Chapter 1
Global perspectives on health and nursing

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Introduction

Health, illness, and health care are global issues requiring global solutions. 'Globalization' is more than a cliché describing abstract economic and political processes. It also has a concrete impact on health and the provision of health care, and suggests that people everywhere are connected. An outbreak of severe acute respiratory syndrome in China is of concern not only to China's neighbors, but also to governments around the world. When a nurse emigrates from Kenya to take up a better paying job caring for the aged in the UK, it affects the workforce and delivery of services in both countries.

This chapter introduces the global priorities for health and health care, and the international organizations – particularly nursing organizations – that coordinate the world community's response to health challenges. Rapid changes in such challenges mean that current tools and mechanisms for health promotion and care will not always be sufficient. High-quality and continuous nursing research is necessary to determine the best ways to promote health and deliver care.

Global priorities for health

Because health problems and health services vary greatly, international organizations and governments have sought to establish common goals and priorities. Such goals ensure that efforts by a wide range of health agencies are appropriately

targeted to areas where they can have the greatest impact and that these efforts are coordinated. While there are various ways to establish global priorities, the two approaches discussed here are the Millennium Development Goals and Global Burden of Disease statistics. Priorities concern specific health conditions and the means of addressing them – for example, developing a health care workforce and putting research findings into practice.

Millennium Development Goals

These goals set the agenda for global development efforts from 2000 to 2015. The eight Millennium Development Goals (MDGs) (Box 1.1) were a product of the United Nations' Millennium Summit, which convened in September 2000 to address the role of the UN in the 21st century.[1] Their purpose is to provide a clear framework for all stakeholders involved in pursuing development in developing countries. The goals shape efforts in every setting. Governments and international organizations, including the World Bank, the Organization for Economic Co-operation and Development, and the International Monetary Fund, use them to guide their policies and programs.

All of the MDGs have major implications for health issues, given that economic, social, natural, and political environments are powerful determinants of a population's health. Three of the MDGs – to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases – are specifically related to health and to the work of nurses and midwives. Each is associated with a set of quantitative, time-bound targets to provide clear aims and allow monitoring of progress (Table 1.1).

Nurses and midwives have much to contribute to achieving the targets. When children die in developing countries, it is usually from preventable or easily treated conditions such as measles, diarrheal diseases, or malaria (United Nations 2006; World Health Organization [WHO] 2003b[2]). Children in poor rural households suffer disproportionately. Nurses have an important role in vaccination because they increase parents' ability to protect children's health, make referrals when necessary, and provide care. A key way to prevent maternal deaths during delivery is to have a skilled attendant, such as a nurse, on hand (United Nations 2006). Nurses' health promotion skills are also crucial in reducing the incidence of HIV/AIDS, malaria, tuberculosis, and other infectious diseases.

Box 1.1: Millennium Development Goals

- Eradicate extreme poverty
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria, and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Source: devdata.worldbank.org/gmis/mdg/list_of_goals.htm

Table 1.1 Targets for health-related Millennium Development Goals.

Goal	Target
Reduce child mortality	Reduce by two-thirds among children younger than 5 between 1990 and 2015
Improve maternal health	Reduce maternal mortality ratio by three-quarters between 1990 and 2015
Combat HIV/AIDS, malaria, and other diseases	• Halt HIV/AIDS and begin to reverse their spread by 2015 • Halt malaria and other major diseases and begin to reverse their incidence by 2015

Source: devdata.worldbank.org/gmis/mdg/list_of_goals.htm

To achieve the MDGs, corrective measures focus on public health and primary health care – namely, using well-established methods to prevent health problems. These are not high-tech, crisis interventions; rather, they are simple, community-based services delivered by a skilled health care worker. An appropriate system for distributing medicines and equipment, and an appropriate team to receive referrals when necessary, support these efforts.

Research is needed to determine how best to deliver optimal prevention and health care services using the limited resources available in developing countries. To support the emphasis on primary care and public health, such research should include studies of behaviour change, community participation, and mobilization, and the appropriate configuration of health service teams and community-based models of service delivery.

The MDGs were designed to advance development, as it is broadly understood, in low- and middle-income countries; health is not their primary focus. The health-related goals – child and maternal health, and communicable diseases – target areas in which huge discrepancies exist between developing and developed countries. Other health issues emerge when the topic is the Global Burden of Disease.

