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**FRAMEWORK FOR IMPLEMENTING THE GLOBAL STRATEGIC
DIRECTIONS FOR NURSING AND MIDWIFERY, 2021–2025
IN THE WHO AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. The COVID-19 pandemic has demonstrated that the attainment of global health goals, including universal health coverage and health security, hinges greatly on the availability, quality, and equitable distribution of a fit-for-purpose health workforce, especially nurses and midwives who constitute more than 50% of health professionals.
2. Past and current investments have improved the density of nurses and midwives in the Region from 12 per 10 000 population in 2005 to 18 per 10 000 in 2020. However, more than 3 million more nurses and midwives, combined, are needed to reach a density of at least 40 per 10 000 that is necessary to meet critical population health needs in the Region by 2030.
3. In 2021, the Seventy-fourth World Health Assembly adopted the Global Strategic Directions for Nursing and Midwifery 2021–2025 (GSDNM), focusing on education, jobs, leadership, and service delivery. To contextualize its implementation, the Secretariat undertook a comprehensive assessment titled ‘The nursing and midwifery workforce in the African Region: Optimizing and accelerating investments for resilient health systems’. The findings of the assessment informed the development of this framework.
4. The framework builds on the 2017 Regional Framework on the implementation of the Global strategy on human resources for health (document AFR/RC67/11), which was adopted in the pre-pandemic era. The COVID-19 pandemic exposed several gaps in the planning and management of the health workforce. The proposed framework incorporates lessons from the COVID-19 pandemic and other emergencies to promote accelerated progress towards achieving UHC and ensuring resilience and health security. It will guide the efforts of Member States in aligning, stimulating, and sustaining adequate investments in nursing and midwifery and the broader health workforce.
5. The framework has four strategic directions:
 - (a) **Aligning and expanding nursing and midwifery education and training in line with population health needs** by expanding training opportunities in accordance with nationally determined population health needs, especially addressing critical gaps in specialist skills for nurses and midwives.
 - (b) **Stimulating and sustaining investments in decent employment for nurses and midwives**

by optimizing planning and resource allocation to employ, deploy and retain nurses and midwives.

- (c) **Strengthening nursing and midwifery leadership, regulation, monitoring and evaluation** by advocating for investment in nursing and midwifery leadership development; adopting standards for education and practice; supporting the government chief nursing and midwifery officer or equivalent position to lead the nursing and midwifery agenda across education, employment, policy, and practice; and strengthening regulatory mechanisms for education and practice.
- (d) **Optimizing nursing and midwifery practice, innovation, and research by promoting scopes of practice** that allow them to use the full extent of their knowledge and skills, stimulating and systematically documenting their innovations through research.

6. The Regional Committee is requested to examine and adopt the priority interventions and actions proposed in this framework.

CONTENTS

| | Paragraph |
|--------------------------------------------------------|------------------|
| INTRODUCTION | 1–5 |
| CURRENT SITUATION..... | 6–10 |
| ISSUES AND CHALLENGES | 11–15 |
| VISION, GOAL, OBJECTIVES, TARGETS AND MILESTONES | 16–20 |
| GUIDING PRINCIPLES | 21–26 |
| PRIORITY INTERVENTIONS AND ACTIONS | 27–30 |
| ACTIONS PROPOSED..... | 31 |

INTRODUCTION

1. Nurses and midwives make up over 50% of health professionals and constitute the backbone of health care systems. They play a critical role in the attainment of global health goals, including universal health coverage and health security which hinge greatly on their availability, quality, and equitable distribution. Therefore, concerted efforts are needed to improve the quality of nursing and midwifery education and practice, scale up capacity, and strengthen professional leadership at the frontlines.

2. The State of the World's Nursing (2020)¹ and the State of the World's Midwifery (2021)² reports highlighted shortages of 5.9 million nurses and 900 000 midwifery personnel globally. In 2020, the African Region faced a shortage of 3 million nurses and midwives and had less than 5% of the world's nurses and midwives, despite having 25% of the global disease burden³ and over 100 health emergencies annually.

