

TECHNICAL ADVISORY

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COMMITTEE ON NURSING

FIRST MEETING



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

1969

TECHNICAL ADVISORY COMMITTEE ON NURSING

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Washington, D. C.

18-22 November 1968



Scientific Publication
No. 180

April 1969

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
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TECHNICAL ADVISORY COMMITTEE ON NURSING

18-22 November 1968

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I. INTRODUCTION

The First Meeting of the Technical Advisory Committee on Nursing was held in Washington, D.C., from 18 to 22 November 1968, to discuss and make recommendations on nursing manpower and its development in Latin America.

Dr. Abraham Horwitz, Director of the Pan American Sanitary Bureau, in officially opening the meeting, stressed the importance of the topic that was to be dealt with. Citing from the basic working document presented to the Committee, he said that a simple comparison of the present structure of nursing personnel with the growing demand for more and better-quality nursing care reveals the need to thoroughly evaluate all factors affecting the education and employment of such staff, so as to arrive at sound technical and financial solutions to the problem. He emphasized that any decision taken to increase the number of personnel or modify levels of training should be based on an analysis of a country's existing nursing resources, their distribution and utilization, as well as of current health problems and programs, local social-cultural factors, and the country's financial capacity to produce and absorb nursing staff. In reality, few reliable data are available with respect to these factors, and nursing is developing without a definite plan and with little or no direction. The few plans that do exist are generally fragmentary and unrelated to the social and economic development of the country.

The Director also referred to the need to develop nursing in Latin America as a career. The system of nursing in the countries could comprise different levels or categories consistent with health needs and with the education, functions, and experience of the personnel.

He expressed the hope that the Committee would realistically appraise the present situation and draw up recommendations that would give direction to the Organization's future program planning in the nursing field.

Other staff members of PAHO/WHO presented background information on the current health problems and services, administration of hospital services, and development of human resources for health and nursing. They stressed the importance of properly organizing and utilizing nursing resources and of incorporating nursing into the overall health plans of each country.

The terms of reference for the meeting were then established as follows:

- a. Examination of the needs for nursing manpower and its development in Middle and South America with a view to identifying:
 - The types of programs that might be developed by each country.
 - The types of programs that could be promoted by PAHO/WHO.
- b. Examination of the present system of preparation and utilization of nursing personnel in relation to manpower needs and the effectiveness of this system, for the purpose of identifying problems and proposing feasible solutions.
- c. Formulation of recommendations to PAHO/WHO on action to be taken to meet the immediate and long-term needs for nursing manpower and its development in Middle and South America.

The examination of these points revealed seven major areas requiring analysis and proposals for change:

1. Levels/categories of personnel.
2. Development of nursing programs at the university level.
3. Development of nursing programs at the intermediate level.
4. Development of programs for nursing auxiliaries.
5. Planning, research, and investigation.
6. Utilization of nursing personnel.
7. Publications and textbooks.

II. SYSTEM OF NURSING PERSONNEL

1. Levels/Categories of Personnel

Because of the fact that nursing personnel are assuming more and more responsibilities in health programs in Middle and South America,

and because of the socioeconomic conditions prevailing there, the problem of providing nursing services is much more complex a matter than merely overcoming numerical shortages and increasing the quantity of nurses and nursing auxiliaries.

While the expansion of health services to supply a rapidly increasing population with medical care requires a substantial increase in the number of nurses, the establishment of specialized medical centers has likewise increased the need for nursing staff trained to cope with a wide variety of situations in which a high level of judgment and decision-making is required.

In recent years the countries and territories in the region have made a major effort to increase the number of trained nursing staff. Nevertheless, although the rate of production of personnel is slowly rising, the rate of population growth has been accelerated and it is thus impossible to both satisfy increased needs and demands for services and make up the original deficit.

