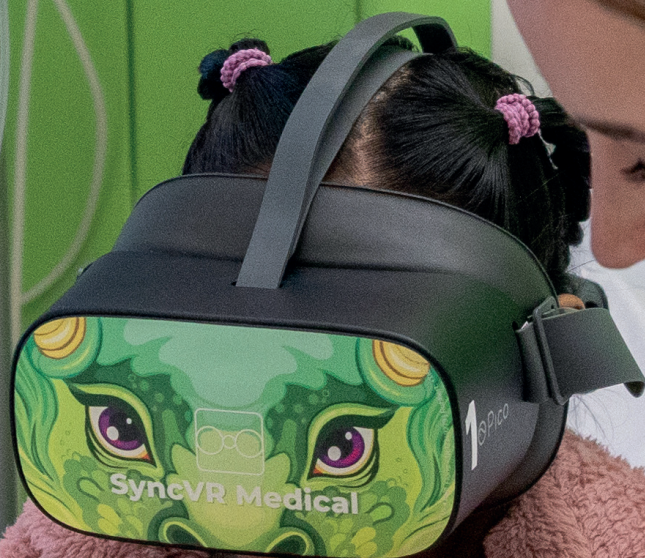




# LINKS

NURSING & MIDWIFERY

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VOLUME 19

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The Global Network of World Health Organization  
Collaborating Centres for Nursing and Midwifery



UTS

UNIVERSITY  
OF TECHNOLOGY  
SYDNEY





## Embracing digital health transformation in the Netherlands

Patients at the Radboudumc Amalia Children's Hospital use VR headsets for relaxation, entertainment, meditation, and hypnosis. The use of VR in a health care setting helps children to feel more at ease, reducing the fear of hospitals and medical interventions.

March 2024

City: Nijmegen

WHO offices: Netherlands

Cover photo © WHO / Marie Oleinik



“Tajikistan is transforming its health system to accelerate progress toward Universal Health Coverage (UHC). For the last two decades, the country has been undertaking significant reforms to shift towards a Primary Health Care (PHC) approach with a strong family medicine focus conducive to strengthening the health system to attain its objectives of ‘health for all’.”





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As GNWHCCNM Secretariat 2022-2026, The WHO Collaborating Centre for Nursing, Midwifery, and Health Development at the University of Technology, Sydney (WHO CCNM UTS) will support the vital and ongoing activities of Network partners, institutions, and Collaborating Centres around the world to improve lives and make positive and lasting change by strengthening connections, partnerships, collaboration and communication between Collaborating Centres and key institutional stakeholders.

We look forward to working closely with all Nursing and Midwifery Collaborating Centres globally throughout our tenure as Secretariat to support and accelerate strategic collaboration in partnership. Please do not hesitate to contact us if you have any queries, comments, recommendations, or input to the magazine.

We look forward to hearing from you.  
Thank you! - WHO CCNM UTS Secretariat

## MEET the SECRETARIAT



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# Editorial

Welcome to Volume 19 of LINKS Magazine. As always, we express our sincere gratitude to the WHO Collaborating Centres for Nursing and Midwifery, whose collective efforts are crucial in shaping advancements in these vital fields globally. We thank you all for your ongoing support and engagement.

This issue of LINKS magazine features a broad range of thoughtful contributions from our global partners and colleagues.

Working with WHO member states, Collaborating Centres, NGOs and other stakeholders, the Global Network's mission continues to focus on maximising the contribution of nursing and midwifery to advance Health for All. As well as promoting collaboration and communication between members, the network continues to advocate and influence evidence-based policy, in line with regional resolutions and WHO programs of work, all within the framework of the WHO Strategic Directions for Nursing and Midwifery Policy Priorities 2021-2025: Education, Jobs, Leadership and Service Delivery.

We are excited to showcase the WHO European Region (EURO) in this volume, celebrating the impressive and diverse contributions of the WHO Collaborating Centres for Nursing and Midwifery

in the Region. We also thank Margrieta Langins, nursing and midwifery advisor to the WHO Regional Office for Europe, for providing a regional update from EURO.

In this edition, we are excited to share an update on the upcoming State of the World's Nursing Report (SoWN 2025). SoWN 2025 will build upon the 2020 edition, providing a current and comprehensive report of the world's nursing workforce. It will be launched on the 12th of May 2025, on International Nurses Day.

Once again, we express our sincere appreciation and extend warm wishes for your continued success as we work together to advance healthcare globally and achieve Health for All through excellence in Nursing and Midwifery.

With gratitude,  
**Associate Professor  
Dr. Ameporn Ratinthorn**

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Director, WHO CC for Nursing  
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Associate Professor  
**Dr. Aurawamon Sriyuktasuth**

Dean  
Assistant Professor  
**Dr. Ameporn Ratinthorn**

Associate Dean for Research  
Assistant Professor  
**Dr. Thitipong Tankumpuan**

Associate Dean for Education  
Assistant Professor  
**Dr. Ruttanaporn Kongkar**





# GNWHOCCNM 2022-2026

## Global Network of WHO Collaborating Centres for Nursing and Midwifery

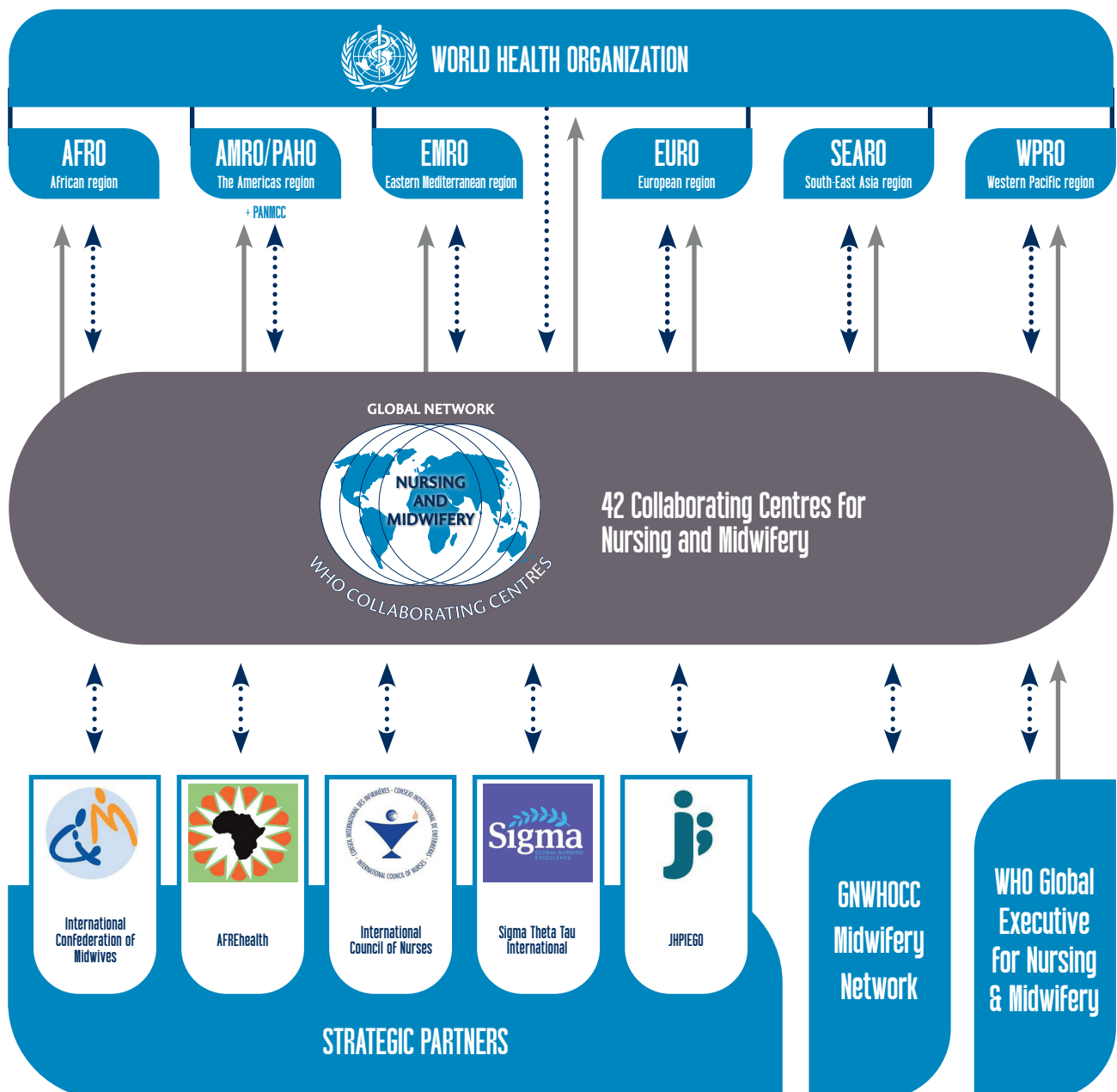
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) was first formed between 1987-1988. It is an independent, international, not-for-profit, voluntary organization comprising WHO CCs across all six WHO Regions. For 35 years, the network has worked to strengthen and promote nursing and midwifery leadership, education, practice, and research towards the goal of 'Health for All'.

The Mission of the Global Network is to maximize the contributions of nursing and midwifery to advance Health for All in partnership with WHO and its member states, member centres, NGOs, and others interested in promoting the health of populations. In addition to fostering collaboration and communication within the nursing and midwifery global community, the network will

carry out advocacy and evidence-based policy activities within the framework of the World Health Assembly (WHA), regional resolutions, and WHO Programs of Work, and in alignment with the WHO Strategic Directions in Nursing and Midwifery (SDNM) Policy Priorities 2021-2025.

WHO CCNM UTS was elected Secretariat of the GNWHOCCNM in 2022, following the 2018-2022 tenure of Johns Hopkins University in Baltimore, Maryland. WHO CCNM UTS seeks to further the vision and mission of the Global Network of WHO CC by being a reliable source of communication, community, and collaboration between Global Network CCs and partners.

The relationship of the GNWHOCCNM with WHO, WHO Regional Offices, and key strategic partners is illustrated below:

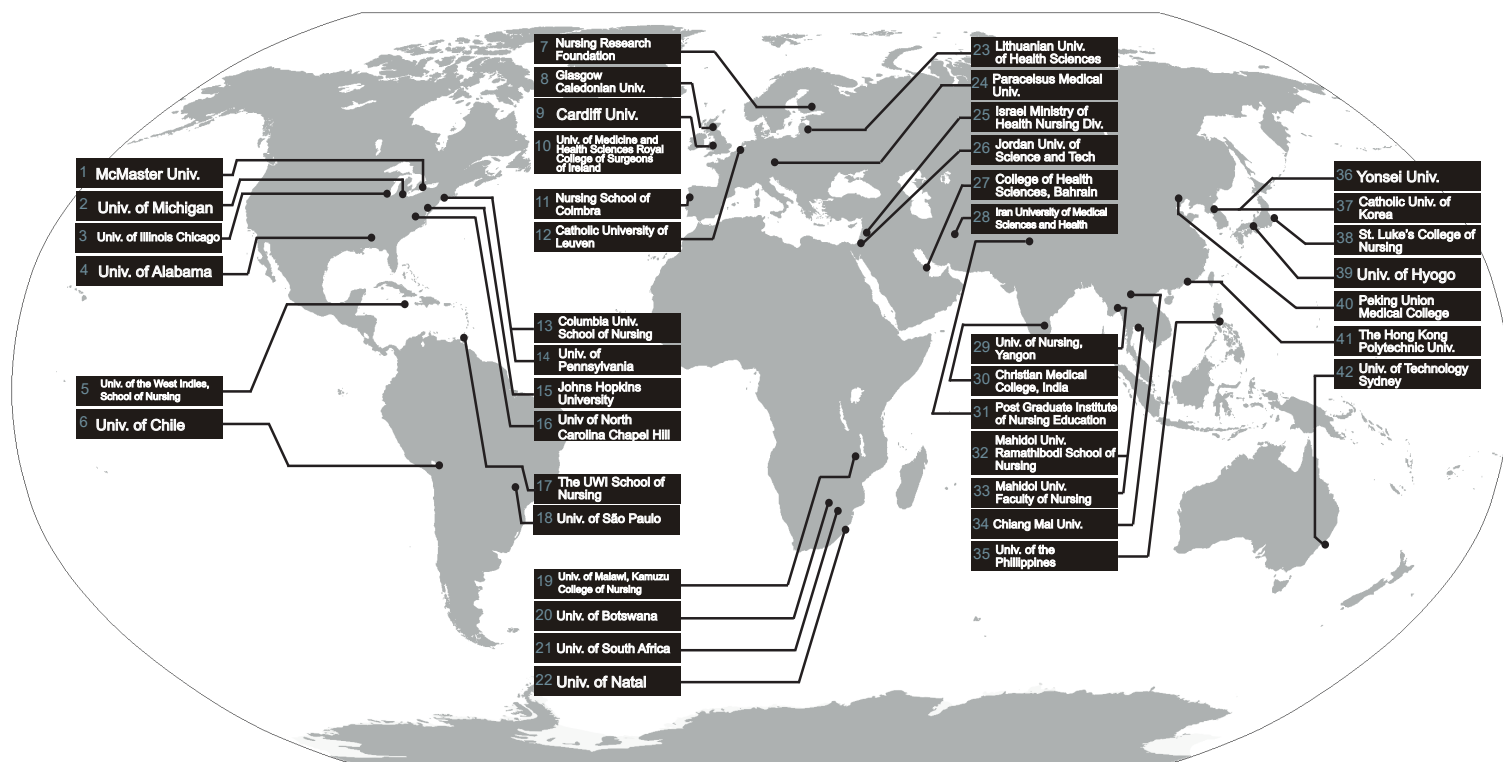






# Global Network of WHO Collaborating Centers

The Global Network is Currently Comprised of 42 Collaborating Centres for Nursing and Midwifery.



1. McMaster University, Hamilton, Canada (CAN39)
2. University of Michigan, School of Nursing, Office of International Affairs, Ann Arbor, USA (USA283)
3. University of Illinois at Chicago, Chicago, USA (USA193)
4. University of Alabama at Birmingham, School of Nursing, Birmingham, USA (USA241)
5. University of the West Indies, School of Nursing Mona, Kingston, Jamaica (JAM15)
6. University of Chile, Santiago, Chile (CHI18)
7. Nursing Research Foundation, Helsinki, Finland (FIN19)
8. Glasgow Caledonian University, Department of Nursing and Community Health, Glasgow, Scotland (UNK160)
9. Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences, Cardiff, Wales (UNK276)
10. University of Medicine and Health Sciences Royal College of Surgeons of Ireland (IRE12)
11. Nursing School of Coimbra, Coimbra, Portugal (POR14)
12. Catholic University of Leuven, Leuven, Belgium (BEL51)
13. Columbia University, School of Nursing, New York, USA (USA272)
14. University of Pennsylvania, School of Nursing, Philadelphia, USA (USA206)
15. Johns Hopkins University, School of Nursing, Baltimore, USA (USA297)
16. University of North Carolina at Chapel Hill, School of Nursing, Chapel Hill, USA (USA461)
17. University of the West Indies at St. Augustine, School of Nursing, St. Augustine, Trinidad and Tobago (TRT1)
18. University of São Paulo, College of Nursing at Ribeirão Preto, São Paulo, Brazil (BRA32)
19. University of Malawi, Kamuzu College of Nursing, Lilongwe, Malawi (MAL3)
20. University of Botswana, Gaborone, Botswana (BOT3)
21. University of South Africa, Department of Health Studies, Pretoria, South Africa (SOA14)
22. University of Natal, School of Nursing, Durban, South Africa (SOA13)
23. Lithuanian University of Health Sciences, Kaunas, Lithuania (LTU4)
24. Paracelsus Medical University, Institute of Nursing Science and Practice, Salzburg, Austria (AUT15)
25. Israeli Ministry of Health, Nursing Division, Jerusalem, Israel (ISR32)
26. Jordan University of Science and Technology, Irbid, Jordan (JOR16)
27. University of Bahrain, College of Health and Sport Sciences, Bahrain (BAA1)
28. Iran University of Medical Sciences and Health (IRA58)
29. University of Nursing Yangon, Yangon, Myanmar (MMR4)
30. Christian Medical College and Hospital, Vellore, India (IND138)
31. National Institute of Nursing Education, Postgraduate Institute of Medical Education and Research, Chandigarh, India (IND140)
32. Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand (THA35)
33. Mahidol University, Faculty of Nursing, Bangkok, Thailand (THA34)
34. Chiang Mai University, Faculty of Nursing, Chiang Mai, Thailand (THA43)
35. University of the Philippines Manila, Manila, Philippines (PHL13)
36. Yonsei University, College of Nursing, Seoul, Republic of Korea (KOR16)
37. Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care, Seoul, Republic of Korea (KOR104)
38. St. Luke's International University, College of Nursing, Tokyo, Japan (JPN58)
39. University of Hyogo, Research Institute of Nursing Care for People and Community, Kobe, Japan (JPN77)
40. Peking Union Medical College, School of Nursing, Beijing, China (CHN129)
41. The Hong Kong Polytechnic University, Faculty of Health and Social Sciences, School of Nursing, Hong Kong, China (CHN89)
42. University of Technology Sydney, Sydney, Australia (AUS93)



# CCS' contribution to Nursing and Midwifery Policy in the WHO European Region

In the past months the world has experienced unprecedented financial and operational pressures that have deeply impacted the health and development sectors, including WHO, its health partners, and governments. In this rapidly evolving landscape, WHO is adapting to ensure its vital mission of supporting Member States continues, while also recognizing the essential role its workforce plays in achieving this goal. Today, WHO is needed more than ever by the countries and partners it collaborates with, and the citizens of the world we serve. More than ever, we need to prioritize action with evidence.