Global Burden of Disease

This term describes the biggest health problems around the world. National statistics are used to identify the most common causes of death and the major causes of disability in low, middle, and high-income countries, and to produce a composite measure of disability-adjusted life years (DALYs). DALYs are a gauge of the number of years of healthy life lost because of premature death and disability (Mathers & Loncar 2006). The measure reveals which diseases and risks cause the most problems. Table 1.2 lists, in descending order, the 10 leading causes of the Global Burden of Disease in 2001, the most recent year for which data have been analyzed.

The 10 leading causes include the communicable diseases that have recently been associated with developing countries (for example, diarrheal diseases and malaria) and the non-communicable, chronic conditions (sometimes called 'diseases of modernity,' including depressive disorders, heart disease, and chronic obstructive pulmonary disease [COPD]) that are more typically associated with affluent and aging populations in developed countries.

Table 1.2 The 10 leading causes of the Global Burden of Disease.

Cause	Total DALYs (%)
Perinatal conditions	5.9
Lower respiratory infections	5.6
Ischemic heart disease	5.5
Cerebrovascular disease	4.7
HIV/AIDS	4.7
Diarrheal diseases	3.9
Unipolar depressive disorders	3.4
Malaria	2.6
Chronic obstructive pulmonary disease	2.5
Tuberculosis	2.3

DALY, disability-adjusted life year.
Source: Mathers et al. (2006).

In wealthy countries, chronic conditions have the highest health priority and often are related to an aging population and lifestyle. In the UK and the USA, for example, top priorities are regular exercise, healthy eating, reducing tobacco and alcohol use, and support for good mental health. Much can be done to prevent lifestyle-related illness and disability, although health care expenditures have traditionally focused on treatment rather than prevention. To support nurses' efforts in this regard, a priority should be high-quality research on developing sound and appropriate approaches to health promotion.

However, wealthy countries are not the only ones with aging populations. Between 2000 and 2050, the number of people in the world who are aged 60 years or older will more than triple to 2 billion from 600 million; most of this increase is occurring in developing countries (WHO 2007a). Demographic changes such as these, and improvements in dealing with communicable disease, will have major impacts on the global burden of disease everywhere. Table 1.3 shows what the 10 leading causes of DALYs are projected to be in 2030.

Table 1.3 The 10 leading causes of DALYs by 2030 (projected).

High-income countries	Middle-income countries	Low-income countries
1. Unipolar depressive disorders	1. HIV/AIDS	1. HIV/AIDS
2. Ischemic heart disease	2. Unipolar depressive disorders	2. Perinatal conditions
3. Alzheimer's and other dementias	3. Cerebrovascular disease	3. Unipolar depressive disorders
4. Alcohol use disorders	4. Ischemic heart disease	4. Traffic accidents
5. Diabetes mellitus	5. COPD	5. Ischemic heart disease
6. Cerebrovascular disease	6. Traffic accidents	6. Lower respiratory infections
7. Hearing loss (adult onset)	7. Violence	7. Diarrheal diseases
8. Trachea/bronchus/lung cancer	8. Vision disorders (age-related)	8. Cerebrovascular disease
9. Osteoarthritis	9. Hearing loss (adult onset)	9. Cataracts
10. COPD	10. Diabetes mellitus	10. Malaria

COPD, chronic obstructive pulmonary disease.
Source: Mathers & Loncar (2006).

As developing countries make progress against communicable diseases, they will also have to reorient health services to meet the needs of their aging populations to prevent or delay the onset of age-related conditions, and offer supportive, continuous management of chronic diseases (WHO 2007a). The global changes in demographics and health profiles will necessitate relevant, practice-focused research to establish the most effective ways of dealing with new challenges, such as chronic disease management in resource-poor settings.

Health systems and the health care workforce

Perhaps more important than individual diseases are the health systems and health care workforces necessary to respond to them effectively. Addressing workforce shortages was the focus of the World Health Organization's 2006 World Health Report, which estimated that in order to provide the essential interventions necessary to meet the health-related MDGs, the world needs 2.4 million more doctors, nurses, and midwives. The largest proportional shortfalls are in sub-Saharan Africa and in South and South-East Asia (WHO 2006).