This situation has impeded the development of the health services and the better utilization of resources. Experience has shown that "in countries where medicine is highly developed and nursing is not, the health status of the people does not reflect the advanced stage of medicine."¹

In most countries in the region there are only two levels of nursing personnel: nurses and nursing auxiliaries. Most nursing care is provided by auxiliary personnel whose general educational background and knowledge of nursing is very limited and who are required to perform duties beyond their competence. Consequently, in the health services a great many nursing duties are not performed or are performed only in part because of the shortage of nurses and the low level of training of auxiliaries.

After examining this background, the Committee concluded that with the present system of nursing personnel it has not been possible to achieve the goal of providing more and better nursing care to the population, and that an adequate system should:

¹ *WHO Technical Report Series No. 24, Expert Committee on Nursing, Report on the First Session, 1950, p. 5.*

- a. Make it possible to achieve the established goal despite the limitations existing in each country.
- b. Be sufficiently flexible to allow its adaptation to the prevailing health policy and to different socioeconomic, educational, geographic, and manpower conditions.
- c. Facilitate a rapid increase in the number of personnel and an improvement in their quality as soon as the situation in the countries improves.
- d. Foster better utilization of personnel.
- e. Permit changes to be introduced into the system as the general situation in the country changes.

RECOMMENDATIONS

The Committee therefore recommends that the Pan American Health Organization:

1. Encourage the countries of the region to establish and develop three levels/categories of nursing personnel:

- a. *Higher level.* This level comprises university-trained nurses capable of providing individuals and communities with high-quality nursing care; of guiding lesser-trained nursing personnel; of continuing their own preparation to assume broader teaching and administrative responsibilities. The general educational requirements for preparation at this level should be similar in all the countries so as to facilitate interchange of personnel, especially for purposes of advanced education.

- b. *Intermediate level.* A considerable variation is to be expected at this level since it may include nurses with less preparation than that of nurses at the higher level, or auxiliary personnel with a broader training than that of auxiliaries at the basic level. It is this group that will provide patients or communities with most of their direct nursing care.

- c. *Basic level.* This level consists of auxiliaries who do not possess the educational requirements and/or the personal qualifications to be a nurse and who have had limited training in courses held in the services where they are employed or in an educational institution. This

personnel may be expected to assume similar and comparable functions in all the countries and to be trained to perform simple duties in patient care and preventive medicine and administrative tasks, under the direction of a more experienced and better-prepared supervisor.

This system has the advantage of simplicity and economy: it not only reduces the number of levels to a minimum but also permits each country greater leeway in establishing standards.

2. Encourage those responsible for the planning of local, regional, or national nursing services and education in each country to draw up plans for a comprehensive system of nursing personnel and to determine the number, location, and use to be made of each category of staff.

2. Development of Nursing Programs at the University Level

One of the key levels of personnel is the university-prepared nurse. There is a growing demand for nurses prepared to assume responsibilities in the planning, supervision, and evaluation of programs and in educating a large group of professional and nonprofessional staff, but it will be very difficult to prepare such personnel if use continues to be made of the same basic educational requirements and the traditional teaching programs.

Taking these facts into account, the Committee set forth the following principles for the preparation of this category of personnel:

1. The training of highly qualified nurses should be the responsibility of a university or an advanced training institute which should provide their students with an education well balanced in technical and liberal arts content.
2. The general educational requirements for these candidates should be the same as those for candidates for any other university career since they will study many of the same courses.
3. The objectives, curricula, and duration of preparation at this level should be sharply distinguished from those of training at the intermediate and auxiliary levels.
4. Preparation in nursing at the university level should be similar in all the countries and should be based on clearly defined standards.
5. Good preparation of personnel depends directly on the availability of human and educational resources.

RECOMMENDATIONS

Taking into consideration the problems and needs in Latin America with respect to the development of high-level nursing education, the Committee recommends that the Pan American Health Organization:

1. Encourage and help countries to establish or strengthen national associations of nursing schools which would join together to form a Pan American Federation of Associations of Nursing Schools, for the purpose of establishing standards for nursing education and its development and facilitating the interchange of ideas and experience in this field.