3. Changing disease patterns, demography, climate change, and natural disasters are increasing the need for a bigger health workforce (HWF). Consequently, more than 50% of the additional investments required to achieve the Sustainable Development Goal (SDG) – which was estimated before the COVID-19 pandemic – was needed for HWF employment.⁴ Furthermore, it has been estimated that 66% of the investments needed for ensuring health security and resilience should be spent on the workforce.⁵ In line with the African regional framework for implementing the Global strategy on human resources for health: Workforce 2030,⁶ there is a need to optimize the role of nurses and midwives in achieving the Region's health agenda.

4. Nurses and midwives are critical for bridging gaps in health care access and in fostering the aspirations for universal health coverage (UHC) and health security. The Seventy-fourth World Health Assembly adopted the Global Strategic Directions for Nursing and Midwifery 2021–2025 (GSDNM), which focuses on education, jobs, leadership and service delivery.⁷ Furthermore, in May 2022, resolution WHA75.17 adopted the Working for Health 2022–2030 Action Plan to accelerate investments in health and care workers.⁸

5. To contextualize the implementation of the GSDNM 2021–2025 in the African Region, an assessment was undertaken to provide, among others, information on the availability and distribution of nurses and midwives, and their technical abilities and working conditions.⁹ This

¹ WHO, 'State of the World's Nursing 2020: Investing in Education, Jobs and Leadership', 2020. (<https://apps.who.int/iris/bitstream/handle/10665/331677/9789240003279-eng.pdf?sequence=1&isAllowed=y>, accessed 19 May 2023)

² Andrea Nove et al., 'The State of the World's Midwifery 2021 Report: Findings to Drive Global Policy and Practice', *Human Resources for Health* 19, no. 1 (2021): 1–7.

³ Mathieu Boniol et al., 'The Global Health Workforce Stock and Distribution in 2020 and 2030: A Threat to Equity and 'Universal' Health Coverage?', *BMJ Global Health* 7, no. 6 (2022): e009316.

⁴ Karin Stenberg et al., 'Financing Transformative Health Systems towards Achievement of the Health Sustainable Development Goals: A Model for Projected Resource Needs in 67 Low-Income and Middle-Income Countries', *The Lancet Global Health* 5, no. 9 (1 September 2017): e875–87, [https://doi.org/10.1016/S2214-109X\(17\)30263-2](https://doi.org/10.1016/S2214-109X(17)30263-2).

⁵ Stephanie Eaneff et al., 'Investing in Global Health Security: Estimating Cost Requirements for Country-Level Capacity Building', *PLOS Global Public Health* 2, no. 12 (5 December 2022): e0000880, (<https://doi.org/10.1371/journal.pgph.0000880>, accessed 15 March 2023)

⁶ Sixty-seventh Regional Committee, document AFR/RC67/11 (https://www.afro.who.int/sites/default/files/2018-02/AFR-RC67-11%20Framework%20of%20the%20implementation%20of%20GSHRH_amended%20-%20TIP.pdf, accessed 18 May 2023)

⁷ Global strategic directions for nursing and midwifery 2021–2025. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

⁸ World Health Organization, Report of the Director General to the Seventy-fifth World Health Assembly (World Health Organization, May 2022) (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_3-en.pdf, accessed 15 February 2023)

⁹ World Health Organization. Regional Office for Africa, *The Nursing and Midwifery Workforce in the African Region: Optimizing and Accelerating Investments for Resilient Health Systems: A Regional Technical Report* (World Health

framework will guide Member States in strengthening their nursing and midwifery workforce from 2023 to 2025.

CURRENT SITUATION

6. With increasing investment in training and education infrastructure, the number of health professional education institutions rose from under 1000 in 2005 to about 4000 in 2019.¹⁰ However, the Region may face a 3 million shortfall of nurses and midwives by 2030 if education and employment opportunities are not expanded. To attain at least 70% of UHC, the African Region requires an estimated 134 health workers per 10 000 population across all occupations (including community health workers), 48% of whom should be nurses and midwives.¹¹

7. Density of nurses and midwives: **Between 2005 and 2020**, the Region added 802 109 midwives and nurses, which represents an average annual increase of 7%. Consequently, the density of nurses and midwives per 10 000 population in the African Region increased from 12 in 2005 to 18 in 2020. Within-country geographical inequalities in the distribution of nurses and midwives are highest in the African Region (Gini coefficient of 19.6 compared to 11.1 globally).¹² Attracting and retaining nurses and midwives in rural and underserved areas remains a key challenge.