Given the aging of populations and the pressures on health budgets globally, governments are looking for ways to deliver health care more efficiently. They are seeking to reduce costly hospital stays and to deal with health issues in homes and communities as much as possible. Thus, the worldwide focus is moving toward public health and primary care, with an emphasis on family health care programs rather than acute care (Crisp 2007). The favored training approach is to give health care workers the particular skills ('know how') they will need in the community, in contrast to today's primary competency ('know all'). It encourages training in the practice setting, learning from role models, and using problem-solving techniques (WHO 2006). But this approach also poses a danger: producing health care workers who have received inexpensive, low-level training when the developing world needs highly competent professionals who can take responsibility for a broad range of practice and adapt to changing circumstances.

National and international programs have often strived to involve communities in their own health-related decisions, a central concept in the Declaration of Alma-Ata issued 30 years ago at the International Conference on Primary Health Care (WHO 1978). The response to and success of engaging communities with local health care providers have been mixed, although there is evidence that this approach does instill positive and sustainable health behaviours. However, the meaning of 'community' and whether a community is truly participating in health efforts are matters of debate (Midgley et al. 1986).

One key problem for nations is the migration of health care workers. The World Health Report concluded that migration is largely due to the perception among workers of better financial prospects elsewhere. Others fear violence in their home country or see little or no opportunity for career advancement, further education, or satisfactory working conditions (WHO 2006).

The positive and negative impacts of migration are extensive (Kingma 2006). On the positive side, money that workers abroad send home can benefit the local economy. The Philippines, for example, invests in nurse education with the expectation that an oversupply of nurses will venture overseas and send money

back to their families. In addition, health care workers may gain skills and expertise in a foreign country that ultimately could benefit their home country when they return. On the negative side, a country loses its investment in the education and preparation of health professionals when they remain abroad, and its own health services may suffer if there is a shortage of qualified workers.

Efforts to manage migration are targeted to both source countries and recipient countries. The former are advised to adjust training so it meets internal workforce needs first and to improve local pay and opportunities for career advancement. Recipient countries are encouraged to foster fair treatment of migrant workers, adopt responsible recruitment policies, and partially compensate source countries for their investment in health professional education (WHO 2006).

Finally, developing an appropriately skilled workforce of professionals for global health requires not only high-quality research on how best to accomplish this, but also mechanisms for sharing expertise in effective health care delivery and bringing research findings into practice. The latter is critical because '[a]pplying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade' (Pang et al. 2006, p. 284). Effective measles vaccines, bed nets to prevent malaria, and regular physical activity are well-established ways to improve health, but their impact may be limited because implementation is not universal. Research that investigates the best way to turn health knowledge into effective, patient-centered, feasible, and sustainable health care practice is crucial.

Nurses have a major role in delivering services, given that they constitute 80% of the global health care workforce. But they could also play a major research role in innovations and evaluating processes that put knowledge to work. Key areas warranting nursing-related research are the link between education and effective practice, and the practical skills nurses must have to meet the world's health care needs. This research focus requires qualitative research training, beyond quantitative methodologies, because complex health situations in the real world require a broader perspective.

Nurse researchers with sound qualitative skills have an opportunity to inform both the policy and practice of international health development. Lorenz (2007) believes that researchers' current view of global health issues is at risk of becoming detached from daily realities, and suggests that sharing practical experience and success stories by means of critical incident reporting may be a good way to confront health challenges on the national and international levels.

Participating in research aimed at international health issues calls for an understanding of how organizations around the world contribute to that effort and of nurses' important role.

International organizations and development aid

International organizations have never been so important. In addition to providing financial aid, they help integrate services, promote health, and, through research and evaluation, foster expansion of the evidence base for health care practice.

However, coordination of global aid is becoming increasingly complex, largely because of the many organizations now involved in overseas projects.

The average number of donor organizations per country rose to 32 in the 2001–2005 period from 12 in the 1960s. This has caused fragmentation of donor funding and delivery of health services, which may make it difficult for a country receiving aid to use it effectively. Many projects focus vertically on a single health issue, excluding other related and important issues (International Development Association 2007), or on a particular geographic area, such that surrounding areas do not benefit.

Organizations realize they are less likely to achieve desired outcomes if they work alone. Success in education, research, and improved health requires partnerships between developed and developing nations, between donor agencies and the governments receiving their assistance, and between organizations.

The many types of international organizations that contribute to health-related projects are described below.