2. Organize as soon as possible a seminar to lay down standards for university-level nursing education, until such time as the Pan American Federation of Associations of Nursing Schools is established, in order to deal with a problem of strategic importance.

3. Explore the possibility of making provision, in its program of assistance to nursing education, for the preparation of university-level teachers or for strengthening such preparation by:

- a. Establishing national or regional centers for the preparation of teachers, taking into consideration the programs available in the countries.

- b. Assigning teachers or interdisciplinary groups of visiting teachers to schools for a suitable period (12 to 18 months) to work with their national colleagues and help raise the quality of instruction.

- c. Organizing multidisciplinary workshops or seminars in specific fields, such as human relations and teaching methods.

- d. Awarding travel fellowships or organizing travelling seminars for teachers to enable them to observe similar programs in other countries.

- e. Awarding fellowships to enable teachers to work directly with highly qualified persons in their special fields.

f. Establishing agreements between nursing schools for the exchange of teachers and educational experience as a means of ensuring continuity of advisory services.

4. Urge the nursing schools of a country to exchange with each other their resources and the specific advisory services they receive.

5. Encourage nursing schools to give full-time teachers the opportunity to participate directly in the provision of nursing care, so as to keep them up-to-date in their fields.

6. Assist in the improvement of nursing services that serve as practice areas for students, giving priority to that activity.

3. Development of Nursing Programs at the Intermediate Level

The intermediate level of nursing personnel should give the greatest impetus to the development of direct nursing care to patients so as to enable the countries, despite their limitations, to achieve their established health goals.

The general educational requirements for trainees at this level should be such as to enable a large number of them to be recruited. The duration of training should be shorter than at the university level.

RECOMMENDATIONS

The Committee recommends that the Pan American Health Organization:

1. Promote, and assist the countries in, the organization and conduct of courses for training intermediate-level nursing personnel in accordance with the following guidelines:

a. The admission requirements should include schooling up to the end of the junior high school course (nine years of schooling), since this is the educational level reached by many students in Latin Ameri-

can countries and is the minimum academic background for education of nurses at this level. However, as the average educational level of the population rises, this educational requirement should be raised to that demanded for pre-university studies, so that the intermediate courses may be broadened and deepened in content and better opportunities afforded for going on to the higher level.

b. Intermediate training should preferably be administered and organized by educational institutions. Where this is not possible, the health services should work in close collaboration with educational institutions in order to ensure that candidates have a sound general educational background and receive comprehensive preparation in nursing.

c. The duration and content of the intermediate courses should be realistically related to the duties which this personnel will have to perform.

d. The countries should conduct these training courses preferably in regional centers and as part of the nursing education system so as to facilitate mobility of personnel and secure better coordination and use of resources.

2. Encourage educational and health authorities to explore the possibility of increasing general educational resources in the area where an intermediate-level course has been or is to be established and of providing facilities to enable students from rural areas to complete their education and undertake studies in nursing.

4. Development of Programs for Nursing Auxiliaries

After examining this problem, the Committee reached the following conclusions:

1. The role and preparation of nursing auxiliaries cannot be the same everywhere because of the differences in health services and systems of nursing personnel in the various countries and the differing degrees in which the rapid technical changes in the health sciences are being applied. However, the duties of nursing auxiliaries should be limited to a small number of responsibilities, most of which do not require any important decision-making.

2. For many years to come health services in Latin America will need to use auxiliary personnel both in rural areas and as assistants to physicians and nurses in preventive and curative tasks in the urban areas. Each country should therefore endeavor to define the specific duties of such personnel and the number of them required by the health services.
3. The educational qualifications required of this personnel can only be raised when the average educational level in the country is raised.