The nine WHO nursing and midwifery collaborating centres (CCs) in the European Region are key to achieving this mission while also strengthening the capacity of nursing and midwifery. Their work is as beneficial working with other WHO programmes which the WHO/Europe nursing and midwifery team connect them with, as it is for our Member States. The WHO European Region spans 53 diverse countries. Our CCs play a vital role in connecting policy, education, and practice to ensure that the nursing and midwifery workforce is prepared to tackle present and future health challenges. The diversity of the European Region presents both opportunities and challenges. From the high-income health systems of Western Europe to the ongoing health reforms in Eastern Europe, Southeastern Europe and Central Asia, WHO CCs provide expertise that can be translated into tailored interventions for country-specific needs, ensuring no one is left behind. As we navigate an uncertain economic climate, the importance of strategic partnerships and targeted country work has never been greater.

As the nursing and midwifery policy advisor, I wish to first truly thank them for all their work, their flexibility, their agility and turning up when we need them most! We simply could not do our work without them.

## The Role of WHO Collaborating Centres

Over the course of my time as policy advisor I have tried to shift our CCs focus to more country work, cross programmatic collaboration with my colleagues at WHO/Europe nominally rehabilitation, long term care, healthy ageing, primary health care and mental health.

The challenge is to ensure that their expertise and our support to Member States is scaled up and integrated into system-wide changes that:

- Support workforce planning and retention strategies.
- Strengthen nursing and midwifery education and practice.
- Generate research that informs evidence-based policy.
- Provide technical expertise in shaping regulatory frameworks.

As policy advisor, I worry that our expertise is sought for one off courses in specific areas or guidance without the system changes that lie at the heart of the Global Strategic Directions for Nursing and Midwifery, that will result in true change and support both for patients, communities and our nurses and midwives. The challenges for nurses and midwives in the WHO European Region are many.



*By Maggie Langins -  
Nursing and Midwifery  
Policy Advisor,  
WHO Europe*

## The Challenges of the European Nursing and Midwifery Workforce

The WHO European Region is the Region that has the highest density of health and care workers worldwide. As highlighted in the recently published European Health Report, over the last decade (2012– 2022), the average density of nurses has increased by 8% and the density of midwives by 2.1%. The number of nursing and midwifery graduates have increased by 2% in both cases, between 2010 and 2021. Despite the increase in the average density for nurses and midwives and the increase in the number of graduates, density of nurses and midwives remains uneven across the Region and within the countries which can lead to disparities in access to health-care services and, possibly, contribute to health inequities.

The population of the WHO European Region is ageing and the need for care has increased related to increased multimorbidity and chronic conditions, mental health conditions, and patient expectations to name some of the causes. At the same time, the ageing of our population is reducing the pool of young candidates that are our future nurses and midwives, while the health sector is not proving attractive enough for young students who decide to join professions in other sectors. Nurses and midwives who are aged 55 years old and older accounts for 18% and 15%, respectively. Efforts in recruiting and retaining nursing and midwifery professionals in our WHO Region are crucial, in making these efforts a consideration for the needs of women are relevant as 89% of nurses and 98% of midwives are women.

To address these issues the WHO/Europe team is working on several key projects where our CC's have been essential.

## Strengthening Midwifery Education with the MATE Tool

In 2022, in collaboration with the WHO Collaborating Centre for Midwifery Development at Cardiff University, College of Biomedical and Life Sciences, WHO/Europe worked with the government of Romania to assess and enhance midwifery education in Romania. The three day workshop with a range of stakeholders—including policymakers, educators, and practitioners—discussed curriculum reform, regulatory frameworks, and the integration



*Midwifery Assessment  
Tool for Education  
(MATE)*





of midwives into healthcare systems. The workshop was guided by the Midwifery Assessment Tool for Education (MATE), which was also developed by the colleagues at Cardiff University in 2020. The 2022 workshop emphasized the importance of evidence-based education, multidisciplinary collaboration, and the role of midwives in advancing primary healthcare and maternal health outcomes. For more details on MATE and its applications in strengthening midwifery education please see Midwifery Assessment Tool for Education, (MATE).

#### **Development and Implementation of a Framework for Quality Care**

As part of the Development and Implementation of a Framework for Quality Care (HEALTH-IQ) project in Greece, WHO Europe, in collaboration with the WHO Collaborating Centre on Quality-of-Life and Wellbeing in the School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki is supporting the Greek government to strengthen workforce capacity, improve leadership, and enhance the quality of care. A key priority has been to support the mental health and well-being of nurses. Activities have included a gap analysis on available mental health services for nurses, leading to the development of a mental health and well-being guide for facility managers and policymakers. This work is also guided by the EU Commission funded Mental Health and Wellbeing Survey rolled out in 27 EU countries, Norway and Iceland. This work has been supported by our WHO Collaborating Centre for Human Resources for Health Research and Policy at Katholieke Universiteit Leuven (KU Leuven).

To ensure evidence-based decision-making, and with the help of our CC for nursing in the Nursing Research Foundation in Finland our programme has supported the Agency for Quality Assurance in Health S.A. (ODIPY) in developing a series of nursing-sensitive indicators to provide data on nursing impact across Greece and the region. The project also focuses on capacity building, including the development of a structured mentorship and preceptorship framework for nursing students and early-career nurses. This work has benefited from inputs and reviews of the framework by WHO Collaborating Centre for Nursing Practice and Research at the Nursing School of Coimbra, WHO Collaborating Centre for Nursing Education and Practice at the Lithuanian University of Health Sciences, WHO Collaborating Centre for Nursing and Patient Safety at Paracelsus Medical University and the WHO Collaborating Centre for Nursing and Multidisciplinary Rehabilitation at the Glasgow Caledonian University.

Finally, the Nurse Leadership Course, a flagship initiative under HEALTH-IQ has been developed by the WHO Collaborating Centre for Leadership and Governance in Nursing at the Israeli Ministry of Health. This course is equipping a group of nurse managers from across the country with essential leadership skills to drive organizational change.

#### **DG ENEST**

WHO/Europe is providing targeted support to five eastern European countries – Armenia, Azerbaijan, Georgia, The Republic of Moldova, and Ukraine. Migration trends, an ageing nursing and midwifery workforce, poor regulatory systems, and education only available at vocational level limits these countries' ability to implement high quality nursing and midwifery services. In collaboration with the Directorate-General for Enlargement and the Eastern Neighbourhood (DG ENEST), WHO work will examine workforce mobility, retention, and regulatory alignment in the five countries. Collaboration with the following collaborating centres is helping these countries develop

urgently needed sustainable workforce policies:

- The Collaborating Centre for Nursing Regulation and Continuing Professional Development (CPD) at RCSI in Ireland on regulation,
- The Nursing School of Coimbra Collaborating Centre for Nursing Practice and Research on primary healthcare (PHC) competencies,
- The Glasgow Caledonian University Collaborating Centre for Nursing, and Multidisciplinary Rehabilitation

Also, as part of the DG ENEST project, collaboration with the following WHO Collaborating Centres is invaluable in providing technical assessment and support for the development of education curricula to achieve the project's objectives:

- The WHO Collaborating Centre for Human Resources for Health Research and Policy at KU Leuven,
- The WHO Collaborating Centre for Nursing Education and Practice at the Lithuanian University of Health Sciences, and
- The Nursing Research Foundation in Finland (HOTUS)

#### **Nursing Action**

On January 17 2025, WHO/Europe has launched in collaboration with the European Commission and the Polish EU Presidency, the Nursing Action, an initiative tackling critical nursing shortages across the region. Over the next 36 months, Nursing Action will work closely with national focal points – primarily but not exclusively Government Chief Nursing Officers to steer dialogues and action to drive retention and recruitment of nurses. The work will build on and develop a large evidence base to inform policies, including country analyses on staffing arrangements, mentorship needs and capacities, various dimensions of quality of employment, retention within the first 5 years, and recruitment strategies. The work will also build on the knowledge of nursing associations to implement tailored, country-specific interventions.

#### **WHO Survey on Mental Health of Healthcare Professionals**

The mental health of healthcare professionals has been significantly impacted, particularly after COVID-19 pandemic. On October 22, 2025, WHO Europe, as part of a project funded by the European Commission, launched a first-of-its-kind survey on the mental health and well-being of health-care professionals across the 27 European Union countries, Iceland and Norway. This survey, the largest of its kind to be undertaken in Europe, aims to gather crucial data to better understand the challenges doctors and nurses face in their work environments. The study aims to identify key stressors affecting nurses and doctors, assess their mental well-being, and provide data-driven recommendations for improving workplace conditions, support systems, and overall job satisfaction.

#### **Conclusion**

The WHO Collaborating Centers are central to the future of nursing and midwifery in the WHO European Region. Through targeted country work, strategic partnerships, and various initiatives they contribute to workforce sustainability and health system resilience. While economic and workforce challenges persist, WHO/Europe's commitment remains unwavering: supporting nurses and midwives as key pillars of Universal Health Coverage and resilient health systems.



# WHO Nursing and Midwifery Collaborating Centres Align their Work to Strategic Directions

A recent survey of WHO Collaborating Centres worldwide shows how their vital work aligns with the four priority areas outlined in the WHO Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025. To date, 39 of the 43 centres that make up the Global Network of WHO Collaborating Centres on Nursing and Midwifery (GNWHOCNM) have participated in the survey, from all WHO regions.

WHO Collaborating Centres reported on their activities and how these meet the policy priority areas of the SDNM (see facing page). The SDNM presents evidence-based practices and an interrelated set of policy priorities that can help countries ensure that midwives and nurses optimally contribute to achieving universal health coverage and other population health goals. It was developed in response to Decision WHA73(30) which requested WHO, “to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery 2016–2020 and, following consultations with Member States, submit this update to the Seventy-fourth World Health Assembly for its consideration.”

The survey of the 39 Collaborating Centres indicates that their work contributes particularly to the domains of leadership and education for nurses and midwives. Some centres are actively working towards all or most of the priority areas in all four domains, also including jobs and service delivery.

## Leadership Priorities

Nearly all WHO CCs undertake activities satisfying the first priority area under Leadership: Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy. Nearly half reported that their work also fulfilled the second priority area in this domain: Invest in leadership skills development for midwives and nurses.

## Education Priorities

WHO CCs are actively involved in most Education priority areas. Between 85% and 90% undertook activities that promoted three priorities, specifically: 1: Align the levels of nursing and midwifery education with optimized roles within the health and academic systems; 3: Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs and 4: Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas. Nearly one-half are also working towards Priority 2: Optimize the domestic production of midwives and nurses to meet or surpass health system demand.

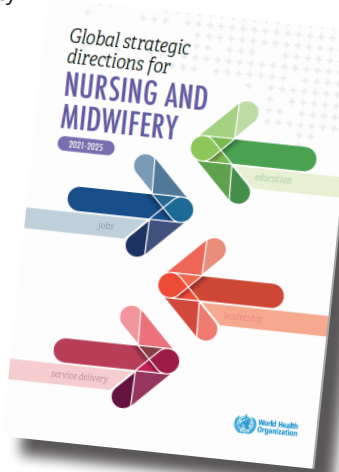
## Service Delivery Priorities

Three-quarters of the GNWHOCNM members surveyed are satisfying the first priority under the Service Delivery domain: Review and strengthen professional regulatory systems and support capacity building of regulators, where needed. However, just under one-half reported activities that meet Priority 2: Adapt workplaces to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams.

## Jobs Priorities

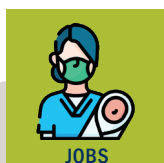
WHO CCs are also involved in activities related to the nursing and midwifery workforce development. Around one-half are working on activities to further both Priority Area 1: Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens and Priority Area 4: Attract, recruit and retain midwives and nurses where they are most needed. However, fewer WHO CCs were involved in Priority Area 2: Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities (approximately one in ten WHO CCs) and Priority Area 3: Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (approximately one in four).

Full details of the survey of GNWHOCNM members will be shared in future.





# WHO Global Strategic Directions for Nursing and Midwifery



**JOBS**

## *jobs*

### Strategic direction for jobs:

Increase the availability of health workers by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses, and ethically managing international mobility and migration.

#### Policy priority

1. Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens.
2. Ensure adequate demand (jobs) with respect to health service delivery for primary health care and other population health priorities.
3. Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
4. Attract, recruit and retain midwives and nurses where they are most needed.



**EDUCATION**

## *education*

### Strategic direction for education:

Midwifery and Nursing graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities.

#### Policy priority

1. Align the levels of nursing and midwifery education with optimized roles within the health and academic systems.
2. Optimize the domestic production of midwives and nurses to meet or surpass health system demand.
3. Design education programmes to be competency-based, apply effective learning design, meet quality standards, and align with population health needs.
4. Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.



**SERVICE DELIVERY**

## *service delivery*

### Strategic direction for service delivery:

Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments.

#### Policy priority

1. Review and strengthen professional regulatory systems and support capacity building of regulators, where needed.
2. Adapt workplaces to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams.



**LEADERSHIP**

## *leadership*

### Strategic direction in leadership:

Increase the proportion and authority of midwives and nurses in senior health and academic positions and continually develop the next generation of nursing and midwifery leaders.

#### Policy priority

1. Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy.
2. Invest in leadership skills development for midwives and nurses.

The Global Network of WHO Collaborating Centres for Nursing and Midwifery is an independent international not-for-profit network of Collaborating Centres from WHO's six regions, focusing on nursing and midwifery. Founded in 1988, the Network supports WHO's efforts toward universal health coverage.