Voluntary organizations

Private voluntary organizations that support health development date back hundreds of years. For many centuries, religious organizations of all faiths have provided medical and nursing care to the needy and destitute through charitable offerings. Many secular organizations, motivated by humanistic and social concerns, sponsor philanthropic care programs.

These growing independent, non-governmental organizations (NGOs) have contributed to the construction of hospitals and hospices, orphanages, and sanctuaries for lepers, outcasts, and the homeless, and often are the main source of consistent, high-quality care in developing nations. They partner with governments and other organizations. Increasingly, a substantial portion of their funding comes from government and inter-government sources.

Such organizations, which include Oxfam,[3] Save the Children Fund,[4] Christian Aid,[5] Tear Fund,[6] World Vision,[7] Muslim Aid,[8] and Islamic Relief,[9] are dedicated to combating health inequalities and fighting poverty and injustice around the world. They rely on donations and grants from individuals and government sources, frequently provide limited funding for research and scholarship activities, and use volunteers. Immediate problems in communities throughout the developed and developing world could not be addressed without their aid.

Foundations

Large foundations, whose objectives are different from those of NGOs, often fund major development projects, although over the course of many years they also have supported academic courses and fellowships for physicians, dentists, nurses, and technicians. In addition, they provide population and demographic statistics for public health purposes, deliver family planning services, and work to reduce maternal mortality.

These entities include the:

- W.K. Kellogg Foundation,[10] which supports social inclusion and health projects;
- Milbank Memorial Fund,[11] which seeks to improve health by influencing health policy and decision-making;
- Pathfinder International,[12] which supports high-quality family planning and reproductive health services;

- William and Flora Hewlett Foundation,[13] which focuses primarily on solving social and environmental problems;
- Carnegie Foundation for the Advancement of Teaching[14];
- Ford Foundation,[15] a resource that people worldwide can tap in efforts to instill democracy, reduce poverty and injustice, promote international co-operation, and advance human achievement;
- Rockefeller Foundation,[16] which addresses the root causes of serious problems in the world and establishes partnerships to overcome them. One of its major contribution is the development and distribution of vaccines in developing countries;
- Bill & Melinda Gates Foundation.[17] This tries to reduce inequalities in the USA and elsewhere through programs that seek solutions to poverty, hunger, and disease. The foundation recognizes that there is very little research on ways to prevent or cure some of the world's biggest killers, such as malaria and tuberculosis; and the
- Aga Khan Foundation.[18] This supports social development in low-income countries.

Large corporate foundations do not typically accept grant applications from individuals. Rather, they work with tax-exempt organizations in developed countries.

Two trusts worth mentioning are the Wellcome Trust,[19] which supports medical and health-related projects primarily through research, as well as medical students and medical personnel, and the Nuffield Trust,[20] which seeks to improve health care quality primarily in the UK. However, its international portfolio includes European and other countries.

Private industry

Although pharmaceutical companies make a major contribution to international health, their role is controversial. Historically, they have been heavily criticized for putting profit above the needs of the developing world and for producing medications and medical supplies that meet the needs of their own regions and that generate profits and enough revenue to fund research and development. This issue is very complex, however, in part because drugmakers provide employment and investment in the developing and mid-developing world, and because the research they conduct may or may not ultimately benefit all patients globally. Johnson & Johnson[21] is among the companies that adhere to self-established ethical principles, including meeting its responsibilities to customers, employees, and the community.

The World Health Assembly, a WHO governing entity, resolved in 1975 that essential medicines should be reasonably priced and of good quality, and should correspond to countries' particular health needs (WHO 2000). In subsequent years, the WHO (1988) identified indicators for monitoring countries' progress toward developing a drug policy. It also defined 'essential medicines' and recommended using those that are effective against prevalent diseases and cost-effective, and ensuring their availability, quality, and appropriateness (WHO 2002).

Despite these efforts, an estimated 25% of medicines in developing countries are counterfeit (they contain altered or imitated active and inactive ingredients which may be harmful) or substandard (WHO 2003a). Other problems include

outdated medicines and drugs that have been tampered with for resale at higher profit. The International Council of Nurses (2005) cites a number of counterfeiting incidents worldwide that have led to many deaths. There is a need for further investigation and research to assess the full impact of counterfeit and substandard medicines in developing nations.

