Nursing for Health: From Alma Ata to Astana the nursing Contribution to Primary Health Care

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1978 – 2019 What has changed?

Lenin Convention Center in Alma-Ata, where the 1978 International Conference on Primary Health Care took place.
Key message from Astana

- We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals..

- Declaration of Astana, WHO 2018
• Aging populations
• Living longer with frailty
• Birth rates decreasing
• Families having children later
• Family structures
• Movement of people, migration
• Multiculturalism/multi-language
• Racism and discrimination
• Poverty
• Unemployment
• Homelessness and poor housing
Health and wellbeing

- Chronic and long term conditions
- Antimicrobial resistance
- Communicable diseases and vaccination
- Mental health problems
- Obesity and poor nutrition
- Maternal health and childbirth
- Infant nutrition and breastfeeding
- Drug and alcohol misuse and addiction
- Accidental injury
- Violence, war and terrorism
- Natural disaster and emergencies
Mental health

Depression

Every year, about **1 out of 15** people suffer from major depression in the WHO European Region.

If anxiety and all forms of depression are included, nearly **4 out of 15** people are affected.

www.euro.who.int/mentalhealth

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PHC Nursing for all communities

PHC Nurse Specialist in Generalism?
Nursing Contribution to PHC and UHC

2. Migrants, refugees and displaced persons, ICN 2018

- ICN calls on individual nurses in their role as clinicians, educators, researchers, policy influencers or executives, to:
- Develop and enhance her/his own cultural competence and ensure it is incorporated into care delivery for all patient groups.
- Empower and support MRDPs to navigate the health system of their host country including being able to identify and access available healthcare services.
- Provide ethical, respectful, culturally-sensitive and dignified care to MRDPs and their families that acknowledges the interconnectedness of their physical, psychosocial, spiritual, cultural and social needs and challenges.
- Engage in research to contribute to evidence that expands understanding of issues that relate to the physical, psychosocial, spiritual, cultural, and social needs of MRDPs and that can improve healthcare service delivery and support the development of consistent and comparable measures to facilitate this research.
### Table A1.1: Stock of health workers (in millions), 2013\(^a\) and 2030\(^b\)

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Physicians 2013</th>
<th>Physicians 2030</th>
<th>Nurses/midwives 2013</th>
<th>Nurses/midwives 2030</th>
<th>All other cadres(^c) 2013</th>
<th>All other cadres(^c) 2030</th>
<th>Total health workers 2013</th>
<th>Total health workers 2030</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>0.2</td>
<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
<td>0.6</td>
<td>1.0</td>
<td>1.9</td>
<td>3.1</td>
<td>63%</td>
</tr>
<tr>
<td>Americas</td>
<td>2.0</td>
<td>2.4</td>
<td>4.7</td>
<td>8.2</td>
<td>2.6</td>
<td>3.4</td>
<td>9.4</td>
<td>14.0</td>
<td>50%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.8</td>
<td>1.3</td>
<td>1.3</td>
<td>1.8</td>
<td>1.0</td>
<td>2.2</td>
<td>3.1</td>
<td>5.3</td>
<td>72%</td>
</tr>
<tr>
<td>Europe</td>
<td>2.9</td>
<td>3.5</td>
<td>6.2</td>
<td>8.5</td>
<td>3.6</td>
<td>4.8</td>
<td>12.7</td>
<td>16.8</td>
<td>32%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1.1</td>
<td>1.9</td>
<td>2.9</td>
<td>5.2</td>
<td>2.2</td>
<td>3.7</td>
<td>6.2</td>
<td>10.9</td>
<td>75%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>2.7</td>
<td>4.2</td>
<td>4.6</td>
<td>7.0</td>
<td>3.0</td>
<td>6.1</td>
<td>10.3</td>
<td>17.3</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>9.8</strong></td>
<td><strong>13.8</strong></td>
<td><strong>20.7</strong></td>
<td><strong>32.3</strong></td>
<td><strong>13.0</strong></td>
<td><strong>21.2</strong></td>
<td><strong>43.5</strong></td>
<td><strong>67.3</strong></td>
<td><strong>55%</strong></td>
</tr>
</tbody>
</table>

\(^a\) WHO Global Health Observatory

\(^b\) Forecast

\(^c\) Refers to the seven other broad categories of the health workforce as defined by the WHO Global Health Workforce Statistics Database, i.e. dentistry, pharmacy, laboratory, environment and public health, community and traditional health, health management and support, and all other health workforce categories. A multiplier for “all other cadres” was developed based on the values of countries with available data.

**NB:** Since absolute values are rounded to the nearest 100 000, totals may not precisely add up.
Future developments for PHC

- Graduate education for nurses in community and primary health care
- Inter-professional learning
- Advanced nurse practitioner roles
- Nurse prescribing
- Masters and Doctorates in Nursing
- Regulation and accountability
- Positive practice environments
- Empowerment and autonomy
Nursing Now: Triple Impact

Better health

Triple Impact of nursing

Greater gender equality

Stronger economies

Triple Impact Report, Nursing Now, 2017
2020 Year of the Nurse and Midwife

- The World Health Organization has provisionally designated the year 2020 as the “year of the nurse and midwife”, in honour of the 200th anniversary of the birth of Florence Nightingale.