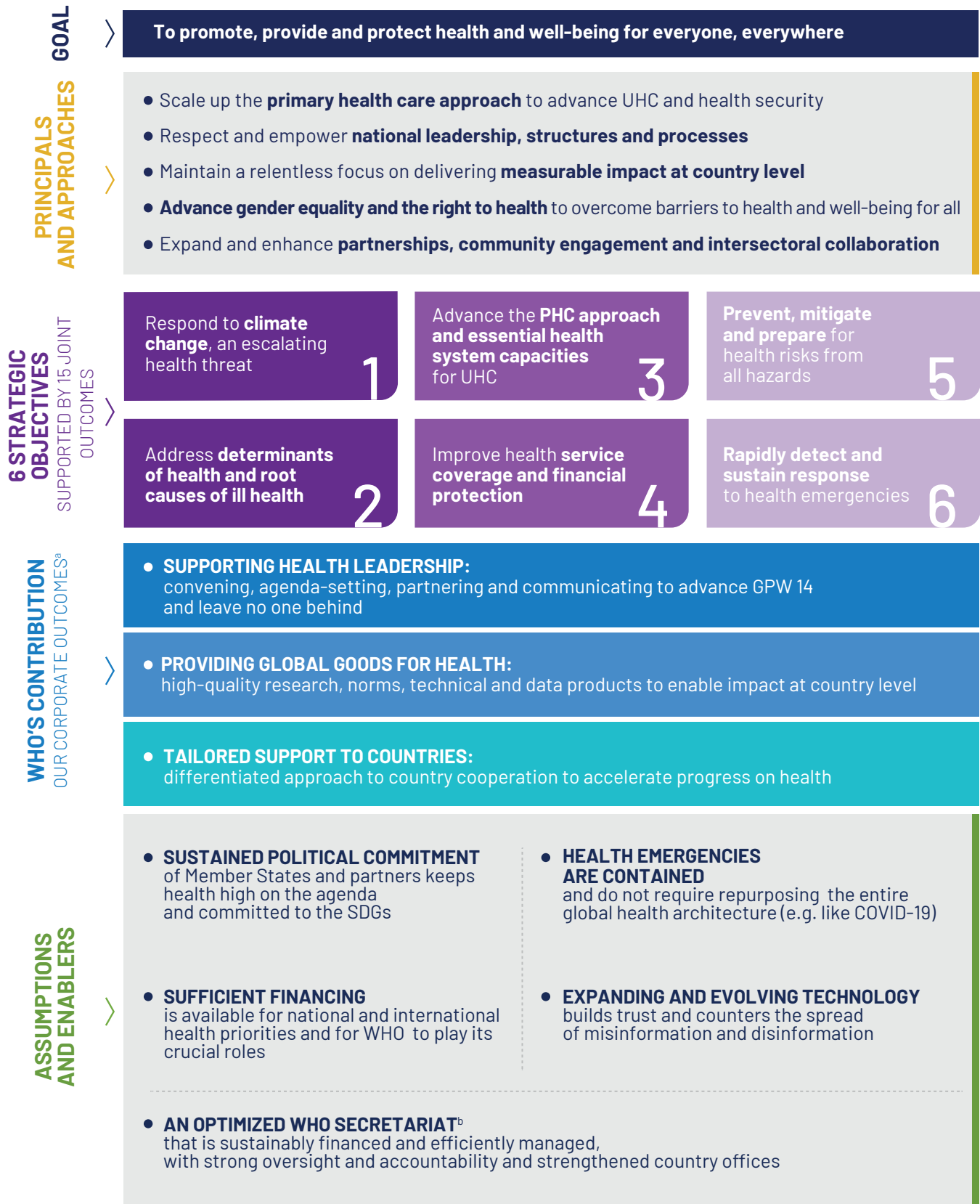


**World Health  
Organization**



# A Global Health Strategy for 2025–2028

WHO's 14<sup>th</sup> General Programme of Work (GPW 14) at a glance



<sup>a</sup> WHO Corporate Outcomes 1–3; <sup>b</sup> WHO Corporate Outcome 4.



# SoWN - State of the World's Nursing report launch

On International Nurses Day 2025, the World Health Organization will launch the State of the World's Nursing 2025 report.

The State of the World's Nursing 2025 (SoWN 2025), which builds upon and updates the 2020 edition, will provide a comprehensive description of the world's nursing workforce in the context of a changed global environment, more complex health and disease profiles, greater demands on health systems and the urgency to orient to the focused global priorities in the remaining period of the Sustainable Development Agenda.

The 2025 report will present the most contemporary evidence on the global nursing workforce, including education, employment, migration, regulation, working conditions, leadership and more. In the SoWN 2025, readers will find updated indicators and robust estimates on global and regional-level nursing stock, shortage, and projections to 2030. Online country profiles will provide national level data in a downloadable (PDF) format.

This report is intended to provide validated data and evidence to support national level policy dialogue and decision-making on where and how to invest in nursing to strengthen primary healthcare systems toward universal health coverage. The findings will equip policy makers and planners with data, analyses and policy options to take forward in their countries and contexts.

With its release on International Nurses Day, the evidence in the SoWN 2025 report can also inform the Seventy-eighth World Health Assembly, where Member States will decide whether to extend the Global Strategic Directions for Nursing and Midwifery 2021–2025 until 2030, as recommended by the 156th Executive Board in February 2025.



State of the World's Nursing 2020



WHO Global Strategic Directions for Nursing and Midwifery (2021–2025)

SoWN 2025 - See more information, about events and registration here ...



*We would like to extend our deepest gratitude to Dr. Carey McCarthy, Technical Officer, Health Workforce Department, WHO, for her outstanding contributions to the SoWN 2025 Report. Her dedication, expertise, and hard work have been vital to its success. We are deeply grateful for her commitment, partnership, coordination and leadership.*

“The State of the World's Nursing 2025 report will provide important insights to guide policy and investment in nursing. It is an opportunity to reflect on progress and renew our commitment to strengthening the global nursing workforce.”

- Dr Amelia Latu  
Afuhaamango Tuipulotu,  
WHO Chief Nursing  
Officer







## Report from the Nursing School of Coimbra in Portugal - WHOCC for Nursing Practice and Research:

# Short courses to strengthen the quality of nursing care and education

By

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In 2024, the Nursing School of Coimbra organised 35 short courses within the framework of continuous professional development. With the aim of examining the alignment with the Global Strategic Directions for Nursing and Midwifery 2021-2025, documentary analysis was carried out to extract data, followed by open content analysis of the items: target population, general objective and targeted Sustainable Development Goals (SDGs).

### Target population

The courses were aimed at teachers, students and health professionals. Some courses were aimed at managers and directors, as well as other technical, administrative, and management staff. Others were aimed at community intervention leaders from health organisations or the social sector who collaborate in health promotion activities. Participants were grouped by function, the majority being teachers, teaching assistants and clinical teaching tutors.

### Short course objectives and content

A qualitative analysis of the objectives showed an emphasis on developing both technical and personal skills. The areas covered ranged from the use of voice, digital tools and cybersecurity to the promotion of interpersonal skills, promotion of mental health and secure sexual health practices. The teachers' training was not limited to the pedagogical area but also focused

on the use of scientific evidence resources and on the practical realities of nursing and health management, developing technical and behavioural skills crucial to ensuring safer and more effective care and a better educational environment. Developing personal skills and effective time management aimed to increase productivity and improve work-life balance. It should be noted that teacher voice training is essential to promote more effective communication, avoid vocal disorders and improve pedagogical communication. Equally relevant was the training in clinical supervision, which is necessary to guarantee the quality of teaching and the safety of users, as well as effective monitoring and evaluation strategies. Leadership training aimed to improve team dynamics and promote a more efficient and collaborative working environment, which is essential for healthcare organisations.

Cybersecurity training aligns with the growing digitalisation of health and

education systems, which requires professionals trained to deal with cybersecurity risks. Training on these topics is essential to guarantee data protection and the integrity of digital platforms. In the area of information, there have been several training courses on preventing plagiarism and the misuse of artificial intelligence, given that advancing AI technologies requires teachers to be prepared to promote a more ethical and transparent academic culture. In addition, there was investment in the use of information management tools, which helps to organise and systematise educational information more efficiently.

For healthcare professionals, the practice of compassion and mindfulness is particularly relevant. These practices promote personal well-being and improve the quality of care offered to users, fostering empathy and the ability to deal with suffering. Training in resuscitation and first aid is part of ongoing training for healthcare professionals because it is vital to ensure that professionals maintain their skills in emergencies. Practical training in contraception was also carried out to ensure that health professionals, particularly midwives and nurses working in Primary Health Care, are up to date on the methods available and can offer effective care in the context of sexual and reproductive health.

### Target SDGs

Each course indicated at least one target SDGs. SDG 4 "to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" was targeted by 64% of the courses, SDG 3 "Ensure healthy lives and promote well-being for all at all ages" was indicated by 52%; SDGs 5 "Gender Equality" and 10 "Reduced Inequalities" were each targeted by 15% of the courses.

Short courses  
enhance practical  
and theoretical skills,  
improving the quality  
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satisfaction.





### Conclusion

Short courses for health professionals and teachers offer several benefits, such as continuous education, specialisation, flexibility, skills development, and rapid certification. They allow professionals to keep up to date with new practices, techniques and scientific advances; and offer the possibility of deepening knowledge in specific areas, without committing to long study periods.

On the other side, they are usually provided online or with more flexible timetables, making it easier to combine them with professional and personal commitments. Short courses enhance practical and theoretical skills, improving the quality of service delivery and performance at work and provide certification that can be recognised, enhancing career prospects and job satisfaction. These courses allow

managers to improve their leadership skills and teachers to improve the quality of education provided. Our analysis suggests that the target SDGs are in line with the target population, and the aims and topics covered by the courses are in line with the Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region.





# Empowering Nursing Leadership: A Vision for the Future

By:

**Dr Shoshy Goldberg,**

*Government Chief Nurse, Director of the Nursing Division*

**Dr Rivka Hazan-Hazoref,**

*Director of the WHOCC for Leadership and Governance in Nursing, within the Nursing Division, Ministry of Health, Israel*

"In the ever-changing landscape of healthcare, nursing leadership stands as a driving force behind healthcare transformation, workforce stability, and patient outcomes. According to contemporary nursing leadership research, strong nursing leadership directly influences nurse retention, job satisfaction, and the overall quality of care provided to patients (Cummings et al., 2020). In addition, effective leadership in nursing involves managing teams and fostering environments of collaboration, innovation, and resilience, crucial for responding successfully to ongoing global healthcare challenges."

Recent studies highlight that relational leadership styles—such as transformational, authentic, and values-based leadership—have the most significant impact on nursing teams and patient care outcomes (James et al., 2021). These approaches emphasize mentorship, strategic decision-making, and adaptability, ensuring that nursing leaders are prepared to address complex issues, from workforce shortages to advancing regulatory standards (Im et al., 2024). Research underscores the direct link between nursing leadership and patient safety, with strong leadership reducing medical errors, improving nurse well-being, and fostering healthier work environments (Wong et al., 2013; Cummings et al., 2018). Given that nurse leaders are pivotal in ensuring patient safety and effective care delivery, their capacity for leadership must be systematically developed through structured career pathways.

## The Challenges Facing Nursing Leadership Today

While nursing leadership remains an essential pillar of healthcare, it is also faced with significant challenges that threaten its effectiveness. A persistent global nursing workforce shortage continues to place extraordinary pressure on healthcare systems, making nurse retention and recruitment a top leadership priority (Mohammadnezhad et al., 2023). Workplace conditions, emotional burnout, and limited career progression opportunities have driven many nurses to leave the profession, intensifying the staffing crisis (National Academy of Medicine, 2021). Addressing these workforce shortages requires strong, proactive leadership that fosters sustainable working environments and ensures retention strategies are evidence-based.

Beyond workforce shortages, nursing leadership faces growing regulatory and policy constraints that limit the ability of nurses to fully exercise their expertise. Many national regulations still restrict nurses' scope of practice, impeding their ability to provide optimal patient care. The National Academy of Medicine (2021) has highlighted outdated regulatory frameworks as a significant barrier to nursing workforce expansion, calling for nurse leaders to play a stronger role in policy advocacy and health system reform.

Furthermore, crisis preparedness and emergency response have emerged as critical areas where nursing leadership must be reinforced. The COVID-19 pandemic exposed severe gaps in crisis leadership preparedness, with many nurse leaders reporting inadequate training in emergency response, resource allocation, and high-pressure decision-making (Fawaz et al., 2021). Strengthening leadership in disaster response, workforce agility, and crisis decision-making will be essential in preparing the nursing profession for future global health emergencies.

## The WHO Collaborating Center: Advancing Nursing Leadership at the Policy Level

The WHO Collaborating Center for Leadership and Governance in Nursing, established in 2020 and housed within the Israeli Nursing Division, has taken a pivotal role in addressing these leadership challenges. Under WHO's leadership and as per its Terms of Reference, the center is committed to:

1. To assist WHO in capacity building of nursing and midwifery policy leadership in the WHO European Region
2. To assist the WHO in strengthening nursing and midwifery capacity in Member States.

Through strategic leadership development, governance training, and regulatory standardization efforts, the center ensures that nursing leadership is strengthened at both national and international levels. Research indicates that capacity-building in nursing leadership is critical to ensuring the long-term stability and growth of the nursing workforce (Mason et al., 2022). By fostering policy engagement, regulatory alignment, and professional mentorship, the center is working to equip nurse leaders with the skills required to influence healthcare reforms and workforce planning.

## The Strategic Model: A Full-Career Leadership Framework

As the global nursing workforce continues to evolve, so too must the strategies for leadership development. The coming years will demand greater focus on crisis preparedness, workforce sustainability, and regulatory standardization, ensuring that nursing leadership is not only strengthened but continuously adapted to meet the

Given that nurse leaders are pivotal in ensuring patient safety and effective care delivery, their capacity for leadership must be systematically developed through structured career pathways.

# Nursing Leadership Development Programs



## Young Leadership

needs of modern healthcare.

The Israeli Nursing Division which houses our centre, has taken a lead in developing a novel strategy for leadership development, shaping the future of modern healthcare, by providing a structured approach to leadership development, encompassing a full-career trajectory—from nursing education to executive leadership. This ecosystem is built upon a national strategic model that nurtures nursing leadership at every career stage, emphasizing a holistic, structured approach to professional development, governance, and workforce expansion. Through national programs such as the Student Leadership Program, the Neta Program for mid-level managers, and the Nursing Administration Specialization for executive leaders, the division ensures that every nurse has access to mentorship, strategic training, and professional advancement opportunities. Developed in collaboration with healthcare institutions and regulatory bodies, this model integrates regulatory frameworks, structured mentorship programs, and specialized training initiatives, creating a sustainable leadership pipeline. Beyond national implementation, this model provides a structured, evidence-based framework adaptable to different healthcare systems worldwide.

**The Student Leadership Program** serves as the foundation of this ecosystem, identifying high-potential students from every nursing school and integrating them into a structured mentorship track. Through direct exposure to senior healthcare leaders, interdisciplinary collaboration, policy-making workshops, and professional networking, students gain early leadership insight. This program emphasizes experiential learning, real-world clinical simulations, and national health policy engagement, ensuring that leadership is not incidental but intentionally cultivated from the outset.

**For mid-level nursing leaders, the Neta Program**, developed in collaboration with JDC, provides an immersive leadership experience. Participants engage in intensive workshops on system-wide governance, structured policy discussions with national health officials, and field visits to leading healthcare institutions. Designed to equip mid-level professionals

## Mid-Level Leadership

The division ensures that every nurse has access to mentorship, strategic training, and professional advancement opportunities.

## Senior Leadership

with strategic workforce management skills, this program integrates advanced crisis leadership simulations and decision-making exercises, preparing leaders to navigate complex institutional and national healthcare challenges.

**At the executive level, the Nursing Policy Specialization** is the definitive pathway for nurses transitioning into high-level governance roles. This yearlong program, officially recognized as a prerequisite for chief nursing officer positions, combines advanced coursework in healthcare policy, regulatory development, financial management, and crisis response strategies. Incorporating policy immersion experiences, case studies on regulatory evolution, and hands-on involvement in national healthcare planning, this program ensures that graduates possess the expertise to lead institutional and national nursing governance with authority and strategic insight.

Beyond leadership training, the ecosystem actively contributes to expanding nursing practice, strengthening regulatory alignment, and ensuring preparedness for evolving healthcare needs. By integrating policy into education, these programs provide a scalable model for countries seeking to build resilient healthcare workforces, refine regulatory frameworks, and strengthen leadership at all levels.

