JICA Thematic Guidelines on Nursing Education
(Overview)

November 2005

Japan International Cooperation Agency
Overview

1. Overview of nursing education

1-1  Present situation of the nursing field and nursing education

The purpose of providing health services (prevention, diagnosis and treatment) is to promote health. As such, health systems are developed in order to provide these health services. The components of health systems are human resources, financial resources, facilities and equipment, of which human resources, in particular, play a central role in making systems function and providing services. Nursing professionals account for a large proportion of these human resources, and are main providers of primary health care (PHC). They therefore exert a major influence on the quantity and quality of health services provided. Meanwhile, a lack of necessary knowledge and skills in the nursing profession presents the biggest obstacle to achievement of the Millennium Development Goals (MDGs).

1-2  Definition of “nursing professionals”

Licensed nursing professionals in Japan consist of registered nurses, registered nurse-midwives, registered public health nurses and licensed practical nurses. Classifications, titles, job descriptions, received education and other details of nursing professionals differ from country to country. The United States of America, for example, has “Nurse Practitioners” who are authorized to carry out diagnosis, administer drugs, etc. Although there is no equivalent to the Japanese registered public health nurse (hokenshi), the United States of America has Public Health Nurse Specialists, while the United States of America as well as Indonesia and Cambodia also have professionals known as “Nurse Anesthetists”. In this paper, to make our target clear, we will define nursing professionals as nursing and midwifery personnel, which is regarded as crucial to the achievement of MDGs. Specifically, they will consist of “nurses”, “midwives”, “nurse-midwives”, “practical nurses”, “practical midwives” and “practical nurse-midwives”, all of whom are produced through basic nursing education.

1-3  Definition of nursing education

1 Common targets agreed by 149 nations at the United Nations in September 2000, with the aim of achieving targets by the year 2015. A total of 18 areas and 48 indicators have been set for numerical targets, including eradication of poverty and famine, global diffusion of primary education, gender equality and women’s empowerment, reduction of child mortality rates, improved maternal health, individual measures against HIV/AIDS, malaria and other diseases, sustainable protection of the environment, and creation of global development partnerships.
Nursing education is broadly divided into education designed to produce nursing professionals (basic education), and education after the basic education. Education after the basic education may be called “continuing education”, “postgraduate education”, “lifelong education”, etc., but no international definition has yet been established. In most countries today, midwifery education is carried out after completion of nurse education (Indirect Entry). In such cases, nurse education alone is sometimes called “basic education”. In other cases, education of midwives and others may be carried out without nurse education (Direct Entry), and in these cases midwifery education may also be categorized as basic education for nursing professionals. In this paper, “education for producing nursing professionals” is defined as “basic nursing education”, while “education for acquisition of degrees or qualifications” after completion of basic education, and “education designed to maintain or improve the quality of nursing professionals not aimed at degrees or qualifications” are defined as “continuing nursing education”.

1-4 Nursing education in Japan

To find employment in the nursing profession, the candidate needs to be qualified as a registered nurse, registered nurse-midwife, registered public health nurse or licensed practical nurse. To obtain these qualifications, the candidate has to complete the necessary course in an educational institution that complies with Articles 19-22 of the Public Health Nurses, Midwives and Nurses Law, and pass national examinations set by the Minister of Health, Labour and Welfare (or, for licensed practical nurses, prefectural examination by the prefectural governor). Institutions that offer basic nursing education for eligibility to sit national examinations include nursing-oriented universities and junior colleges, nursing schools, nursing high schools, licensed practical nursing schools, and high schools and advanced courses in nursing high schools (five-year courses). Graduates from nursing school are eligible not only to sit nurses’ national examinations but also to enter public health nursing and midwifery schools. In either case, the law states that a special course of at least 6 months must be completed (in fact, most courses run for 1 year). Many 4-year nursing-oriented universities also include education for registered public health nurses and registered nurse-midwives. Eligibility to sit national exams for public health nurses, registered nurse-midwives and nurses may be obtained after

---

2 According to “Status of Admission of Graduates to Assistant Training Schools” in the graph on p.64 of “Statistical Data on Nursing Service in Japan, 2004”, certified assistant nurse training colleges may be entered after graduating from junior high school. In FY2004 statistics, however, the ratio of entrants graduating from junior high school was only 3.6%, that of senior high school graduates was 83.3%, junior college graduates 7.7% and university graduates 5.1%. In other words, those with an educational history of graduation from senior high school or above accounted for more than 96% of all entrants.
1-5 The situation of international support

The concept of primary health care (PHC) extolled in the Alma Ata Declaration of 1978 has made a major impact on curricula for education of health personnel, including nursing professionals. Following the “Alma Ata Declaration”, the General Assembly of WHO in 1981 set the target of “Health for All (HFA) by the Year 2000”, and declared that the strategy for this would be sited in PHC. The importance of human resources development in the nursing profession, the main providers of PHC, was reaffirmed with a view to achieving the target. In the Millennium Development Goals (MDGs) adopted at the 55th General Assembly of the United Nations in September 2000, five of the formulated eight development goals were related to nursing education.