8. Although almost 60 000 nurses and midwives are trained annually in the Region, over a third are estimated to be unemployed or underemployed within the first year of graduation. This is attributed to inadequate workforce planning and budget space deficits (estimated at 43%).¹³ The private sector contributes 40% of training capacity in the Region and employs an average 22% of the HWF.

9. The brain drain of nurses and midwives remains a major challenge. The COVID-19 pandemic increased the demand for health workers, especially nurses and midwives in high-income countries, increasing their reliance on the international recruitment of health workers.¹⁴ Some Member States of the African Region (including Côte d'Ivoire, Ghana, Nigeria, Zambia and Zimbabwe) are experiencing record-level escalations in the brain drain.¹⁵

10. The acute shortage of nurses and midwives, the increasing paradox of trained but unemployed nurses and midwives due to constrained budgets and unmanaged migration, threatens the aspirations of attaining UHC and ensuring health security.

Organization. Regional Office for Africa, 2022), (<https://apps.who.int/iris/handle/10665/366121>, accessed 15 March 2023)

¹⁰ World Health Organization, 'The State of the Health Workforce in the WHO African Region, 2021 ISBN', 2021.

¹¹ WHO/AFRO, *Health Workforce Thresholds for Supporting Attainment of Universal Health Coverage in the African Region* (Brazzaville, Republic of Congo: World Health Organization, Regional Office for Africa, 2021), <https://apps.who.int/iris/handle/10665/348854>, accessed 15 March 2023)

¹² Mathieu Boniol et al., 'Inequal Distribution of Nursing Personnel: A Subnational Analysis of the Distribution of Nurses across 58 Countries', *Human Resources for Health* 20, no. 1 (2022): 1–10.

¹³ James Avoka Asamani et al., 'Investing in the Health Workforce: Fiscal Space Analysis of 20 Countries in East and Southern Africa, 2021–2026', *BMJ Global Health* 7, no. Suppl 1 (1 June 2022): e008416, <https://doi.org/10.1136/bmjgh-2021-008416>.

¹⁴ World Health Organization WHO, 'Report of the Director General to the 75th World Health Assembly' (World Health Organization, May 2022), http://apps.who.int/gb/ebwha/pdf_files/WHA75.

¹⁵ World Health Organization. Regional Office for Africa, *The Nursing and Midwifery Workforce in the African Region: Optimizing and Accelerating Investments for Resilient Health Systems: A Regional Technical Report* (World Health Organization. Regional Office for Africa, 2022) (<<https://apps.who.int/iris/handle/10665/366121>>, accessed 15 February 2023)

ISSUES AND CHALLENGES

11. **Training capacity and quality:** Based on the most recent available estimates, there were 2321 nursing and midwifery training institutions in the Region, producing more than 60 000 nurses and midwives as of 2018.¹⁶ However, the capacity remains insufficient to attain health goals. Also, the quality of nursing and midwifery education continues to be of significant concern to stakeholders. For example, more than one third of stakeholders interviewed in Kenya and Uganda were of the view that “newly qualified [...] nurses lacked the skills necessary to [...] provide high-quality patient care”¹⁷. This re-emphasizes the need for competency-based education and training. While Member States have specialized nursing/midwifery education programmes, these are mostly below the postgraduate level, and are not standardized. This has undermined the full recognition of specialist nurses and their ability to practise to the full extent of their training and be paid fair wages for it.

12. **Recruitment and unemployment:** Despite the fact that 47% of new health sector recruitments are nurses and midwives, investments have not kept pace with the throughput from training. One in three new graduates are failing to find jobs (or are in precarious employment) despite shortages at the frontlines of service delivery.¹⁸ The main challenge is inadequate budgetary space to recruit and retain nurses and midwives. In East and Southern Africa, it is estimated that an additional 43% of public sector HWF spending is required to address HWF unemployment.¹⁹ Greater investments are therefore needed to employ and retain nurses and midwives.