The Committee recognized that it did not have sufficient bases for defining the most effective type of training for auxiliary personnel, since no analysis or evaluation had been made of the various educational plans in use. However, in view of the growing needs of the health services, the Committee agreed on the need to continue preparing auxiliary personnel in short courses organized and conducted in local or regional centers by the health services that will use this type of staff and have appropriate facilities for this purpose. Furthermore, it emphasized that if these training courses are not followed by programs of continuing education and by close supervision, the quality of nursing care cannot be improved and the aptitudes and knowledge of such personnel will ultimately diminish.

The Committee also stressed the need to have available nurses prepared for teaching at this level as well as suitable teaching materials.

RECOMMENDATIONS

The Committee recommends that the Pan American Health Organization:

1. Assist the countries to produce modern teaching materials, especially audiovisual aids, for instruction at the auxiliary level.
2. Assist in organizing experiments with new teaching patterns, for example: a reduced period of theoretical and practical instruction followed by a period of in-service training in a health institution in which continuing and proper supervision is available.
3. Undertake studies to determine the content and evaluate the results of various types of training.

III. PLANNING, RESEARCH, AND INVESTIGATION

Taking into account the rapid extension and increasing sophistication of national health planning in the Latin American countries and the need to incorporate nursing into these plans, the Committee made the following observations:

1. Nurses are not sufficiently represented in health planning groups. This fact may be due partly to their lack of preparation in this area as well as to failure of other disciplines to recognize the importance of their contribution.
2. If nursing is to participate effectively in planning, nurses must have a knowledge of the planning process as well as a thorough knowledge of the nursing situation, gained through investigation and research.
3. Successful formulation and implementation of plans depends upon involvement of those affected by the plan. Therefore, nurses at all levels must participate in planning.

RECOMMENDATIONS

The Committee recommends that the Pan American Health Organization:

1. Take steps to improve the ability of nurses to participate in planning by:
 - a. Encouraging in each country the preparation of a limited number of nurses in the field of planning, through studies in their own country or abroad.
 - b. Providing assistance and materials to countries that conduct short courses in planning in which nurses participate.
 - c. Furnishing instructors in nursing administration with technical advice and materials that will broaden and deepen the planning content of these short courses.
 - d. Drawing up and distributing a statement on the importance of the nursing contribution to national health planning so as to make clear the nurses' role and promote more effective participation.

2. Continue to press for the inclusion of nursing personnel in manpower studies in the countries, wherever it is planned to conduct such studies.

3. Provide leadership and support for investigations and research in nursing, in those fields where information is critical to national health planning. This should include:

a. Preparation of nurses in the various countries to conduct such investigations and research.

b. Studies on the responsibilities and functions of nursing personnel in all three levels or categories.

c. Analysis of the planning process in order to determine the nursing components.

d. Operational studies to describe and evaluate nursing service organization and programs, including a comparison of methods of delivering nursing service and of factors influencing the decision of staff to remain in service.

e. Investigations of educational patterns and outcomes through:

- Experimentation with methods for achieving a very rapid increase in the number of instructors for university-level teaching.
- Studies on performance of patient-care responsibilities by nursing auxiliaries who have had a formal training course, as compared to performance by auxiliaries trained on the job.
- Experimentation with new teaching methods, such as team teaching and self-instruction devices, designed to improve the utilization of teaching personnel.
- Promotion of studies on the system of nursing education and preparation of guides for the formulation of evaluation criteria, in order to assess the extent to which targets are being met.

4. Organize seminars or courses on methods of investigation and research that combine classroom instruction with opportunity for carrying out independent investigations under supervision of an experienced investigator.

IV. UTILIZATION OF NURSING PERSONNEL

Recognizing the importance of effective utilization of nursing personnel and the fact that in Latin America nursing personnel are used to substitute for staff from other disciplines or services who are either absent or non-existent, the Committee agreed on the following principles:

1. Proper utilization of nursing personnel is a joint responsibility of nursing services and administration.
2. Effective utilization of nursing personnel contributes to patient welfare and also to the job satisfaction of the nurse.
3. Administrative tasks assumed by nurses should be limited to those that require nursing judgment.
4. Administrative elements are included in some degree in the work of every nurse and so should be part of basic nursing education.
5. Effective utilization of nursing services depends upon an understanding of the role of the nurse as it relates to the role of others in the health team.
6. Competent administration of nursing services is a basic requirement for effective utilization of nursing personnel.