1-6 The situation of support from Japan

Since the late 1960s, the Japanese government has provided technical cooperation in the health sector through the Japan International Cooperation Agency (JICA), such as the dispatch of Japan International Cooperation Volunteers (JOCV). In 1973, Japanese support for human resources development in nursing started with “Training of Nursing Instructors in Southeast Asia.”, a project commissioned to the International Nursing Foundation of Japan by the Ministry of Health & Welfare of Japan. In 1979, JICA started its “Nursing Education Project in the Republic of Indonesia”, followed in 1980 by the “Nursing Education Project in the Kingdom of Thailand”. Since then, support for nursing education has mainly focused on “technical cooperation projects”, “grant aid” and “training programs”. The target regions have also expanded, from Asia to Latin America, Africa, Oceania and the Middle East. At the Kyushu-Okinawa Summit in July 2000, the Japanese government launched the “Okinawa Infectious Disease Initiative”. And in response to these efforts, JICA is working positively to foster health personnel such as doctors, nurses and clinical laboratory technicians.

2. Effective approaches to nursing education

2-1 The purpose of nursing education

For state health systems to function, necessary and appropriate services to be provided to the people, measures to be taken against problems such as infectious diseases (HIV/AIDS, tuberculosis, malaria), maternal and child health and chronic diseases, and for health to be promoted, it is vital that human resources for health with knowledge and
skills be allocated appropriately. In particular, nursing and midwifery personnel are principal providers of services at end-user health facilities in developing countries. They also serve key roles in the services of secondary and tertiary health facilities. The purpose of cooperation in nursing education is to ensure that health systems are functioning and that necessary and appropriate services are provided to people, as well as helping to promote health, by developing nursing and midwifery resources in the target countries. Developing nursing and midwifery personnel also contributes to the achievement of MDGs and human security.

2-2 Effective approaches to nursing education

**Development objective of nursing education: To improve the quantity and quality of nursing services**

To improve nursing services in both quantity and quality and to improve health services, we need to improve the three basic elements that support nursing services – “policy planning”, “education” and “employment and allocation (utilization)”. Therefore, the strategic development target is to “improve the quantity and quality of nursing services”. Med-term targets are as follows:

1. To improve capacity for policy planning and implementation
2. To improve the quality of basic nursing education
3. To improve the utilization and competency of employed and allocated human resources

**Mid-term objective 1: To improve capacity for policy planning and implementation**

In the past, Japan’s efforts for cooperation in nursing education were directly targeted at educational institutions for nursing and midwifery personnel. Most were focused on support for teachers’ training, curriculum development, and the development of teaching materials through technical cooperation projects, the improvement of educational facilities and equipment through grant aid, and so on. However, in some countries where regulation and systems are not yet developed for the nursing profession or nursing education, the job descriptions of “nurses”, “midwives” and other nursing professionals are unclear. Several different titles may exist for nursing professionals, but the differences between their roles are unclear. In many such countries, regulations on nursing education are not established either. To enhance nursing services, we will need to promote not only efforts by individual educational institutions, but also the development of legal, institutional and fiscal frameworks at government level. Specifically, this means preparing and implementing plans for producing and allocating human resources,
including various provisions for assuring quality in the form of job descriptions, qualifications and education, and budgets for appropriate personnel allocations. In developing countries, however, nursing professionals who can take care of such work are inadequate in both quantity and quality. Therefore, technical transfer is needed in issues such as methods of establishing regulations and plans.

**Mid-term objective 2: To improve the quality of basic nursing education**

Basic nursing education is not only expected to produce the requisite numbers of graduates for providing appropriate health services in the country concerned, but also to enhance their quality, in the sense of equipping them with the knowledge and skills needed to provide safe and necessary care. In developing countries, and particularly in low income countries, there is an urgent need to bridge the gap between demand and supply of nurses and midwives, while qualitative improvements are also needed.

**Mid-term target 3: To improve the utilization and competency of employed and allocated human resources**

Continuing nursing education, and in particular in-service training, has the direct effect of improving the quality of providers of nursing services, and therefore improves its relevance, impact and effectiveness. Meanwhile, even in cases when employment cannot be expected owing to fiscal shortages in the target country, continuing education to service providers can directly contribute to the improvement of nursing services. However, compared to basic nursing education, this tends to incur training fees and other costs. Therefore, in order to increase sustainability, securing local sources of finance and human resources in the target country is a key issue.

3. **JICA’s cooperation policy**

3-1 Priorities and Points to be noted for JICA

(1) **Basic concept**

The health sector is closely related to the achievement of MDGs and the human security. Health services are provided by various manpower within the health sector, but of these, nursing and midwifery personnel play a particularly important role. By strengthening nursing education and thereby taking steps towards capacity building of nurses and midwives, we will contribute directly and indirectly to the achievement of MDGs. Until now, JICA has implemented projects aiming at various improvements in nursing education, and will continue its cooperation in this field in future. As for the
approach to cooperation, meanwhile, it would be desirable that circumstances or issues in
the nursing field such as job descriptions of nursing professionals be clearly defined, and
JICA select the scope and approach of its cooperation, taking account of Japan’s
comparative advantage and available resources.