Some pharmaceutical companies actively discourage the misuse of drugs, fight counterfeiting, and strive to improve drug quality. Merck,[22] for example, says it is a research-driven company that puts patients first. A central theme in its mission statement is promoting innovation to improve customers' quality of life. In addition, Merck has set high ethical standards for itself.

The main objective of the International Federation of Pharmaceutical Manufacturers and Associations,[23] a non-profit NGO, is to promote therapeutic and preventative medical innovations, and to foster collaborations among international organizations, especially those working in developing countries.

Government and inter-government agencies

These entities are critical because they ensure a degree of coordination between donors and recipients. The Organization for Economic Co-operation and Development (OECD), for example, is a major player which shares its expertise with 70 countries worldwide, analyzing the impact of globalization and national policies on economic development and growth. It provides statistical and economic data that member countries can use in responding to challenges. OECD's 30 government members produce 60% of the world's goods, and embrace democracy and market-based economies. Its operational unit is the Development Co-operation Directorate, which seeks to create and sustain economic growth and stability. The OECD does not allocate resources; rather, it participates in negotiations on a framework for international cooperation and corporate governance of aid provided by its members through the Development Co-operation Directorate.

OECD members have their own agencies for distributing funds overseas. Among them are the Department for International Development in the UK, the United States Agency for International Development, the Canadian International Development Agency, the Danish International Development Agency, the Swedish International Development Cooperation Agency, the Norwegian Agency for Development Cooperation, and the Japan International Cooperation Agency. Between 1990 and 1998, OECD members' share of international aid fell from 0.09% to 0.05% (United Nations Conference on Trade and Development 2000).

The World Bank,[24] whose members include 185 countries and five associate organizations, is a vital source of financial aid and technical advice. One of its members, the International Development Association, targets the poorest countries. Loans the association makes on favorable terms seek to reduce population growth and poverty, enhance governance and the investment climate, and develop physical and human infrastructures. Global health is not a priority for the World Bank, but the bank has become increasingly involved in WHO-associated health projects. The key health issue, it believes, is the need to bolster health systems. It has also called for a major effort to strengthen financial commitments from potential donors so health-related aid can make the MDGs achievable. This requires that a sound regulatory framework for private–public

collaboration, good governance–insurance schemes, trained health personnel, and a basic health service infrastructure be in place to ensure equitable health, nutrition, and appropriate provision of care.

The WHO is the UN's specialized agency for coordinating international health. It is governed by 193 member states through the World Health Assembly, which sets health priorities and adopts resolutions. The WHO's six core functions are leading international health efforts, shaping the world health research agenda, establishing norms and standards, articulating policy based on ethical evidence, providing technical support, and monitoring health trends.

Like other international organizations, the WHO operates in an increasingly complex, and constantly and rapidly changing, world. Among its many activities are:

- Promoting development, reducing poverty, and encouraging policies for equal access to health resources and equal provision of health services, especially among disadvantaged and vulnerable populations;
- Fostering health security, given the increasing and ever-present threat of global epidemics;
- Strengthening health-related human resources;
- Promoting adequate health financing and evidence-based practice in the development and strengthening of health systems;
- Enhancing partnerships with other UN agencies and international organizations;
- Encouraging collaboration among entities, given the fragmentation of efforts; and
- Improving performance. For example, the WHO encourages adequately funded work environments that support and motivate staff, and that are managed based on results, which is critical for effective and efficient reforms.[25]

The WHO's member states recognize that nursing and midwifery are an important component – one that needs to be strengthened so it contributes effectively to improving health outcomes. The organization's efforts to bolster that component, which stem from numerous World Health Assembly resolutions,[26] include formulating policies and offering technical advice that promote capacity building, and establishing collaborations. It encourages research-based evidence to inform effective decision-making.

Another UN organization is the United Nations Children's Fund (UNICEF).[27] Unlike the WHO, UNICEF relies entirely on voluntary contributions for funding. Much of its work focuses on controlling infectious diseases such as tuberculosis, leprosy, malaria, and HIV/AIDS in children; providing clean drinking water; educating children; and delivering maternal and child health services. Per UN mandate, UNICEF advocates children's rights by ensuring that their basic needs are met and that they have opportunities to reach their full potential. UNICEF also has a special mandate to protect the rights of women and girls, including full participation in political, social, and economic development.