### The Future of Nursing Leadership

The evolving role of nurses in today's healthcare landscape calls for leaders who do more than manage—they must inspire, advocate, and transform. Research

predicts that future nurse leaders must adapt to digital healthcare innovations, develop resilience against workforce challenges, and lead in health equity and policy reforms (Vuorivirta-Vuoti et al., 2023). The next generation of nurse leaders will be expected to navigate complex health systems, integrate digital health solutions, and advocate for workforce sustainability.

To meet these demands, nursing leadership must continue to be nurtured, expanded, and strengthened. The WHO Collaborating Center remains committed to fostering a global ecosystem of nursing governance, ensuring that nurse leaders have the strategic foresight, regulatory knowledge, and crisis management skills required to shape the future of healthcare.





## Advancing Global Nursing and Rehabilitation: The re-designation of the WHO Collaborating Centre for Nursing and Multidisciplinary Rehabilitation at Glasgow Caledonian University

*By Dr Gordon Hill, Tom McAlear, Professor  
Lorna Paul and Dr Val Ness*

### Introduction

In October 2024, the World Health Organization (WHO) Collaborating Centre for Nursing at Glasgow Caledonian University (GCU) was re-designated, reinforcing its role in shaping global nursing education and rehabilitation. GCU has hosted a Nursing Collaborating Centre since 1993 and the latest designation marks our next steps in supporting the crucial work of the WHO. The re-designation highlights GCU's continued commitment to advancing nursing practice, research, and education on an international scale. With a renewed focus on rehabilitation and evidence-informed nursing models, the Collaborating Centre is hoping to play a pivotal role in supporting WHO's global health priorities, particularly in implementing the Rehabilitation 2030 initiative and strengthening nursing education and practice worldwide.

### Strengthening Rehabilitation

#### Through Evidence-Based Nursing

One of the key terms of reference of the Collaborating Centre at GCU is to provide input that informs WHO's work in supporting member states in developing evidence-based resources for the implementation of Rehabilitation 2030. Launched in 2017, Rehabilitation 2030 is a global initiative aimed at strengthening rehabilitation services as an integral component of universal health coverage (UHC) WHO (2017). With aging populations, increasing rates of non-communicable diseases and a growing need for long-term care, rehabilitation has become a critical aspect of modern healthcare systems. Nurses, as frontline healthcare professionals, play a vital role in delivering rehabilitation services, ensuring continuity of care, and improving patient outcomes.

GCU's Collaborating Centre will contribute to this global effort by synthesising evidence on best practices in rehabilitation nursing. This includes exploring effective models of care, workforce development strategies, and innovative approaches to integrating rehabilitation into primary and community care settings. By working closely with WHO, the Centre will support the development of guidelines, policy recommendations, and training programmes that enhance the capacity of nurses and other healthcare professionals to deliver high-quality rehabilitation services. This work will be particularly crucial in low- and middle-income countries, where access to rehabilitation services remains limited, and the scope of nurses' role in rehabilitation is often ill defined.



WHO Collaborating Centre  
for Nursing and Multidisciplinary  
Rehabilitation

### Supporting WHO's Efforts in Identifying Models of Good Nursing Education and Practice

In addition to its work in rehabilitation, the re-designated Collaborating Centre will support WHO's activities in identifying and promoting models of good nursing education and practice. Nursing is the backbone of healthcare systems worldwide, and ensuring the highest standards of education and practice is essential for improving patient care, workforce sustainability, and health system resilience.

As part of its mandate, GCU's Collaborating Centre will review evidence that informs WHO's decision-making processes. This includes innovative and effective approaches to nursing education, workforce development, and clinical practice. The Centre will work with other Collaborating Centres in a new educational network to explore how nursing education can be adapted to meet the evolving demands of healthcare, incorporating evidence-based teaching methods, digital learning tools, and interprofessional collaboration.

The Centre will also contribute to WHO's efforts in developing global nursing workforce strategies, addressing key challenges such as workforce shortages, skill mix, and retention. By providing insights, GCU will help to shape policies that ensure nurses are equipped with the knowledge, skills, and resources needed to deliver high-quality, patient-centered care.

### A Global Impact on Nursing and Rehabilitation

The re-designation of the WHO Collaborating Centre at Glasgow Caledonian University represents an important milestone in the institution's ongoing efforts to influence global health policy and nursing practice. By aligning with WHO's priorities in rehabilitation and nursing education, and by linking with rehabilitation research groups in the GCU Research Centre for Health, the Collaborating Centre will contribute to strengthening health systems and improving outcomes for patients worldwide.

As the global health landscape continues to evolve, the role of WHO Collaborating Centres in providing technical support, generating knowledge, and shaping policy has never been more crucial. Glasgow Caledonian University remains dedicated to advancing nursing education and practice, ensuring that the profession remains at the forefront of efforts to improve global health and well-being.



With a renewed focus on rehabilitation and evidence-informed nursing models, the Collaborating Centre is hoping to play a pivotal role in supporting WHO's global health priorities.





# The KU Leuven WHO Collaborating Centre for Human Resources for Health Research and Policy (BEL-51)

The KU Leuven Institute of Health Policy (LIGB) has been designated since 2016 as the KU Leuven WHO Collaborating Center for Human Resources in Health Research and Policy (BEL-51). This designation applies for a four-year period and was first renewed in 2020. On November 22, 2024, we received approval for a third designation cycle, which will extend until September 30, 2028.

Em. Prof Walter Sermeus (Director) and Dr. Sule Kurt (IC-A coordinator) are assigned as heads of the Collaborating Centre together with Prof. Raf Van Gestel.

The center is active in three networks of collaborating centers in the WHO for Europe zone: Nursing & Midwifery; Human Resources for Health (Excl. Nursing); Health Systems Research & Development.

The WHO CC has been funded by FWO through an International Coordination Action (IC-A) from 01.01.2022 to 31.12.2025.

A. The main activities of the WHO CC and the ICA are to:

1. Support Member States in strengthening nursing and midwifery education in the European Region.
2. Translate research on the health workforce into policy development and implementation.
  - i. To gather, integrate, and analyze available databases (e.g., OECD, Eurostat, WHO NHWA) on the deployment of healthcare professionals and to identify quantitative and qualitative shortages, recruitment, and retention rates, etc.

- ii. To coordinate the development of new knowledge and evidence by synthesizing available research and best practices, as well as assessing their impact on job and patient outcomes.

- iii. To provide a platform for sharing the available evidence via the website and organizing webinars, policy briefs, and policy dialogues.

3. Accelerate policy decisions and increase the likelihood of evidence-informed policy adoption

B. Among other things, interactions of the WHO CC exist of;

## International Collaborations and projects:

- i. Magnet4Europe: Improving the well-being and mental health of nurses and physicians in hospitals (2020-2024)
- ii. The European Researchers' Network Working On Second Victim (ERNST) COST Action (2021-2024)
- iii. How Can Nurses Prepare For Patient Care And Protect Their Own Health- 2 after Covid-19 (Arizona State University, 2021-2023)

## National Collaborations:

- i. FPS Health, Food Chain Safety and Environment in Ministry of Health of Belgium.
- ii. Belgian WHO collaborating centers on Public Health.



**Walter Sermeus** is emeritus professor of healthcare management, Leuven Institute for Healthcare Policy, University of Leuven KU Leuven, Belgium. He holds a PhD in Public Health, a MSc in Biostatistics, a MSc in Healthcare Management and a BA in Nursing. He is Head of KU Leuven WHO Collaborating Centre for Human Resources for Health Research & Policy. He is Senior Fellow to the Center for Health Outcomes and Policy Research at the University of Pennsylvania School, USA, Fellow of the European Academy of Nursing Science, the American Academy of Nursing, the Belgian Royal Academy of Medicine, the Royal Society of Medicine, UK and the Academia Europaea. He is the European coordinator of the EU-funded Magnet4Europe study. He is president of the Plexus hospital network, consisting of the University Hospital Leuven and the three regional hospitals of Leuven, Diest and Tienen.



**Raf Van Gestel** is professor Population Health, and Applied Statistics, Leuven Institute for Healthcare Policy, KU Leuven. He obtained his PhD in Applied Economics at the University of Antwerp in 2017, after which he started as a postdoctoral researcher and assistant professor at the Erasmus School of Economics and the Erasmus School of Health Policy & Management, Erasmus University Rotterdam, The Netherlands. Interests in Health Workforce, Healthcare Quality, Global Health, Population Health, Applied Statistics



**Sule Kurt** is post-doc researcher of Healthcare Management, Leuven Institute for Healthcare Policy, University of Leuven KU Leuven, Belgium. She holds a PhD in Nursing/Nursing Management, a MSc in Fundamental Nursing and Nursing Management and BA in Nursing. She is Co-head of KU Leuven WHO Collaborating Centre for Human Resources for Health Research & Policy. International Coordination Activity of Center is coordinated by her.









# Strengthening the impact of the WHO Quality Rights e-training programme on mental health, recovery and inclusion among nurses and midwives globally

The Global Innovation and Leadership Academy (GILA), Faculty of Nursing and Midwifery at the Royal College of Surgeons of Ireland (RCSI) and the WHO Legal and Human Rights Unit are working collaboratively to progress the WHO Quality Rights e-training and nursing and midwifery leadership in promoting policy and practices solutions to address health inequities and advance mental health and wellbeing across the globe (for an initial period of 3 years).

## Project team:

Professor Thomas Kearns,  
Professor Michael Shannon,  
Dr. Gintare Valentelyte (RCSI),  
Dr. Michelle Funk,  
Nathalie Jane Drew,  
Dr Maria Francesca Moro (WHO).

## 1. Background

Mental health is a global issue with an estimated 970 million people in the world living with a mental health condition. In 2012, WHO created the QualityRights Initiative. The purpose of this initiative is to improve the quality of care provided to people with mental health conditions, and to promote the human rights of people with mental health conditions, psychosocial, intellectual and cognitive disabilities. The initiative seeks, among other things, to safeguard and advance the rights of individuals receiving services as well as those in the community by transforming the mental health system into one that is person-centred and rights-based. This is accomplished via a thorough strategy that incorporates policy, legislative reforms, service transformation plans, capacity building, and more.

In an effort to increase capacity, the QualityRights e-training programme was developed. This is a self-administered online course which covers human rights in relation to mental health, the recovery approach, respecting legal capacity, putting a stop to coercion, violence, and abuse, as well as community inclusion. The course may be started and completed at the convenience of the learner, and it typically takes up to 24 hours to complete, depending

on the learner's prior knowledge. Six modules including two case studies are covered throughout the learning process, and a variety of interactive tools are used to facilitate the process, such as challenges, fact sheets, videos, discussion boards, quizzes, peer learning, and coaching. The WHO collaborated extensively with mental health professionals, persons with lived experience, human rights experts, and mental health and other civil society organizations and organizations of persons with disabilities in order to establish the QualityRights training programme. The programme has been implemented across 21 countries globally with the goal of 5 million people completing the training by the end of 2024.

diagnosis and symptoms reduction instead of person-centred, recovery, and human rights-based approaches.

Nurses and midwives are essential to the delivery of health policy related to mental health. Furthermore, they are often unaware of international policies, guidelines, and good practices to address health inequities and discrimination and promote mental health and wellbeing through their work. Thus, the QualityRights e-training programme on mental health, recovery and community inclusion, offers an opportunity to strengthen the capacity of nurses and midwives in achieving person-centred and human rights-based service provision.

**The QualityRights e-training programme  
on mental health, recovery and  
community inclusion, offers an opportunity  
to strengthen the capacity of nurses  
and midwives in achieving person-centred  
and human rights-based  
service provision.**

The nursing and midwifery workforce is central to the provision of care and support in the health and mental health sector globally. The knowledge, skills, and competencies of nurses and midwives in the delivery of quality services, what they say or don't say, what they do or don't are fundamentally critical in influencing quality outcomes and how health services effectively deliver treatment and care. However, in the context of human rights and mental health, there are gaps in the knowledge, skills, and competencies of nurses and midwives in countries around the world[8]. Still too much emphasis is placed on

Despite the fact that 1 in 8 persons has a mental health condition, there is a significant shortage of mental health nurses, which is accompanied by a limited number of nursing students choosing mental health as a specialty. Aside from a lack of investment, this shortage has been linked to limited knowledge around mental health that often leads to misconceptions and negative attitudes towards persons with mental health conditions and a career in this sector. These misconceptions and negative attitudes can also manifest in practices that exacerbate health inequities and negatively affect the mental health

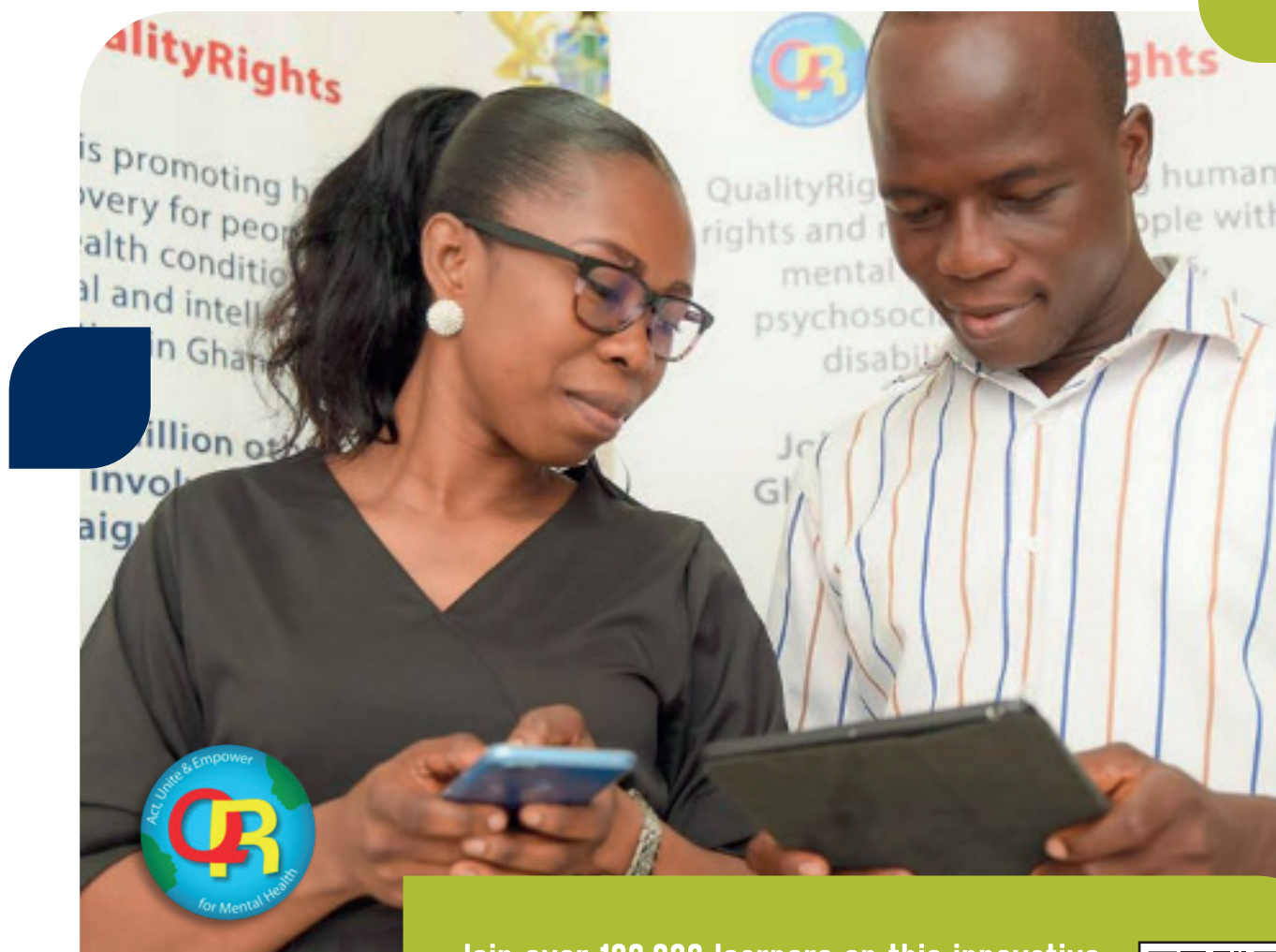
and wellbeing of service users. Indeed, although person-centred, recovery, and human rights-based approaches to mental health are gaining momentum, strengthening the proportional engagement of nurses and midwives in responding to mental health issues of the persons they support in services, can positively impact service user outcomes and the scope of nursing and midwifery practices.