The Committee examined the question of the transfer of medical-technical activities from physician to nurse and set forth the following principles:

1. As medical knowledge and activities increase, the physician is able to transfer some medical-technical activities to other health personnel.
2. As nursing competence increases and nursing education assumes greater breadth and depth, some medical-technical activities can logically be incorporated into nursing practice.
3. Any transfer of activities must be based on its being in the best interests of the patient.
4. When the absence of a physician or inaccessibility of organized service requires the nurse to assume medical-technical responsibilities not appropriate to nursing, this should be recognized as a temporary and emergency accommodation to be relinquished as soon as possible. In these situations the activities should be carefully discussed by both physician and nurse and agreement reached by both parties on the activities to be assumed. The nurse should then be taught the procedures by the physician.

RECOMMENDATIONS

The Committee recommends that the Pan American Health Organization:

1. Support the principle that professional nursing personnel should be prepared for and included in health planning at all levels so as to utilize the special competence of nurses for patient care and for program planning.

2. Promote—through the PAHO Departments of Medical Care Administration and Health Services—the development and full utilization of administrative and ancillary personnel to provide clerical, messenger, and other non-nursing services in hospitals.

3. Undertake a vigorous program for the advanced education of nurse administrators, including both continuing education for those already employed and academic courses for those being prepared for such positions. Wherever possible these courses in administration should include students from the several health disciplines.

4. Prepare—through the PAHO Nursing Section and in conjunction with the Departments of Medical Care Administration, Health Services, and Human Resources Development—standards for the transfer of medical-technical activities to nurses.

These standards should be widely disseminated by all four sections and departments and should include the following guidelines:

- a. In transferring the responsibility for performance of a medical-technical activity from one health professional to another (e.g., from physician to nurse) primary consideration should be given to the patient and the consequence of the transfer of that function on his care.

- b. The decision to transfer an activity from physician to nurse should be based on increased competence and education of the nurse.

- c. The transfer of a medical-technical activity from one category of health professional to another should be analyzed and discussed

jointly by both groups and the decision to transfer the activity or share responsibility for it should be made by both groups.

d. The transfer of a medical-technical procedure from one category of health professional to another should be considered only when that procedure:

- Has been developed beyond the experimental phase.
- Is judged by both professional groups to be one that can be performed safely by the group to which it is transferred.

e. A medical-technical procedure should be transferred to another health professional only if it is related to patient care. Procedures that are entirely technical and do not involve patient care should be transferred to appropriate technicians.

V. PUBLICATIONS AND TEXTBOOKS

Recognizing the need to further the development of nursing manpower, the Committee accorded great importance to the publication of material and textbooks designed to improve teaching and learning and to update educational programs.

The Committee identified the following problems in Latin America:

1. There is a shortage of books published in Spanish and Portuguese and the content of existing textbooks is inadequate.
2. The great majority of students and schools of nursing do not have sufficient funds to buy books.
3. There are few incentives for Latin American nurses to write of their own field experiences.
4. Very few articles on the different clinical areas are translated into Spanish and Portuguese.

RECOMMENDATIONS

In view of the foregoing, the Committee recommends that the Pan American Health Organization:

1. Encourage universities and/or schools of nursing to establish a system of financial assistance in the form of fellowships, loans, and other facilities to enable students to acquire textbooks and other teaching materials.

2. Encourage the submission to PAHO/WHO, through nursing schools and/or nursing associations, of articles of interest to the nursing profession, for publication in its periodical journals.