13. **Retention and migration:** Although the health workforce challenges predated the COVID-19 pandemic, the pandemic exacerbated the situation, constraining the financial ability of governments and the private sector to recruit newly trained health workers,²⁰ and aggravating unemployment. Conversely, high-income countries have increasingly relied on international recruitment to address staffing shortages, which has led to a significant brain drain of nurses and midwives from the African Region. For example, Ghana, Kenya,²¹ Nigeria,²² South Africa, and Zimbabwe²³ have recorded high levels of brain drain among experienced and specialized

¹⁶ Sunny C. Okoroafor et al., ‘An Overview of Health Workforce Education and Accreditation in Africa: Implications for Scaling-up Capacity and Quality’, *Human Resources for Health* 20, no. 1 (7 May 2022): 37, <https://doi.org/10.1186/s12960-022-00735-y>.

¹⁷ Francis Wafula et al., ‘Strengthening Health Professional Regulation in Kenya and Uganda: Research Findings Policy Brief’, n.d.

¹⁸ World Health Organization. Regional Office for Africa, *The Nursing and Midwifery Workforce in the African Region: Optimizing and Accelerating Investments for Resilient Health Systems: A Regional Technical Report* (World Health Organization. Regional Office for Africa, 2022) <<https://apps.who.int/iris/handle/10665/366121>> accessed 15 February 2023]

¹⁹ Asamani et al., ‘Investing in the Health Workforce: Fiscal Space Analysis of 20 Countries in East and Southern Africa, 2021–2026’, *BMJ Global Health* 7, no. Suppl 1 (1 June 2022): e008416, (<https://doi.org/10.1136/bmjgh-2021-008416>., accessed 15 February 2023)

²⁰ John E. Ataguba, ‘COVID-19 Pandemic, a War to Be Won: Understanding Its Economic Implications for Africa’, *Applied Health Economics and Health Policy* 18, no. 3 (1 June 2020): 325–28, <https://doi.org/10.1007/s40258-020-00580-x>; Stephen Birch, ‘Modelling the Economic Impact of COVID19 under Different Policy Choices: Mitigation versus Suppression When Time Is a Scarce Resource’, *SSM - Population Health* 12 (1 December 2020): 100667, <https://doi.org/10.1016/j.ssmph.2020.100667>; Christoph Kurowski et al., *From Double Shock to Double Recovery – Implications and Options for Health Financing in the Time of Covid-19* (Washington D.C: World Bank, 2021), <https://openknowledge.worldbank.org/bitstream/handle/10986/35298/From-Double-Shock-to-Double-Recovery-Implications-and-Options-for-Health-Financing-in-The-Time-of-COVID-19.pdf?sequence=1&isAllowed=y>; Samuel Munzele Maimbo and Xubei Luo, ‘Post-Corona Africa: Downward Spiral or Resilient Recovery?’, SSRN Scholarly Paper (Rochester, NY: Social Science Research Network, 21 June 2021), (<https://doi.org/10.2139/ssrn.3875428>., accessed 15 March 2023)

²¹ MOH, ‘Health Labour Market Analysis Report for Kenya (Draft)’ (Nairobi: Ministry of Health, Kenya, 2021).

²² Lukman Lawal et al., ‘The COVID-19 Pandemic and Health Workforce Brain Drain in Nigeria’, *International Journal for Equity in Health* 21, no. 1 (5 December 2022): 174, (<https://doi.org/10.1186/s12939-022-01789-z>., accessed 15 March 2023)

²³ MOHCC and HSB, ‘Comprehensive Health Labour Market Analysis for Zimbabwe (Draft)’ (Harare: Ministry of Health and Child Care and Health Services Board, Zimbabwe, November 2022).

nurses and midwives, whose replacement through training is costly.

14. **Research:** Nursing and midwifery research output in the Region has increased fourfold in the last decade compared to the previous four decades.²⁴ However, nursing and midwifery research remains underfunded and capacity is still underdeveloped and widely variable across countries. Globally, 44 WHO collaborating centres are dedicated to nursing and midwifery, but Africa has only four of them.²⁵ All four are in Southern Africa and have contributed 61% of the African Region's nursing and midwifery research output.

15. **Leadership and stewardship:** Regulatory mechanisms for nursing and midwifery education and practice have been established by 44 Member States (94%), but in some countries their functioning is perceived to be suboptimal.^{26,27} Some 62% of Member States have established or sustained a government chief nursing and midwifery officer, or an equivalent position. However, more efforts are needed in French-speaking and Portuguese-speaking countries to have a government chief nursing and midwifery officer, or an equivalent position.