It has been reported that the WHO QualityRights e-training programme has significantly improved attitudes towards human rights-based approaches in mental health by approximately 40%. However, the evidence of the effect of the e-training from the perspective of nurses and midwives globally is still limited. Furthermore, the enablers and barriers to implementation and changes in mental health service practices among nurses and midwives globally post training needs exploration.

## 2. Project aims

1. To measure the impact of the WHO QualityRights e-training on attitudes among nurses and midwives globally
2. To explore the enablers and barriers to implementation of human rights-based approaches to mental health service provision among nurses and midwives globally

# WHO QualityRights e-training on Mental Health, Recovery and Community Inclusion



Join over 100,000 learners on this innovative online course and earn an official certificate from the World Health Organization!







# Mental Health Workforce Research in Collaboration with WHO Europe and Royal College of Surgeons of Ireland (RCSI)

By  
Dr Nina Kilcku  
Dr Clare Lewis  
Professor Michael Shannon  
Professor Thomas Kearns

## Introduction

This research supports the work package #6 “Mental health service transformation” of the WHO Pan-European Mental Health Coalition by providing information on Mental Health Workforce in Europe. This research is funded by Global Innovation and Leadership Academy (GILA) of the Faculty of Nursing and Midwifery, RCSI University of Medicine and Health Sciences.

## Aim - To provide

- A) a situational analysis of mental health workforce in European countries from the viewpoints of settings, professions, education and capability,
- B) to provide in-depth knowledge on pilot countries of the diversification of conditions and care needs, settings, and service provisions of the mental health workforce as well as evidence and examples of good practices.

## Methodology and reporting

- A) Desk reviews for existing reports, previous research, and databases on mental health workforce in European countries. Interviews of representatives of European mental health professional

organizations, representatives of the European organizations of citizens with lived experience and family members, such as: EPA, EFPA, IFSW, Horatio, EFNNMA, COTEC, GAMIAN -Europe, MHE and EUFAMI. More organizations will be added in the jointly gathered list (agreed in the meeting 28th of August 2023 with WHO representatives). After joint discussions it was decided to interview five organizations representing the mental health professionals and one organization representing the psychiatric trainees in Europe.

B) Interviews of key stakeholders. Criteria for country missions will follow the results from part A and results of the mapping exercises in other work packages (services, policies, competence frameworks). Case studies will be included in country missions to collect data on service networks and mental health workforce throughout the lifespan. Country missions will be conducted and reported later.

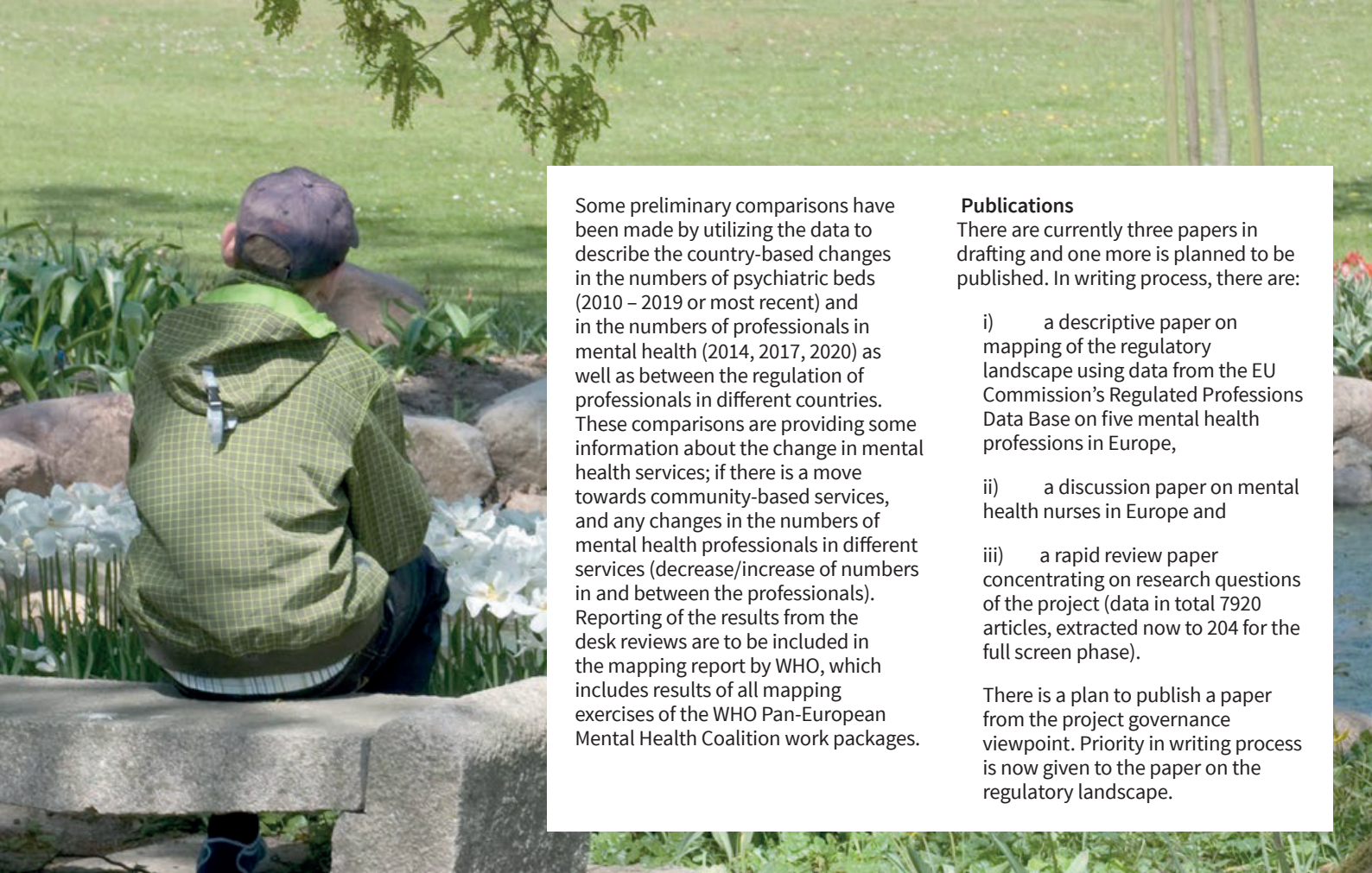
## Current situation

Phase A. Desk reviews: Country-based information (53 countries) has been gathered using the information available in different databases, e.g., WHO, OECD, EU, also including data from the database shared by Dr Michelle Funk, the Unit Head of the WHO Policy, Law and Human Rights team in the Department of Mental Health and Substance Use. Additional information has been gathered from

selected national documents, scientific publications, and gray literature. Several limitations and gaps of knowledge in databases have been acknowledged, such as reliability, lack and age of data.

## Gathered data include:

- i) general information on European countries and their mental health services as a background information (population in age groups, GDP expenditure in health and mental health, stand-alone [or not] policies and legislation on mental health and if the policy/plan is in line with human rights covenants, number of psychiatric beds, length of stay in psychiatric hospitals, community mental health centers, community mental health teams, community outreach mental health services, mental health crisis service and community residential facilities).
- ii) information on mental health workforce (total numbers of health care professionals, number of psychiatrist, psychologists, social workers, psychiatric/mental health nurses and other professions, e.g., occupational therapists, regulated mental health professionals (5 professions) in each country; the titles, type of regulation, qualification level, recognition Under Directive 2005/36/EC, method to obtain qualifications, length of education and description of activities/scope of practice).



Some preliminary comparisons have been made by utilizing the data to describe the country-based changes in the numbers of psychiatric beds (2010 – 2019 or most recent) and in the numbers of professionals in mental health (2014, 2017, 2020) as well as between the regulation of professionals in different countries. These comparisons are providing some information about the change in mental health services; if there is a move towards community-based services, and any changes in the numbers of mental health professionals in different services (decrease/increase of numbers in and between the professionals). Reporting of the results from the desk reviews are to be included in the mapping report by WHO, which includes results of all mapping exercises of the WHO Pan-European Mental Health Coalition work packages.

#### Publications

There are currently three papers in drafting and one more is planned to be published. In writing process, there are:

- i) a descriptive paper on mapping of the regulatory landscape using data from the EU Commission's Regulated Professions Data Base on five mental health professions in Europe,
- ii) a discussion paper on mental health nurses in Europe and
- iii) a rapid review paper concentrating on research questions of the project (data in total 7920 articles, extracted now to 204 for the full screen phase).

There is a plan to publish a paper from the project governance viewpoint. Priority in writing process is now given to the paper on the regulatory landscape.

## World Mental Health Day 10. October

WHO/Europe calls for urgent action to  
strengthen the mental health of the  
health and care workforce



World Health  
Organization





European Programme  
of Work 2026–2030  
#UnitedActionForBetterHealth



World Health  
Organization

European Region



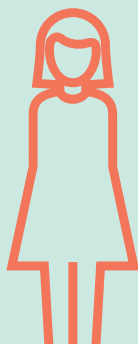
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## Developing the second European Programme of Work, 2026–2030 (EPW2)



### Why?

We are living in an era of remarkable progress in health, with improved living conditions, medical advancements and public health initiatives. But while we are living longer, we are not necessarily living in better health. Many of us are struggling with chronic diseases, disability and lack of access to adequate care.



79.3  
years

12.6 years  
in poor health



73.3  
years

8.7 years  
in poor health



**Average life expectancy in the WHO European Region**

Source: European Health Report 2024

We know that good health builds community resilience, societal stability and economic prosperity. Yet sweeping changes – population ageing, a shrinking health workforce, the climate crisis, greater inequality, a digital revolution – are fraying the very fabric of our societies.

With your help, we're developing a shared plan to navigate these changes, putting health and well-being first.



### What?



The EPW2 is a guiding framework for the WHO Regional Office for Europe and the Member States of the WHO European Region to advance health for the almost 1 billion people living here. It builds on the solid progress of the first EPW (2020–2025) with a new five-year regional mandate.



### The EPW2 serves two purposes:

1. It provides a strategic vision and compass for countries and partners to navigate the forces already reshaping the health landscape over the long term.
2. It sets out a five-year plan of action for the Regional Office to advance progress on health.

Drawing on WHO's global mandate to promote, provide and protect the health and well-being of all people, everywhere, the EPW2 will tailor WHO's global health strategy to the regional context and accelerate progress towards the Sustainable Development Goals.

To complement the EPW2, a "futures paper" offering a longer-term vision for collective health and well-being is also in development.

### How?



Online public hearings, country consultations and meetings with partners are gathering insights and ideas to develop the EPW2. Additionally, a comprehensive review of the first EPW's performance, existing Member State-backed resolutions on health, and country-specific and subregional strategies will provide further understanding.

Member States are co-creating the plan and shaping its priorities and targets, and will co-deliver its actions.

### Who?



Every Member State has nominated an EPW2 focal point to lead country-level engagement jointly with WHO country offices, and a formal advisory process is underway through WHO's governing bodies.

Young people, civil society representatives, academic institutions, professional organizations, United Nations agencies and other international partners are actively involved. WHO personnel at all levels are contributing through town halls and team meetings.

### When?



The process of developing the EPW2 began in November 2024. Through a phased approach – from inception through inquiry, alignment, operationalization and finalization – WHO is gathering contributions, aligning plans with national and global priorities, and seeking regular feedback.

A final draft of the EPW2 document will be put to Member States for their endorsement at the 75th session of the WHO Regional Committee for Europe on 28–30 October 2025.

#### Inception



November to  
December 2024

#### Inquiry



January to  
March 2025

#### Alignment



March  
2025

#### Operationalization



April to May  
2025

#### Finalization



June to  
September 2025

#### Endorsement



October  
2025



**Find out more**

WHO/Europe's EPW2 website



# GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

**AFRO** - WHO REGION FOR AFRICA

**AMRO** - WHO REGION FOR THE AMERICAS

**EMRO** - WHO REGION FOR THE EASTERN MEDITERRANEAN

**EURO** - WHO REGION FOR EUROPE

**SEARO** - WHO REGION FOR SOUTH EAST ASIA

**WPRO** - WHO REGION FOR THE WESTERN PACIFIC

**AFRO**

**AMRO**

**EMRO**

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Botswana	WHO Collaborating Centre for Nursing and Midwifery Development	Gaborone, Botswana	BOT3
University of South Africa (UNISA), Department of Health Studies	WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development	Pretoria, South Africa	SOA14
University of KwaZulu-Natal, School of Nursing	WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving	Durban, South Africa	SOA13
University of Malawi, Kamuzu College of Nursing	WHO Collaborating Centre for Interprofessional Education and Collaborative Practice	Lilongwe, Malawi	MAL3
University of Pennsylvania, School of Nursing	WHO Collaborating Centre for Nursing and Midwifery Leadership	Philadelphia, USA	USA206
McMaster University	WHO Collaborating Centre in Primary Care Nursing and Health Human Resources	Hamilton, Canada	CAN39
University of Michigan, School of Nursing, Office of International Affairs	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA	USA283
University of Alabama at Birmingham, School of Nursing	WHO Collaborating Centre for International Nursing	Birmingham, USA	USA241
Columbia University, School of Nursing	WHO Collaborating Centre for Advanced Nursing Practice	New York, USA	USA272
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development in Primary Health Care	Chicago, USA	USA193
Johns Hopkins University, School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA	USA297
University of North Carolina at Chapel Hill, School of Nursing	WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery	Chapel Hill, USA	USA461
University of Sao Paulo, College of Nursing at Ribeirao Preto	WHO Collaborating Centre for Nursing Research Development	Sao Paulo, Brazil	BRA32
The University of West Indies School of Nursing, Mona (UWISON)	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica	JAM15
University of the West Indies (UWI) at St. Augustine, School of Nursing	WHO Collaborating Centre in Nursing Policies and Leadership	St. Augustine, Trinidad and Tobago	TRT1
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile	CHI18
Iran University of Medical Sciences and Health Services	WHO Collaborating Centre for Education and Research in Nursing and Midwifery	Tehran, Iran	IRA58
University of Bahrain, College of Health & Sport Sciences (CHSS)	WHO Collaborating Centre on Nursing Development	Manama, Bahrain	BAA1
Jordan University of Science and Technology	WHO Collaborating Centre on Nursing Development	Irbid, Jordan	JOR16

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Glasgow Caledonian University, Department of Nursing and Community Health	WHO Collaborating Centre for Nursing and Multidisciplinary Rehabilitation	Glasgow, Scotland	UNK160
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helenski, Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
University of Medicine and Health Sciences Royal College of Surgeons of Ireland	WHO Collaborating Centre for Nursing Regulation and Continuing Professional Development	Dublin, Ireland	IRE12
Paracelsus Medical University, Institute of Nursing Science and Practice	WHO Collaborating Centre for Nursing Research and Education	Salzburg, Austria	AUT15
The Israeli Ministry of Health, Nursing Division	WHO Collaborating Centre for Leadership and Governance in Nursing	Jerusalem, Israel	ISR32
Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA35
Mahidol University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA34
Chiang Mai University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand	THA43
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India	IND138
University of Nursing, Yangon	WHO Collaborating Centre for Nursing and Midwifery Development	Yangon, Myanmar	MMR4
Postgraduate Institute of Medical Education and Research (PGIMER), National Institute of Nursing Education	WHO Collaborating Centre for Nursing and Midwifery Development	Chandigarh, India	IND140
University of Philippines, Manila	WHO Collaborating Centre for Leadership in Nursing Development	Manila, Philippines	PHL13
University of Technology Sydney	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia	AUS93
St Luke's International University, College of Nursing	WHO Collaborating Centre for Nursing Development in Primary Health Care	Tokyo, Japan	JPN58
University of Hyogo, Research Institute of Nursing Care for People and Community	WHO Collaborating Centre for Disaster Risk Management for Health	Kobe, Japan	JPN77
The Hong Kong Polytechnic University (HKPU), Faculty of Health and Social Sciences, School of Nursing	WHO Collaborating Centre for Community Health Services	Hong Kong, China	CHN89
Peking Union Medical College, School of Nursing	WHO Collaborating Centre for Nursing, Policy-Making and Leadership	Beijing, China	CHN129
Yonsei University, College of Nursing	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea	KOR16
The Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Training in Hospice & Palliative Care	Seoul, Republic of Korea	KOR104

EURO

SEARO

WPRO



## Beyond Reality: Transforming the Future of Nursing and Midwifery with the Metaverse

The Nursing Department of the College of Health and Sport Sciences in Bahrain is working towards establishing a state-of-the-art Nursing Simulation Lab featuring high-fidelity mannequins, marking a significant milestone in advancing healthcare education in the region. This initiative aligns with the WHO Strategic Directions for Nursing and Midwifery—Education—by developing an advanced simulation facility. The lab incorporates high-fidelity mannequin simulators, or “manikins,” which are rapidly becoming a cornerstone of modern nursing education. Designed to replicate human physiology with exceptional accuracy, these mannequins provide students with an

immersive learning experience in both nursing and midwifery. Additionally, this initiative strengthens the role of the WHO Collaborating Center for Nursing Development (WHOCC BAA-1) in enhancing nursing education and improving healthcare outcomes.