(2) Priorities and Points to be noted for JICA
1) Approaches to nursing education

Approaches to nursing education may be divided into that for “basic nursing
education” and that for “continuing nursing education”. When selecting which approach
to use, it is important that we apply judgement criteria such as the problems of nursing in
the target country, sustainability, Japan’s comparative advantage and resources, and so on.
Meanwhile, in countries that have no regulations, relevance and effectiveness tend to
diminish whichever approach is adopted. In such cases, we need to take measures such as
making it a pre-condition for starting a project to develop regulations and systems.

2) Basic nursing education: Indirect approach

Teaching for teachers, revision of curricula, and the development of teaching
materials are areas in which Japan can make the biggest contribution. Support in these
areas has been provided in numerous projects implemented by JICA since around 1980,
with positive results. Moreover, educational equipment, audiovisual equipment and
others procured through grant aid in the same period have been put to effective use in
developing teaching materials, as well as improving teaching methods. In future, while
making maximum use of the experience and knowhow amassed in projects to date, it
would be desirable to forge effective links with other donors when implementing
cooperation. Meanwhile, initiatives aimed at expanding the knowhow acquired by the
partner country through technical cooperation to surrounding countries through “third
country group training” or “third country expert” should be intensified in future. Also,
while improvements to basic nursing education contribute to correcting quantitative and
qualitative deficiencies in the nursing profession, the educational content cannot be
adjusted unless job descriptions are stipulated for nursing professionals. Finally, when the
rate of graduate employment (employment and allocation) is low, their contribution to the
expansion of nursing services also decreases. Therefore, in order to increase relevance
and impact, job descriptions of nursing professionals need to be clarified, while plans for
producing and allocating human resources need to be prepared or revised.

3) Continuing nursing education: Direct approach

Since continuing nursing education, and particularly in-service training, have the
direct effect of improving the quality of providers of nursing services, its relevance,
impact and effectiveness increase. Although continuing nursing education contributes directly to the improvement of nursing services, training fees and other costs tend to be higher than those for basic nursing education. In order to increase sustainability, therefore, securing sources of finance and human resources in the target country is a key issue. Meanwhile, in order to reduce the financial burden of the target country and to increase efficiency (cost effectiveness), it is important to draw up action plans that reduce costs to the minimum necessary, taking account of the target trainees, the training period, etc.

4) Lessons learned from cooperation implemented in the past:

4-1) To encourage effective links between technical cooperation and grant aid.
4-2) That gender considerations are vital in cooperation with countries where women have low status.
4-3) For pilot-type projects in model schools or model regions, to plan strategic paths towards expansion at nationwide level.
4-4) To encourage communication and collaboration between health ministries, education ministries, professional organizations, and other concerned parties.

3-2 Future examination issues

(1) Securing experts for nursing education

The human resources inside Japan that shoulder Japanese cooperation in nursing education include teachers, researchers in nursing-oriented universities and junior colleges, staff of the Ministry of Health, Labour and Welfare and medical institutions, development consultants, etc.. However, all of these are inadequate in number. While teachers at nursing-oriented universities and junior colleges have until now played a central role in nursing education cooperation, it is often difficult to send them to developing countries for long periods, and short-term dispatch has been the main approach. In nursing education cooperation from now on, in particular, support-type for regulations and systems cases and school management-type cases are expected to increase. The present reality, however, is that there are only limited numbers of Japanese experts who have knowledge and experience related to governmental administration in nursing education and school management in developing countries. When formulating new projects in the field of nursing education in future, we will need to take account of securing human resources. Moreover, we will also need to make positive use of third country experts who have been trained in past cooperation projects.

(2) Promoting links between different cooperation schemes and with other health projects
Besides the links between technical cooperation projects and grant aid commonly found in conventional nursing education, expansion of the effects of cooperation to surrounding countries through “third country group training” should be positively promoted in future. Similarly, the institutions and human resources of developing countries that are fostered through technical cooperation from Japan should be utilized positively for “in-country training” aimed at human resources inside those countries. While the utilization of third country experts can be effective in the sense of supplementing human resources from Japan, these should only be sent after due preparation, once the Japanese side, the partner country and the experts themselves have shared understandings of the project content and purpose, the surrounding situation, and the experts’ TOR (terms of reference). Meanwhile, we should also consider introducing linkage between technical cooperation projects and JOCV in nursing education (an effort that has not been attempted much in the past), after first clarifying the roles of the volunteers and the purpose of the linkage. If JOCV can amass experience through joint operations with technical cooperation projects, this could have the effect of cultivating future expert human resources. Finally, we should also encourage links and exchanges of knowhow with projects that involve the cultivation of human resources from other areas of the health sector, such as maternal and child health, community health and hospital support-type projects.