A means for nurses to contribute to the international health agenda is the WHO's Collaborating Centres for Nursing and Midwifery Development.[28] Nearly 40 centers worldwide provide knowledge and technical expertise; are often involved in innovative practices and research projects to facilitate technical cooperation; foster an exchange of information, expertise, and experience

between developing countries; and contribute to national efforts to improve health outcomes. One of the collaborating centers' strengths is their links to, and partnerships with, national and international institutions and ministries of health.

In January 2000, the WHO's executive board urged member states to take full advantage of the centers' resources and services, and to expand their own capacity for training, research, and collaboration. It also urged the centers to build working relationships with each other and national institutions recognized by the WHO – in particular, by establishing or joining collaborative networks with support from the WHO. Indeed, the centers have formed an independent global network that aims to pool all of their strengths and achieve key international goals in research, education, and development.

International nursing organizations

As a federation of national nurse associations, the International Council of Nurses (ICN),[29] founded in 1899, is an entity operated by and for nurses, representing nurses in more than 128 countries. It is the world's first and widest-reaching international organization for health professionals. The ICN promotes quality nursing care for all, sound health policies, research, the advancement of nursing knowledge to improve standards of care, respect for the profession, and a competent and satisfied workforce. Importantly, the council does more than bring nurses together and move them and their profession forward; it also influences health policy. It achieves these goals through partnerships and strategic alliances with government agencies, NGOs, and other organizations.

An organization that also contributes to the research and development agenda is Sigma Theta Tau International,[30] a nursing honor society. It promotes scholarship excellence by admitting honorary members from the entire academic spectrum. Elsewhere, the European Academy of Nursing Science,[31] whose members have made significant contributions to their field, supports PhD students and meets regularly to share expertise. Although the academy focuses on Europe, it does seek to influence, through research and scientific endeavor, nursing-related international issues.

Conclusions

A broad view of international development efforts reveals a number of important themes:

- Organizations respond to global health needs in a variety of ways;
- The fragmented nature of global health care is a source of great concern because it squanders valuable human and financial resources;
- Countries in the northern hemisphere do not provide sufficient aid to enable meaningful change;
- Large institutions such as the WHO and the World Bank drive policies regarding the development of health care systems; and
- Nurses have an important role in providing evidence-based research which helps inform and influence international policy and practice.

While the international contribution that nursing makes to research and health care development is weak compared to medicine's, nurses nevertheless have an essential role in promoting and sustaining community health. They are key protagonists in improving access to services and fostering community participation.

However, two noteworthy trends are the shift in delivery of services from the primary care model of the 1970s and 1980s to a vertical, specialized approach, and the replacement of nurses with other health care workers. In addition to creating gaps in health care, these trends could reduce the nursing workforce, even though the global human resource crisis cited by the WHO (2006) clearly warrants an increase. Because nurses have wide-ranging expertise and, from a research perspective, recognize the importance of holistic care, they may be best suited to tackle international health problems.

There is an urgent need for research that evaluates and reveals the impact of nursing care on the health of developed and developing countries. Without it, the nursing profession as it is known today could vanish.

Notes

1   www.un.org/millennium
2   www.who.int/whr/2003/chapter1/en/index2.html
3   www.oxfam.org.uk
4   www.savethechildren.org
5   www.christian-aid.org.uk
6   www.tearfund.org
7   www.worldvision.org.uk
8   www.muslimaid.org
9   www.islamic-relief.com
10 www.wkkf.org
11 www.milbank.org
12 www.pathfind.org
13 www.hewlett.org
14 www.carnegiefoundation.org
15 www.fordfound.org
16 www.rockfound.org
17 www.Gatesfoundation.org
18 www.akdn.org/agency/akf.html
19 www.wellcome.ac.uk
20 www.nuffieldtrust.org.uk
21 www.jnj.com
22 www.merck.com/cr/company
23 ifpma.org/About-Us/about.aspx
24 www.worldbank.org
25 www.who.int/about/agenda/en/index.html
26 WHA42.27, WHA45.5, WHA47.9, WHA48.8, WHA54.12, WHA59.23, and WHA59.27.
27 www.unicef.org
28 www.whocc.gcal.ac.uk
29 www.icn.ch
30 www.nursingsociety.org/default.aspx
31 www.european-academy-of-nursing-science.com

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