The simulation lab, equipped with cutting-edge digital technologies such as virtual reality (VR), augmented reality (AR), and artificial intelligence (AI), provides an innovative platform for students to practice and refine their clinical skills in a safe, controlled, and highly interactive environment. These technologies, combined with high-fidelity mannequins, enable the simulation of complex clinical

scenarios—including maternal complications, neonatal emergencies, and critical care interventions—allowing students to respond to real-time changes in patient conditions. The mannequins themselves feature dynamic physiological responses, such as pulse, blood pressure, heart rate, and respiratory patterns, all of which can be adjusted to simulate a wide range of clinical situations.


By integrating the WHO Strategic Directions for Nursing and Midwifery—Education—the Nursing Department is not only aligning its curriculum with global best practices but also setting new educational standards in Bahrain and the surrounding region. This, in turn, strengthens Bahrain’s position as a leader in nursing and midwifery education, fostering innovation and excellence in healthcare training while contributing to the achievement of Bahrain’s Sustainable Development Goals for 2030.

**The integration of high-fidelity  
simulators with the metaverse and other  
digital learning tools offers an unprecedented  
level of immersion**



The integration of high-fidelity simulators with the metaverse and other digital learning tools offers an unprecedented level of immersion, enabling students to engage in collaborative virtual environments where they can practice patient care alongside their peers and instructors, regardless of their physical location. This innovative approach enhances students’ clinical judgment, equipping them to manage emergent situations such as obstetric hemorrhage, neonatal resuscitation, and cardiac arrest while receiving real-time feedback on their actions. The transcultural aspect of this learning experience is particularly valuable in Bahrain, as it provides students with opportunities to interact with healthcare professionals from around the world, gaining insights into diverse healthcare systems and cultural perspectives.

In addition, the use of AI-powered simulations and adaptive learning algorithms helps tailor each learner’s experience to their specific progress and needs, ensuring that



**These technologies enable the simulation of complex clinical scenarios including maternal complications, neonatal emergencies, and critical care interventions**

students receive individualized attention and training. This personalized approach boosts their confidence and competence, preparing them for real-world clinical placements and future professional practice. Furthermore, by incorporating haptic feedback into the mannequins, students can experience tactile sensations such as performing physical examinations, administering injections, or delivering babies, which deepens their practical skills and enhances their readiness for hands-on patient care.


The adoption of high-fidelity simulators, combined with digital technologies such as VR and AR, addresses key challenges faced by healthcare education systems, including limited clinical placements and the need for diverse, high-quality learning experiences. For nursing and midwifery students in Bahrain, this simulation lab is a crucial step in bridging the gap between theoretical knowledge and real-world practice,

equipping them with the skills necessary to deliver high-quality, patient-centered care in a rapidly evolving healthcare environment.

This hands-on learning approach allows students to engage in realistic decision-making processes without the risk of harm to actual patients. Furthermore, the lab serves not only as a tool for student education but also

as a hub for faculty development and research.

Through ongoing collaboration with the WHO Collaborating Centers, the faculty can remain at the forefront of teaching innovation, ensuring that they are equipped to provide the best possible education for the next generation of healthcare professionals. As the Nursing Department at the College of Health and Sport Sciences continues to integrate the latest in simulation technology and digital learning tools, Bahrain stands poised to lead the way in the region, setting new standards for nursing and midwifery education while preparing graduates who are technologically adept, culturally competent, and ready to tackle the challenges of modern healthcare.



**This simulation lab is a crucial step in bridging the gap between theoretical knowledge and real-world practice**



# 190 Years of Midwifery in Chile

By:  
Associate Professor  
**Jovita Ortiz Contreras**,  
Director of the World Health Organization (WHO) and Pan American Health Organization (PAHO) Collaborating Center for Midwifery Development in Latin America and the Caribbean

Midwifery is a cornerstone of maternal, neonatal, sexual, and reproductive health. In Latin America, Chile has played a key role in its professionalization, with the University of Chile being the pioneering institution in training midwives since 1834. In 2024, we commemorate 190 years of history, highlighting the impact of midwifery in reducing maternal and neonatal morbidity and mortality, as well as in strengthening sexual and reproductive health in the region. This celebration not only honored history but also reinforced international cooperation and highlighted the role of the University of Chile, through the Department of Women's and Newborn Health Promotion, as a WHO and PAHO Collaborating Center for Midwifery Development in Latin America and the Caribbean, reaffirming its commitment to education, research, and improving midwifery services in the region.



Dr. Bremen De Mucio, Professor Jovita Ortiz, Technical Officer and Director of the WHO/PAHO Collaborating Center for Midwifery, respectively, and Dr. Claudio Sosa, from the Latin American Center for Perinatology, Women's and Reproductive Health at PAHO

## Key Milestones of the Commemoration

Throughout 2024, the Department of Women's and Newborn Health Promotion and the School of Midwifery at the University of Chile organized a series of high-impact activities, with participation from international organizations such as the Pan American Health Organization (PAHO), the International Confederation of Midwives (ICM), and the United Nations Population Fund (UNFPA).

## 1. Launch of the Book "190 Years of the Midwifery Program at the University of Chile"

This book documents the evolution of midwifery in Chile and the region and its impact on public health. Edited by Prof. Jovita Ortiz, Director of the Department and Collaborating Center, the work features contributions from prominent midwifery professionals, academic authorities, and representatives of international organizations. A key chapter was written by Dr. Bremen de Mucio, Technical Officer of the Collaborating Center, who emphasized the fundamental role of midwifery and the Collaborating Center in reducing health inequalities in maternal, sexual, and reproductive health across the region. The book, available in open access, can be found on the University of Chile's platform: [DOI: 10.34720/qyq8-rv70](https://doi.org/10.34720/qyq8-rv70).

## 2. International Midwifery Congress and Latin American Midwifery Programs Conference

These events, under the theme "Building the Future by Celebrating 190 Years of Midwifery History", gathered over 250 professionals from 10 countries in the region to share experiences and discuss the future of midwifery in Latin America and beyond. Discussions focused on midwifery education and leadership, emphasizing the importance of updating curricula to meet

Download and  
read the book





*Team from the Collaborating Center of the University of Chile, the Latin American Center for Perinatology, Women's and Reproductive Health at PAHO, the PAHO National Office, and the Ministry of Health of Chile, present at the commemoration activities*



contemporary challenges and ensuring training aligns with the population's needs.

Additionally, sexual and reproductive rights were a central theme, highlighting the key role of midwives in promoting equitable access to quality healthcare services while ensuring respect and protection of the rights of women and birthing individuals.

Another critical discussion was the impact of climate change on maternal and neonatal health, analyzing how environmental effects influence the provision of quality care and the safety of healthcare processes. Furthermore, the conference emphasized the promotion of person-centered care models, which take into account individual needs and ensure safe and respectful experiences.

In addition, several pre-congress workshops were conducted with a practical approach to strengthen midwives' competencies, promoting the application of updated knowledge for high-quality professional practice.

### 3. Workshop: "Zero Maternal Deaths Due to Hemorrhage"

One of the most impactful workshops was led by the Latin American Center for Perinatology (CLAP) of PAHO, aiming to strengthen healthcare teams' capacities in preventing and managing postpartum hemorrhage, one of the leading causes of maternal mortality in the region.

### 4. Scientific Publication

As a result of the congress, 50 scientific papers were selected for publication in Medwave, one of Latin America's leading scientific health journals. These studies addressed innovative experiences led by midwives, strategies to improve midwifery education, and analyses of public policies on sexual and reproductive health. The publication is available at [PubMed](https://pubmed.ncbi.nlm.nih.gov/).

The commemoration of 190 years of midwifery in Chile not only provided a space to reflect on the past and present of the profession but also opened new opportunities to share experiences, improve implementation strategies, and align with WHO's Strategic Directions for Nursing and Midwifery.

### Conclusions and Future Outlook

The recognition of midwifery as an essential discipline for maternal, neonatal, sexual, and reproductive health was a central focus of this commemoration. Looking ahead, the PAHO/WHO Collaborating Center for Midwifery Development at the University of Chile will continue to promote excellence in midwifery education, research, leadership, and the strengthening of regional and global collaboration networks.



*Team from the Collaborating Center of the University of Chile, the Latin American Center for Perinatology, Women's and Reproductive Health at PAHO, the PAHO National Office, and the Ministry of Health of Chile, present at the commemoration activities*





# Advancing Nursing and Midwifery Education in the Caribbean

By Dr. Monique Lynch,  
Programme Coordinator

Since its designation in 2006, the PAHO/WHO Collaborating Centre for the Development of Nursing and Midwifery in the Caribbean, housed at The UWI School of Nursing, Mona, has been at the forefront of developing initiatives that strengthen nursing and midwifery education and professional practice. The Centre continues to deliver high-impact activities aimed at addressing pressing healthcare challenges in the region. This report will highlight three (3) out of the four (4) assigned activities in the 2020-2024 PAHO/WHO designation period.

## 1. Strengthening Inter-Professional Responses to Violence Against Women and Children

Activity ID: 30781 focuses on providing technical support to assist PAHO/WHO's efforts in developing an inter-professional framework to address violence against women and

children. Under the leadership of Dr. Cynthia Pitter and Dr. Monique Lynch, key deliverables included:

- Development of Training Modules: These modules were successfully created and utilized in four major workshops aimed at building the capacity of healthcare professionals.
- Capacity-Building Workshops:

**Workshop #1** (Sept 29 - Oct 27, 2021): A 5-day training program for 26 nursing and midwifery lecturers and 66 medical and nursing students from across the Caribbean.

**Workshop #2** (April 11-15, 2022): A Train-the-Trainers online workshop in collaboration with MOHW and UNFPA, equipping 17 doctors and nurses to further train healthcare professionals.

**Workshop #3** (May 27, 2022): Presentation of the inter-professional module at the Annual Nursing and Midwifery Research Conference, reaching

over 450 professionals globally.

**Workshop #4** (Feb 8-9, 2023): A collaborative 3-hour training session with Kristianstad University, Sweden, engaging 50 participants from the Caribbean.

- Proposal for an Inter-Professional Model of Care: Completed and submitted in March 2024.

## 2. Assessing Nursing and Midwifery Training During the Pandemic

In response to PAHO/WHO's request, Activity ID: 30783 evaluates the capacity of nursing and midwifery training amid the COVID-19 pandemic. The project, led by Dr. Dawn Munroe, Mrs. Deveree Stewart, and Dr. Donnette Wright, alongside Mrs. Jaime Wynter-Hewitt and Dr. Monique Lynch, has resulted in:

- A comprehensive technical report detailing the transformations in nursing and midwifery education and clinical practice due to the pandemic.

### 3. Understanding Migration Patterns of Nurses and Midwives

The migration of healthcare professionals remains a critical issue in the Caribbean. Activity ID: 30785, spearheaded by Dr. Monique Lynch, Mrs. Sandra Chisolm-Ford, Mrs. Mauvette Waite and Mrs Sheryl Garriques-Lloyd, with assistance from Mrs. Audra Williams, successfully delivered:

- A technical report on migration trends and the identification of data sources, providing valuable insights into healthcare workforce mobility and recommendations for retention.

### Commitment to Regional Health Development

Through these initiatives, the PAHO/WHO Collaborating Centre for the Development of Nursing and Midwifery Education in the Caribbean continues to support healthcare professionals, specifically nurses and midwives by fostering training, research and policy development. The Centre's work not only strengthens nursing and midwifery education but also enhances healthcare delivery and service gap intervention efforts across the Caribbean.

**The Centre's work not only strengthens nursing and midwifery education but also enhances healthcare delivery and service gap intervention efforts across the Caribbean**



IMMUNIZATION FOR ALL IMMUNIZATION FOR ALL IMMUNIZATION FOR ALL IMMUNIZATION FOR ALL IMMUNIZATION FOR ALL IMMUNIZATION FOR ALL

# World Immunization Week 2025

24 - 30 April

**HUMANLY POSSIBLE**







# Caribbean Nurse Educators Empowered by Simulation-based Education

In July 2024, the University of Illinois Chicago College of Nursing (UIC Nursing), in collaboration with the Caribbean Nurses Organization (CNO), hosted a five-day train-the-trainer workshop for Caribbean nurse educators. This hands-on training, focusing on the integration of simulation-based education (SBE) into nursing curricula, was designed to strengthen the nursing workforce across the Caribbean Community (CARICOM). The initiative aligned with the WHO's strategic direction to enhance nursing education globally and supported the Caribbean's growing need for skilled healthcare professionals.

## Addressing Regional Needs and Aligning with Global Priorities

CARICOM, which encompasses 15 member states and 5 associate member states, faces a distinct set of challenges in nursing education. While clinical practice in hospitals and clinics is essential, the region continues to experience limited access to the full range of simulation training modalities, which is crucial for building practical, hands-on nursing skills. Simulation-based education (SBE) provides a safe and controlled environment where nursing students can practice clinical skills, enhance critical thinking, and develop teamwork, thus improving both educational outcomes and patient care.

In response to these challenges, the Caribbean Nurses Organization (CNO) requested a specialized workshop that would provide the region's nurse educators with essential SBE knowledge and skills. This collaboration directly aligned with the WHO's Education Policy Priority to **design education programs to be competency-based, apply effective learning design, meet quality standards, and align with population health needs**. By enhancing the training of educators in these modern pedagogical techniques, Caribbean nursing programs will be able to better meet current demands and prepare students for the challenges of tomorrow's healthcare landscape.

## Workshop Goals and Structure

The overarching goal of the workshop was to empower the participants with the tools they need to effectively integrate simulation into their curricula, thereby advancing the quality of nursing education throughout the region. The workshop covered core areas such as simulation design, pre-briefing, facilitation, debriefing, and learner evaluation, with a focus on medium- and high-fidelity simulation modalities.

The content of the workshop drew heavily on the Healthcare Simulation Standards of Best Practices (HSSOBP) and the Healthcare Simulationist Code of Ethics, ensuring that educators were not only well-versed in technical skills but also in ethical considerations when conducting simulations. This approach aligned with WHO's Education Policy Priority on **ensuring faculty are properly trained in the best education methods and technologies**.

Sessions included:

- Introduction to simulation modalities and best practices for implementation.
- Pre-briefing techniques to orient students to simulation scenarios and ensure psychological safety.
- Simulation facilitation, where participants practiced facilitating simulations and providing real-time feedback.
- The art of debriefing, focusing on reflective learning and improving clinical decision-making skills.
- Evaluation of learners post-simulation, covering both formative and summative assessments.