VISION, GOAL, OBJECTIVES, TARGETS AND MILESTONES

16. **The vision** is universal access to an adequate, skilled and motivated nursing and midwifery workforce to accelerate progress towards universal health coverage and health security in the African Region.

17. **The goal** is to guide Member States in aligning, stimulating and sustaining adequate investments in nursing and midwifery and in the health workforce in general.

18. **The objectives are to:**

- (a) Expand nursing and midwifery education and training by 10% annually in line with population health needs by 2025.
- (b) Stimulate and sustain an additional 25% in investments in decent employment for nurses and midwives by 2025.
- (c) Strengthen nursing and midwifery clinical leadership and regulation by 2025.
- (d) Optimize nursing and midwifery practice, innovation, and research by 2025.

TARGETS AND MILESTONES.

19. **Targets by 2025:**

- (a) At least 50% of Member States have conducted health labour market analyses and forecasting, including nursing and midwifery, to inform investment plans and actions.
- (b) All Member States have expanded funded positions (public and private sectors) to employ at least 60% of the required nurses and midwives to address population health needs in line with the disease burden and the training output.
- (c) At least 30% of Member States have identified their needs and developed recognized/accredited training programmes for postgraduate specialist nurses and midwives.

²⁴ World Health Organization. Regional Office for Africa, *The Nursing and Midwifery Workforce in the African Region*.

²⁵ The Nursing and Midwifery Collaborating Centres in Africa are: the University of Botswana, the University of KwaZulu Natal in South Africa, the University of South Africa, and the Kamuzu University of Health Sciences in Malawi

²⁶ Christal Dela Christmals, Lydia Aziato, and Laetitia Charmaine Rispel, 'Perceptions of the Functioning and Effectiveness of Nursing Regulators in Ghana and South Africa: A Cross-Sectional Study', *BMJ Open* 11, no. 12 (3 December 2021): e050580, <https://doi.org/10.1136/bmjopen-2021-050580>.

²⁷ Wafula et al., 'Strengthening Health Professional Regulation in Kenya and Uganda'.

- (d) Each Member State has improved the density of nurses and midwives in rural and primary health care settings by at least 25% compared to 2020.

20. **Milestones by 2024:**

- (a) At least 40% of Member States have conducted health labour market analyses and forecasting, including for nursing and midwifery.
- (b) At least 50% of Member States have developed and are implementing national action plans for nursing and midwifery, including a medium-to-long-term training plan aligned with population health needs and labour market evidence.
- (c) All Member States have expanded funded positions to employ at least 40% of the required nurses and midwives to address population health needs in line with the training outputs.
- (d) At least 25% of Member States have training programmes for postgraduate specialist nurses and midwives.
- (e) All Member States have improved the density of nurses and midwives in rural and primary health care settings by 15% from the value for 2020.

GUIDING PRINCIPLES

21. **Ensuring policy alignment** through government leadership to ensure evidence-driven nursing and midwifery policy and planning that are integrated into overall health workforce policy and investment plans to avoid duplicative efforts, misalignments, and missed opportunities.

22. **Stimulating and sustaining investments** in nursing and midwifery education and decent employment in the context of broader health and health workforce investments.

23. Promoting **nursing and midwifery leadership and stewardship** and raising the nursing and midwifery agenda to the highest level of political and technical leadership.

24. Promoting **standardization and harmonization** of nursing and midwifery competency frameworks, educational curricula and regulatory standards across the Region.

25. Fostering **collaboration and partnerships** between relevant ministries, the private sector, civil society, and development partners to improve nursing and midwifery education, employment, practice and retention.

26. Ensuring **gender equity and rights** are mainstreamed in nursing and midwifery policies, strategies and initiatives within the national context.

PRIORITY INTERVENTIONS AND ACTIONS

27. **Strategic direction 1: Align and expand the quantity and skills mix of nursing and midwifery education and training in line with population health needs.**

Member States should:

- (a) Develop a comprehensive medium-to-long-term national training plan for nursing and midwifery (as a part of the overall health workforce investment plan). The plan should cover preservice/undergraduate and postgraduate specialization and advanced nursing and midwifery practice.
- (b) Expand nursing education opportunities. This should be in line with a nationally determined need and in accordance with the national training plan for nursing and

midwifery.

