meeting will also devote time to the in country evaluation and, as importantly, receive a progress report on the work that is currently underway on developing the cross regional comparative tools and methodologies.

At the end of the meeting it is anticipated that there will be:

1. An understanding of the status of each of the pilot sites;
2. An agreement of what is feasible in terms of assistance to those sites which are making slow progress as well as who will provide that assistance;
3. Date agreed for training workshop for those collecting the data at country level for the cross regional comparative analysis;
4. A Plan of Action for the next steps of the multinational study.

*Annex 2*

## PROGRAMME

|             |   |
|-------------|---|
| 14:00–14:15 | Welcome and Opening Remarks<br><i>Ainna Fawcett-Henesy</i><br>Appointment of Chairperson and Rapporteur<br><i>Ainna Fawcett-Henesy</i>  |
| 14:15–15:15 | The Family Health Nurse Pilot Project; The Scottish Experience<br><i>Ms Anne Jarvie</i>   |
| 15:15–15:30 | Coffee/Tea Break  |
| 15:30–16:15 | Progress Reports from Countries:<br><i>Finland: Dr Marjanna Pelkonen</i><br><i>Estonia: Dr Ivi Normet</i><br><i>Denmark: Ms Merete Thorsen</i><br><i>Lithuania: Ms Nicole Bieliene</i><br><i>Kyrgystan: Ms Tamara Saktanova</i><br><i>Germany: Mr Franz Wagner</i><br><i>Slovenia: Ms Tatiana Gec</i><br><i>Republic of Moldova: Dr Elena Stempovscaia</i><br><i>Spain: Dr Teresa Icart Isern</i> |
| 16:15–16:45 | In-Country Evaluation of the FHN Pilot Projects<br><i>Ainna Fawcett-Henesy and Dr Deborah Hennessy</i>  |
| 16:45–17:45 | Comparative Analysis across the European Region<br><i>Dr Deborah Hennessy</i>   |
| 17:45–18:00 | Next steps and closure of the meeting<br><i>Ainna Fawcett-Henesy</i>  |

*Annex 3*

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