Through these modules, the workshop achieved two main objectives: 1) to ensure participants were equipped to apply the HSSOBP to their simulation-based activities; and 2) to enable them to disseminate their newfound

Through initiatives like the UIC-CNO partnership, the future of nursing education in the Caribbean is progressing toward a more resilient and well-prepared workforce.





knowledge to peers throughout CARICOM, creating a ripple effect of high-quality simulation-based education across the region.

#### Strengthening Leadership in Nursing Education

The partnership between UIC Nursing and CNO directly supported the WHO's Leadership Strategic Direction, especially in fostering nursing educators' leadership and advocacy roles within healthcare and academic systems. The workshop served not only as a skills-building exercise but also as a platform for strengthening the leadership capacity of nurse educators within CARICOM. By addressing the WHO's Policy Priority to **invest in leadership skills development for nurses**, the workshop ensured that educators could assume leadership roles, driving forward innovation and improving the quality of education across the Caribbean. The train-the-trainer model was particularly significant, as it created a cohort of trained educators who could sustain and expand the reach of simulation-based education throughout the Caribbean.

#### Evaluating Success and Ensuring Sustainability

To assess the impact of the workshop, participants engaged in ongoing evaluations throughout the event, with surveys conducted on the first and final days of the workshop. Additionally, a 90-day follow-up survey was conducted after the workshop to gauge participants' longer-term retention and dissemination of knowledge. This evaluation model aligned with the **WHO's monitoring and accountability framework**, ensuring that the workshop's outcomes were measured, and its success monitored through a robust data-dialogue-decision-making continuum.

#### Conclusion

The UIC Nursing and CNO collaboration represented a critical step toward strengthening

nursing education and the workforce in the Caribbean. By training nurse educators in simulation-based education, this workshop contributed to the strengthening of nursing education, and therefore the long-term development of healthcare systems in CARICOM countries. This initiative was a direct contribution to achieving the WHO's Strategic Directions for Nursing and Midwifery (2021-2025), with a focus on education and leadership, ensuring that the next generation of Caribbean nurses is better prepared for the complexities of modern healthcare.

Despite the success of the workshop, ongoing challenges in healthcare and nursing education remain. Limited resources, outdated curricula, and the need for increased faculty training continue to hinder the full potential of nursing programs in the region. However, through initiatives like the UIC-CNO partnership, the future of nursing education in the Caribbean is progressing toward a more resilient and well-prepared workforce.







# Redefining Disability in Global Health: Addressing Inequities and Inequalities Beyond Health Conditions

Angela Chang Chiu, Maria Docal, Nancy R. Reynolds

An estimated 1.3 billion people – about 16% of the global population – currently experience significant disability. On February 21, 2025, the Johns Hopkins School of Nursing, WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing hosted an inaugural panel addressing global health equity for people with disabilities [at the Consortium for Universities for Global Health \(CUGH\) Conference 2025 in Atlanta, Georgia](#).

This groundbreaking panel—the first of its kind at CUGH—focused on promoting health equity for individuals with disabilities and addressing systemic inequalities and ableism that extend beyond health conditions.

## Panel Speakers and Highlights

The panel, “Advancing Health Equity for People with Disabilities in Global Health” was moderated by Dr. Angela Chang. It featured interprofessional healthcare professionals, global health practitioners, and researchers who not only specialize in disability equity research but also bring personal experience with disabilities. Their diverse backgrounds, and intersecting perspectives provided a comprehensive, globally relevant view of the challenges and opportunities in addressing disability inequity, presented in an engaging global health in a fireside chat format.

## Panel Discussions

The panel discussions were both enlightening and inspiring. Panelists addressed a wide range of topics—from the social determinants of health and systemic barriers in global health systems to the intersections of disability with poverty, migration and conflict. They underscored the importance of recognizing disability as a critical aspect of diversity, equity and inclusion, while sharing personal stories and professional insights that shed light on the complexities of achieving true disability equity and the pervasive consequences of ableism.

## Moving Forward

The conference concluded with a compelling call to action from Dr. Franz Castro, a Research Associate at the [Johns Hopkins Disability Health Research Center](#), whose work focuses on examining health and societal disparities affecting people with disabilities, and Mr. Mustafa Rfat, a PhD Candidate in Social Work at Washington University in St. Louis whose research advances equity for refugees with disabilities. Both urged global health stakeholders to commit to advancing disability equity and to implement

Diverse backgrounds,  
and intersecting perspectives  
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opportunities in addressing  
disability inequity.

the strategies discussed during the panel. Their messages underscored that including disability rights in the broader conversation on health equity is essential for building a more inclusive future.

As the world continues to strive for health equity, this landmark panel at the CUGH Conference marked a significant step forward in the inclusion of disability rights in actions toward a more inclusive and equitable world for all. The dialogue will be continued next year at CUGH 2026 in Washington D.C., April 9-12, 2026.



Including disability rights in the broader conversation on health equity is essential for building a more inclusive future.



## A midwife's impact lasts for life

They provide essential support to women and families through pregnancy, birth and those precious first moments



World Health Organization







# Strengthening capacity of maternal, newborn and child health service in China

By Hong Zhao, RN, PhD

As a WHO Collaborating Centre for Nursing Policy-Making and Leadership, School of Nursing, Peking Union Medical College (PUMC) has been steadfast in advancing the Global Strategic Directions for Nursing and Midwifery (2021–2025), particularly in strengthening primary health care (PHC) delivery and nursing education for women and children. In alignment with WHO's Regional Framework on the Future of Primary Health Care in the Western Pacific, which emphasizes equitable access to quality care, our institution worked with the Baby-Friendly Hospital Development Fund of China Red Cross Foundation and the WHO Collaborating Centre for Child Health to launch two national continuing medical education (CME) programs in 2024. This aims to integrate WHO guidelines into frontline clinical practice and foster a skilled healthcare workforce. Key objectives included: implementing WHO-recommended maternal-neonatal care protocols, strengthening clinical competencies such as kangaroo mother care (KMC), breastfeeding counselling, enhancing multidisciplinary collaboration for preterm infant management, and promoting best practices in growth monitoring and developmental support.

Participants were from 16 provinces, including obstetricians, neonatologists, nurses, and healthcare providers in the community. Aligning with WHO priorities, two CME programs addressed the Ten Steps to Successful Breastfeeding (2018), the 37 Implementation Standards for Baby-Friendly Hospitals, and Kangaroo Mother Care (KMC) Implementation Strategy established by WHO and UNICEF. Evidence-Based training modules covered WHO-recommended practices such as Early Essential Newborn Care (EENC), skin-to-skin contact, management of lactation challenges, growth monitoring, nutritional support, and family-centered care. Skill Application included interactive workshops on communication strategies, clinical case studies, and the use of breastfeeding aids.

Participants report a 40% increase in confidence applying WHO protocols, with 95% affirming the program's relevance to improving breastfeeding rates.

Post-training evaluations revealed that participants report a 40% increase in confidence applying WHO protocols, with 95% affirming the program's relevance to improving breastfeeding rates - a vital step toward achieving SDG 3.2 on neonatal survival and 85% of participants commit to implement WHO's EENC protocols in their institutions.

These CME programs underscore PUMC School of Nursing's dual role as a WHO Collaborating Centre and a



Professor Li Zhen, Director of WHO CC for Nursing Policy-Making and Leadership

## China's progress in preterm survival rates - a 15% increase since 2020 demonstrates the transformative power of aligning national training programs with global health agendas

national leader in nursing education. By embedding WHO guidelines into competency-based training, we are bridging policy and practice, empowering healthcare workers to deliver evidence-based care for mothers and children. As noted by Professor Dai Yaohua of the WHO Collaborating Centre for Child Health, "China's progress in preterm survival rates- a 15% increase since 2020 -demonstrates the transformative power of aligning national training programs with global health agendas. These programs play a role in translating WHO-recommended technologies, such as KMC and developmental care for preterm infants, into China's rural and urban PHC systems." "Maternal and child health constitutes the cornerstone of the Healthy China 2030 vision. These programs serve as a vital platform to disseminate WHO technical guidelines while fostering south-south cooperation in maternal, newborn and child care. Moving forward, we aim to scale these models across the Western Pacific, contributing to the vision of Health for All enshrined in the SDGs and WHO's strategic frameworks", said Professor Li Zheng, Dean of School of Nursing, PUMC, Director of WHOCC.



*Simulation of Breastfeeding Counselling*





## Pacific Heads of Nursing and Midwifery: A Force for Pacific Health

This year, the Pacific Heads of Nursing and Midwifery meeting took place in Nadi, Fiji from 17-20 March, 2025, under the theme 'Nurses And Midwives Together: A Force For Global Health'. Organised by the Pacific Community (SPC), this 5th rendition of the PHoNM had an objective to review, discuss and make recommendations on crucial nursing and midwifery issues in the Pacific region.

The meetings on the 18th-20th covered current issues faced by nursing and midwifery in the region: workforce, education, leadership, clinical governance, universal health coverage, health emergencies, and research. The sessions opened with prayers, a talk on 'Nurses for life: leading with purpose to propel Nursing into the future' from Dr Kathryn Zeitz FACN, CEO of the Australian College of Nursing (ACN), remarks from the Dr. Silina Motofaga representing the Secretariat (SPC), and updates on regional activities from Dr. Karen Hammad, Nursing Advisor to the Region (SPC).

Michael Larui, Regional Coordinator for the WHO Collaborating Centre for Nursing, Midwifery, and Health Development at the University of Technology Sydney (WHO CCNM UTS), presented an insightful presentation on "An approach to Nursing regulation in the Pacific" through the [Strengthening Health Workforce in the Pacific \(SHWP\) program](#). Michael presented progress updates and upcoming activities on the work being done by WHO CCNM UTS in various countries.

WHO CCNM UTS Director Michele Rumsey was also a panelist on the Leadership Panel on 'Barriers and enablers to building leadership in the PICTs,' facilitated by Elizabeth Iro, Strategic Nursing Advisor, SPC. Tongan CNO Mele Sii Filise also presented their collective paper, entitled 'Enablers and Inhibitors of nursing and midwifery leadership in the Pacific Island collectivist cultures.' This leadership panel really emphasized the impact and need of the [Pacific Leadership Program](#) hosted at WHO CCNM UTS.

Chief Nursing and Midwifery Officers (CNMOs) from numerous Pacific Islands were in attendance, with some presenting and paneling some of the sessions. Also in attendance were various partner representatives, officers, academics, and experts from the region, which allowed for deep intersectoral exploration of issues, fruitful discussions, and true knowledge-sharing and collaboration.

Outcomes from this meeting are invaluable, critical to advancing the collaborative efforts of the nursing and midwifery health workforce in the region. Meeting recommendations will be shared by SPC shortly.

WHO CCNM UTS  
Director Michele  
Rumsey, Margaret  
Leong (SPC), Colleen  
Wilson (CNMO FIJI),  
Deki (WHO Fiji), Mele  
Filise (CNO Tonga)



Liz Iro (Former Chief Nursing Officer, WHO), Michele Rumsey, Mele Filise, Mary Kililo (NDoH PNG) and Harriet Sam on the leadership panel.



## Virtual Interactions for Nursing and Midwifery Leaders: Small Island Developing States Human Resources for Health

During the Pacific Leadership Program hosted by the WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology (WHO CCNM UTS), a virtual conference on Small Island Developing States (SIDS) Human Resources for Health was held. PLP fellows participated on-site at UTS and Caribbean participants attended virtually, with over 25 small island countries represented in total. It was hosted in collaboration with the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA), JHPIEGO and the Caribbean Regional Midwives Association.

The health workforce of SIDS have unique and context-specific needs due to various factors inherent to Pacific and Caribbean regions. The conference focused on nursing and midwifery issues of human resource and migration in these two regions with the common aim to support regional nursing leaders to strengthen quality and safety of the health workforce. It was a particularly important discussion given that SOWN 2025 is approaching.

The objectives of the conference were:

1. To provide a platform for nursing leaders to discuss and analyse the impact of disasters on the health workforce.
2. To identify common challenges and barriers faced by nursing leaders in managing the health workforce during and after disasters.
3. To share best practices and lessons learned from past disaster responses.
4. To generate recommendations for addressing the identified challenges and barriers.
5. To foster collaboration and networking among nursing leaders involved in disaster response and workforce management.
6. To contribute to the development of strategies for strengthening the resilience and effectiveness of the health workforce in the face of future disasters.

Four presentations were given by experts on various topics. Prof Jim Buchan (UTS) presented on Migration and Health Workforce Challenges in



PLP Fellows and WHO CCNM UTS Team with Dr Amelia

SIDS. He highlighted common issues faced by SIDS, such as flat career structures; limitations of resources, training capacity, and management; and active international recruitment of workforce. Jim highlighted that the 2020 State of the World's Nursing (SOWN) reported that, prior to the pandemic, the global nursing workforce was estimated to be 27.9 million nurses with 90% reported female. The global shortage of nurses at that time was 5.9 million nurses. Nearly all of these shortages were concentrated in low-and-lower-middle-income countries, and one in every eight nurses practised in a country other than the one where they were born or trained, highlighting significant, and unique issues for the nursing and midwifery workforce in SIDS. He also presented possible solutions that emphasized collaboration and coordination.

Three discussion groups were formed with in-person and online participants and facilitators. The first group identified and prioritised the key challenges and barriers faced by nursing leaders in managing the health workforce push-pulls of migration. The second group identified and prioritized the key challenges and barriers faced by nursing leaders in managing the health workforce and scope issues, focusing on geographical isolation and climate vulnerability. Group three highlighted best practices and lessons learned from past disaster responses, focusing on effective strategies for supporting and managing the health workforce, focusing on limited resources and cultural sensitivity. Each group was tasked with suggesting recommendations to address the

identified challenges and barriers.

The final recommendations were:

- Further promote cross-regional collaboration among nursing and midwifery leaders in SIDS. Collaborative networks facilitate the sharing of resources, experiences, and best practices, which is crucial for managing the unique challenges faced by SIDS.
- Encourage the inclusion of SIDS in SOWN 2025 to highlight their specific needs. Reliable data is critical for informed decision-making and strategic planning to address SIDS challenges effectively.
- Strengthen health workforce policies and regulatory frameworks to support the recruitment, retention, and professional growth of the nursing and midwifery workforce in SIDS.
- Change the name to "Dynamic Small Island Developing States (DSIDS)" to reinforce a positive identity that highlights the resilience, strengths, and capabilities of these states.

Addressing the nuanced needs of nurses and midwives in SIDS requires empowering and connecting them to meet the evolving health needs of their communities. This conference was designed to connect nursing and midwifery leaders, provide support, solutions and enhance well-being, especially now, as the State of the Worlds Nursing report 2025 is collecting data. The conference saw participation and involvement of attendees in sharing their experiences with challenges and solutions on human resources for health specific to their regions and countries.



# NURSES & MIDWIVES

account for more than half  
the professional health workforce

According to WHO State of World's Nursing and Midwifery Report (2020 & 2021), nurses and midwives account for more than half the professional health workforce. In some regions, for example the Western Pacific, they account for as much as 73% of the professional health workforce.

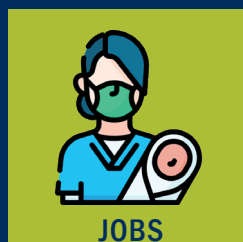
Nurses and midwives bring people-centred care to the communities where they are needed, helping to improve health outcome and deliver cost-effective services.