3. Establish a program for textbooks on nursing similar to the one established for medical students.

4. Promote and provide facilities for the publication of books written by two or more authors on the experience of their countries in different fields.

5. Continue the publication of the compilations of articles in Spanish entitled *Enfermería—Recopilación de trabajos*.

6. Increase the publication of articles on nursing and establish a bibliographic section on recent nursing texts in the monthly *Boletín de la Oficina Sanitaria Panamericana* and in the PAHO quarterly journal *Educación médica y salud*.

7. Increase the production of audiovisual aids primarily connected with preventive and curative nursing care.

VI. ADDITIONAL RECOMMENDATIONS

1. Taking into account the relationship between the work of nurses and that of midwives and the role these two groups play in maternal and child health and family planning activities, *the Committee suggests* that, in view of the complexity of the problem, PAHO/WHO convene a multidisciplinary group to discuss curricula for the training of midwives and/or nurse-midwives.

2. Because of the need to rapidly increase the number of nurses, *the Committee recommends* that the Governments be urged to award

fellowships, make loans, or give other types of assistance to persons who wish to study nursing but lack sufficient funds to do so.

3. In view of the importance of effective teamwork in the provision of health services, *the Committee recommends* that the PAHO Nursing Section in conjunction with the Department of Human Resources Development, promote in schools of nursing and medicine the use of common learning experiences by students so as to give them a better understanding of their future role as members of the health team.

4. Considering the importance of data for planning and evaluating nursing programs and the value of such data for the region as a whole, *the Committee recommends* that a mechanism be established for the collection of nursing data essential to planning in Latin America, so as to ensure the comparability and accessibility of this information.

5. Aware of the need to supplement and bring up to date the knowledge of practicing nurses, *the Committee recommends* that the PAHO Nursing Section promote the organization of refresher courses for nurses, based on multi-institutional and interdisciplinary systems of regionalized education and medical care.

VII. NURSING ADVISORY SERVICES

The Committee gave consideration to the role of the PAHO/WHO advisers in nursing. There was a strong expression of confidence in the quality and the relevance of the advisory programs developed, and in the capacity of the staff to respond promptly to new conditions or demands. The Committee felt that, because of the broad range of the nursing advisory responsibility and the wide variation from country to country, it was not appropriate to make specific recommendations. Nevertheless, it was apparent to the Committee that the nurse adviser is called upon to take initiative and make judgments requiring great knowledge and sensitivity. Her usefulness to the countries she serves depends upon the scope and up-to-dateness of her knowledge, her acquaintance with nursing practice throughout the region, and the clarity and vigor with which she can cope with problems that are often unique.

The Committee was of the firm belief that the best way to improve all aspects of the advisory program is to improve the knowledge and skill of the nurse herself, and to encourage her to think and act judiciously and independently.

RECOMMENDATIONS

The Committee therefore recommends that the Pan American Health Organization:

1. Provide for a liberal and vigorous staff development program for its nursing advisers. Because of the nature of the job, this should be expected to take a larger proportion of the total working time than might be true in other fields. Attendance at conferences, seminars, or courses in which the nurse adviser is responsible for the program or participates as a representative of the Organization, and in which the subject matter is not germane to needs of the staff member, should not be considered as part of this developmental program.

2. Explore ways and means of increasing and better utilizing the nursing advisory resources, with a view to implementing the recommendations of this First Meeting of the Technical Advisory Committee on Nursing.

VOTES OF THANKS

The Technical Advisory Committee expresses its appreciation for the opportunity to learn about the activities of PAHO/WHO and to participate in the deliberations on nursing manpower and its development in Latin America. It voices the hope that its recommendations will be of value to the Organization in planning nursing programs for the Americas. The mutual benefit to be derived from this kind of interchange leads the Committee to suggest that its meetings be convened at least once every two years.

The Committee commended the staff of PAHO/WHO for the excellence of the background information provided to the participants in the basic working document, and for the support afforded to the Committee at a consistently high level throughout the meeting.