- (c) Institute pipeline programmes for nursing and midwifery in rural areas. This should include recruitment or enrolment of students from rural or marginalized backgrounds, and decentralization of the education and training of nurses and midwives to rural and remote areas.
- (d) Expand the number of nursing and midwifery educators and build their capacity in educational pedagogy, nursing and midwifery research and evidence-based practice.

28. Strategic direction 2: Stimulate and sustain investments in decent employment for nurses and midwives.

Member States should:

- (a) Undertake a comprehensive nursing and midwifery labour market analysis (as part of a health labour market analysis of the broader health workforce) and use the evidence for national policy dialogue to enhance investments in nursing and midwifery.
- (b) Develop a nursing and midwifery investment plan as part of a comprehensive health workforce investment plan and institutionalize an annual health workforce investment dialogue to secure and coordinate investment commitments in the health workforce, particularly for nurses and midwives.
- (c) Manage international migration of nurses and midwives by implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel. This should include establishing mutually beneficial bilateral agreements with recipient countries to secure investments to strengthen the health systems of the source countries.
- (d) Develop and implement policies to attract, recruit and retain nurses and midwives in remote, rural and marginalized areas. Such policies should ensure incentives or hardship allowances, safe working environments, and career opportunities for nurses and midwives working in rural, marginalized and hard-to-reach areas.

29. Strategic direction 3: Strengthen nursing and midwifery leadership, regulation, monitoring and evaluation.

Member States should:

- (a) Invest in instituting and/or institutionalizing clinical nursing/midwifery leadership and management programmes at subnational and health facility levels to stem operational inefficiencies at the frontlines and build their capacity to engage in national and global policies.
- (b) Remove entry barriers and create opportunities for qualified and competent nurses and midwives to attain senior leadership positions within the health sector.
- (c) Fill the positions of Government Chief Nursing and Midwifery Officer or a National Director of Nursing and Midwifery or equivalent. This will help optimize the leadership of nurses and midwives at policy level and give them the mandate to lead and promote the nursing and midwifery agenda.
- (d) In line with the global and regional best practices and standards²⁸, enact appropriate legislation to standardize and harmonize the education, scope of practice and regulatory standards for nursing and midwifery.

²⁸ World Health Organization. Regional Office for Africa, 2016. The regional professional regulatory framework for nursing and midwifery: creating a common approach to regulation, educational preparation and practice: future direction for nursing & midwifery development in the African region. World Health Organization. Regional Office for Africa. <https://apps.who.int/iris/handle/10665/331472>

- (e) Adopt a regional standard nursing and midwifery curricula framework to strengthen postgraduate specialization in nursing and midwifery and appropriately recognize nursing and midwifery specialists, allowing them to practise to the full extent of their training.
- (f) Adapt the Global Strategic Directions on Nursing and Midwifery (GSDNM) at the national level as part of the overall health workforce strategy.
- (g) Adopt a regional core set of indicators for institutionalizing monitoring and evaluation of the implementation of the strategic directions for nursing and midwifery, aligned with the National Health Workforce Account.

30. Strategic direction 4: Optimize nursing and midwifery practice, innovation, and research

Member States should:

- (a) Develop differentiated scope(s) of practice for generalist and specialist nurses and midwives and support qualified nurses and midwives to practice to the full extent of their knowledge and skills acquired through training and education.
- (b) Invest in innovations in nursing and midwifery education, practice and research, and systematically document lessons to strengthen existing – and advance emerging – nursing and midwifery models of innovation in Africa.
- (c) Build the capacity to incorporate digital technology in nurse/midwife-led models of care.
- (d) Develop and implement the national nursing and midwifery research agenda integrated into the national health research agenda to highlight nursing and midwifery needs for national attention and funding.
- (e) Form nursing and midwifery research consortia involving academic and public health institutions within and across countries to advance research on nursing and midwifery.
- (f) Promote the implementation of evidence-based nursing and midwifery practice, utilizing contextualized evidence that facilitates the delivery of patient-centred and cost-effective health care interventions

ACTIONS PROPOSED

31. The Regional Committee is invited to examine and adopt the actions proposed.