An estimated 10 million more health workers, primarily in middle to low-income settings, will be needed to attain effective coverage to ensure healthy lives for all by 2030.\*

## WHO Strategic Directions in Nursing and Midwifery



Midwife and nurse graduates have the requisite knowledge, competencies and attitudes to meet national health priorities



Increase the availability of health workers by sustainably creating jobs, effectively recruiting and retaining nurses and midwives



Increase the proportion and authority of midwives and nurses in senior health and academic positions

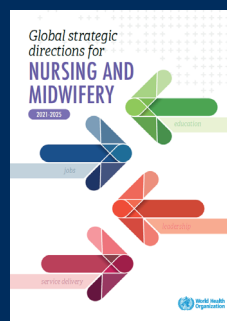


Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments

## “Progress towards Universal Health Coverage and the UN Sustainable Development Goals (SDGs) by ensuring equitable access to health workers within strengthened health systems”



17 Goals to transform Our World. The Sustainable Development Goals are a call for action by all countries - poor, rich and middle-income - to promote prosperity while protecting the planet. They recognize that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection. [Read more here.](#)



“The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)” [Read more here.](#)

**HEALTH FOR ALL**  
UNIVERSAL HEALTH COVERAGE

Universal Health Coverage means everyone can access quality health services without financial hardship. [Read more here.](#)



# Ukraine: Poltava's Rehabilitation Center

© WHO / Pavlo Zavorotnyi

"The visit to a key rehabilitation centre at a regional hospital in Poltava will stay with me for a long time.

With support from WHO Ukraine and WHO/Europe, the country's rehabilitation programme has expanded rapidly - providing a range of services, from prosthetics to physiotherapy.

The environment is suffused with optimism - even joy - as patients blossom under the care of therapists and other providers who have been steadily acquiring the skills they need to ensure optimal results.

So impressed and heartened by this symbol of HealthForAll, no matter how formidable the challenge amid war,' says Dr Hans Kluge during his 6th mission to Ukraine.

From prosthetics to physiotherapy, this transformative work is made possible by the generosity of donors like EU ECHO."



Dr Hans Henri P. Kluge  
WHO Regional Director for Europe





## Silent Struggles:

# The Challenges of South African Midwives in Tackling Antenatal Depression

By Dr O. B. Baloyi  
and Dr E.Z. Gumede



Antenatal depression (AD) represents a critical public health concern that impacts pregnant women globally, with prevalence rates in South Africa reaching up to 30%. If left unaddressed, AD can result in severe outcomes, including preterm delivery, low birth weight, developmental difficulties for the child, and extended emotional suffering for the mother. Midwives, who frequently act as the initial contact for expectant mothers, play an essential role in the identification, screening, and referral of women experiencing AD. Nevertheless, ongoing research conducted by the University of Kwazulu-Natal (UKZN), a WHO Collaborating Centre, in one of South Africa's provinces has uncovered significant obstacles that midwives encounter in the effective management of AD.

Initial findings from this research suggest that AD is often overlooked during standard prenatal care, despite its well-established negative implications for both mothers, their unborn children and families. The study indicates that midwives often find it challenging to differentiate between typical pregnancy-related discomforts and the early signs of antenatal depression. Symptoms such as irritability, fatigue, and anxiety are frequently categorized as common pregnancy issues, complicating the early identification of AD. In a context where resources

for maternal mental health are scarce, many women do not receive the essential support they require. Despite these hurdles, midwives in South Africa are in a unique position to recognize and screen for AD during routine appointments. However, their limited awareness, training, and resources often hinder their ability to effectively address this condition.

The research also underscored notable deficiencies in midwives' understanding and training concerning AD. While midwives are generally well-prepared to evaluate the physical and physiological dimensions of pregnancy, mental health remains an overlooked aspect. A significant number of midwives at the research site reported having insufficient knowledge of AD symptoms and expressed uncertainty regarding the appropriate screening tools to employ. Many midwives identified the absence of mental health education within midwifery training programs as a significant barrier. Midwives occasionally recognize symptoms of antenatal depression (AD), but they encounter considerable challenges when attempting to refer affected women for suitable care. Many have pointed to resource limitations and the lack of well-defined referral policies as significant obstacles. The referral processes are often ambiguous or disjointed, which leaves midwives uncertain about the appropriate steps to take when they identify a woman requiring additional mental health support. In addition to systemic issues, the stigma associated with mental health problems serves as a substantial barrier. This stigma not only deters women from seeking assistance but also complicates the processes of identification, diagnosis, and referral, thereby worsening the situation.

Nevertheless, the midwives involved in the study demonstrated a strong desire to enhance their skills in screening for and managing AD. They underscored the necessity of ongoing professional development, particularly through training and mentorship opportunities. Many midwives expressed the need for consistent education regarding maternal mental health and screening methodologies, along with the availability of on-site mentorship from seasoned midwives or mental health experts. They believe that such mentorship would be instrumental in navigating complex cases and ensuring they can deliver appropriate care to women in need.

Incorporating mental health education into midwifery curricula at both undergraduate and postgraduate levels is crucial for equipping midwives with the skills necessary for comprehensive maternity care. As primary caregivers, midwives are pivotal in the identification and management of antenatal depression; however, deficiencies in their training and referral mechanisms limit their effectiveness. It is essential to enhance referral pathways through the establishment of clear and accessible systems and to cultivate collaborations with mental health service providers. In rural settings, community health workers and telemedicine can play a vital role in bridging access gaps, facilitating timely interventions. Investing in education, referral frameworks, and improved access to care is in alignment with the objectives set forth by the World Health Organization and the UN's Sustainable Development Goal 3, ensuring healthy lives and promoting well-being for all. A comprehensive approach to AD will enhance maternal mental health and contribute to sustainable health outcomes for mothers and babies.





Incorporating  
mental health education  
into midwifery curricula  
at both undergraduate  
and postgraduate  
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equipping midwives with  
the skills necessary for  
comprehensive  
maternity care.





# Strengthening Nursing Education Through the LEAN Project Kickoff: A Step Toward Cross-Border Innovation

By Pattraporn Srisombat and Michael Cote

The Faculty of Nursing at Chiang Mai University (NurseCMU) hosted the Kickoff Meeting for the Ambient Assisted Living Nursing Education (LEAN) Project which took place from February 10-12, 2025, in Chiang Mai, Thailand. This collaborative initiative, supported by the European Union's ERASMUS program, aims to enhance nursing education through innovative and sustainable practices focused on Ambient Assisted Living (AAL).

## About the LEAN Project

The three-year project aims to enhance nursing education in Thailand and Vietnam by addressing challenges in Ambient Assisted Living care while fostering a collaborative, interdisciplinary approach. Through best practices and capacity-building initiatives, this project promises to extend beyond academia, benefiting healthcare communities and the professionals who serve them.

The outcomes  
of the LEAN Project  
can serve as a model  
for other institutions  
seeking to modernize  
nursing education  
and improve  
healthcare outcomes  
through technology-  
driven solutions.

The partner institutions include:

- Thailand: Prince of Songkla University; Chiang Mai University
- Vietnam: Hanoi Medical University; Truong Dai Hoc Dieu Duong Nam Dinh; Thai Nguyen University of Medicine and Pharmacy
- Portugal: Universidade de Lisboa
- Greece: Ethniko Kai Kapodistriako Panepistimio Athinon; Research Innovation and Development Lab

## Fostering International Cooperation

The three-day meeting laid the foundation for fruitful collaboration among all project partners. Assistant Professor Dr. Suparat Wangsrikhun, Dean of the Faculty of Nursing, Chiang Mai University, officially opened the event, emphasizing the vital role that international partnerships play in transforming nursing education.

Key discussions focused on integrating best practices in AAL to enhance nursing curricula and training, strengthening institutional capacities to equip educators with the skills



NurseCMU Dean Asst. Prof. Dr. Suparat Wangsrikhun (front row, center) joined the project participants for a group photo

needed for AAL implementation, as well as developing sustainable strategies to ensure the long-term adoption of AAL innovations. Participants engaged in interactive sessions, sharing insights on regional healthcare challenges and exploring innovative solutions to bridge gaps in AAL education and service delivery.

#### **Impact and Future Directions**

The successful launch of the LEAN Project marks a significant step

forward in advancing global nursing education. By incorporating AAL principles into curricula, this project ensures that students are better prepared to meet the needs of aging populations and other individuals requiring long-term care. Furthermore, the LEAN initiative underscores the importance of cross-border knowledge exchange in shaping the future of healthcare.

Looking ahead, partner institutions will continue implementing project activities, including curriculum development, faculty training, and pilot initiatives in AAL education. The outcomes of the LEAN Project can serve as a model for other institutions seeking to modernize nursing education and improve healthcare outcomes through technology-driven solutions.

NurseCMU remains committed to driving innovation in nursing education and is honored to contribute to this transformative initiative. By working together, LEAN Project partners are not only strengthening nursing education but also making a lasting impact on global healthcare.



*Participants from project partner institutions engaged in discussions and shared their work plans.*

**“Nurses and midwives shed light where there is no light. They bring hope where there is no hope, and they care where it is needed most.”**

Margrieta Langins,  
Nursing and Midwifery Policy Adviser,  
WHO Regional Office for Europe, November 2023





## The International Conference: “Triple Burden of Diseases: Nurse-Led Game Changer to Optimize the Outcomes of Care”

By  
Assistant Professor  
Dr. Thitipong Tankumpuan

Associate Dean for Research

Director of the MU-JHU NCDs Research  
Collaborative Center

Faculty of Nursing, Mahidol University

The Faculty of Nursing at Mahidol University, in collaboration with the Siriraj Nurses' Alumni Association under the Royal Patronage of Her Royal Highness Princess Srinagarindra, the Department of Nursing at Siriraj Hospital, and 26 partner institutions from leading universities in North America, Australia, and Asia, organized the international academic conference titled “Triple Burden of Diseases: Nurse-Led Game Changer to Optimize Care Outcomes.” This event took place from January 7 to 9, 2025, at the Miracle Grand Convention Hotel in Bangkok, Thailand. It gathered global leaders and professionals to engage in discussions about the growing burden of diseases and the vital role of nursing in addressing these pressing challenges.

**Associate Professor Dr. Ameporn Ratinthorn**, Dean of the Faculty of Nursing at Mahidol University, emphasized that the conference aimed to unite global participants in addressing the complexities of the triple burden of diseases on population health and well-being. A central theme was the transformative role of nurses in transitioning from a disease-centered approach to a person-centered model through



precision nursing. The conference also underscored the importance of nurse-led interventions as vital contributors to healthcare sustainability, enhancing patient outcomes while lowering overall healthcare costs. This event served as a platform to bolster international collaboration among nursing professionals, encouraging the exchange of knowledge, best practices, and innovative solutions. By fostering a global network dedicated to optimizing healthcare services, the conference advanced high-quality, sustainable patient care and improved the collective ability to manage disease burdens effectively across diverse healthcare systems.

### Highlights from the Conference:

The three-day conference featured thematic sessions that explored critical aspects of the triple burden of diseases.

Keynote speaker **Dr. Leslie D. Mancuso** addressed global health policies and strategies for managing this triple burden, with a particular focus on

women's health. She underscored the need to combat communicable and infectious diseases, as well as the rising prevalence of non-communicable diseases and injuries. Dr. Mancuso also highlighted the issue of healthcare costs that impoverish families and the impact of climate change. She emphasized that strengthening primary healthcare, developing a skilled workforce, expanding community-based care, and fostering partnerships are essential solutions.

**Prof. Virasakdi Chongsuvivatwong** discussed the epidemiologic transition and current concerns related to the shift from infectious diseases to chronic non-communicable diseases (NCDs). He pointed out that global challenges such as climate change, biodiversity loss, inequity, demographic shifts, and geopolitical issues are contributing to increasing health risks and insufficient healthcare resources. Additionally, he noted that health professionals now face more complex challenges, necessitating a

Group photos featuring all the esteemed hosts, co-hosts, and participants at the opening ceremony







*Prof. Dr. Patricia Davidson delivered a keynote address on the topic 'Combined Sustainable Development Goals: Climate Change on Health Increasing Population Vulnerability'*



*Poster Presentation Session at the Conference*



comprehensive approach to health during crises to prevent the resurgence of preventable diseases.

**Prof. Dr. Supasit Pannarunothai** shared insights on Thailand's Universal Health Coverage (UHC) system and its efforts to address health equity while managing the triple burden of diseases. He stated that achieving universal health coverage requires integrated, high-quality care, with multidisciplinary teams playing a crucial role. Strengthening primary care and leveraging digital innovations are essential for ensuring equitable, efficient healthcare in Thailand's UHC.

**Prof. Dr. Patricia Davidson** emphasized the urgent need to recognize climate change as a significant global health threat. She explained how it affects temperature regulation, increases the risk of infectious diseases, exacerbates chronic illnesses, and impacts mental health. Addressing these issues requires action across policy, practice,

education, and research—advocating for sustainable healthcare, integrating climate resilience into care, updating curricula, and advancing prevention strategies.

**Prof. Dr. Siriorn Sindhu** discussed the key role of nurse-led interventions in value-based care, which improve outcomes and reduce costs. In Thailand, nurses play a vital role in managing non-communicable diseases, though their contributions are often underrecognized. Nurse-led care enhances patient recovery, reduces hospital stays, and boosts hospital revenue. Successful implementation of these interventions requires investment in nursing skills, workforce growth, and digital healthcare solutions.

#### **Conclusion**

The conference concluded with a series of insightful exchanges through keynote speeches and panel discussions, where experts offered their perspectives on key

issues. Parallel sessions facilitated a deeper exploration of specialized topics. Additionally, oral and poster presentations highlighted innovative research findings, best practices, and emerging trends, promoting knowledge-sharing and collaboration among participants.

Throughout the event, attendees shared valuable insights and forged connections, contributing to the advancement of nursing science and practice. This international conference represented a significant milestone in the progress of healthcare in Thailand and beyond. It emphasized the essential role of nurses as leaders in tackling increasingly complex and interconnected challenges. The insights gained during the conference are anticipated to drive the development of sustainable and innovative healthcare solutions that will benefit communities around the globe.



# EVENTS 2025

*Click on each event to read more*

## JANUARY

World Leprosy Day  
26 January  
[WHO](#)



World Neglected Tropical Diseases Day  
30 January  
[WHO](#)



## MARCH

World Hearing Day  
3 March  
[WHO](#)



IntNSA's 47th Annual Education Conference  
11 – 14 March  
Orlando, Florida  
[ICN](#)



World Tuberculosis Day  
24 March  
[WHO](#)



Creating Health Work Environments  
28 – 30 March  
Phoenix, Arizona  
[SIGMA](#)



## APRIL

World Health Day  
7 April  
[WHO](#)



World Chagas Disease Day  
14 April  
[WHO](#)



World Immunisation Week  
24 – 30 April  
[WHO](#)



World Malaria Day  
25 April  
[WHO](#)



## MAY

World Hand Hygiene Day  
5 May  
[WHO](#)



International Day of the Midwife  
5 May  
[WHO](#)



International Nurses Day  
12 May  
[WHO](#)



78th World Health Assembly  
19 – 27 May  
Geneva, Switzerland  
[WHO](#)



23rd Nordic Congress for Midwives  
26 – 28 May  
Copenhagen, Denmark  
[ICM](#)



World No Tobacco Day  
31 May  
[WHO](#)



## JUNE

ICN Congress  
9 – 13 June  
Helsinki, Finland  
[ICN](#)



World Blood Donor Day  
14 June  
[WHO](#)



## JULY

World Population Day  
11 July  
[UNITED NATIONS](#)



36th International Nursing Research Congress  
17 – 20 July  
Seattle, Washington  
[SIGMA](#)



World Drowning Prevention Day  
25 July  
[WHO](#)



World Hepatitis Day  
28 July  
[WHO](#)



## AUGUST:

World Breastfeeding Week  
1 – 7 August  
[WHO](#)



## SEPTEMBER

World Patient Safety Day  
17 September  
[WHO](#)



8th AFREhealth Annual Symposium  
Dakar, Senegal  
22 – 24 September  
[AFREHEALTH](#)



World Rabies Day  
28 September  
[WHO](#)



## OCTOBER

World Mental Health Day  
10 October  
[WHO](#)



## NOVEMBER

48th Biennial Convention  
8 – 12 November  
Indianapolis, Indiana  
[SIGMA](#)



World Diabetes Day  
14 November  
[WHO](#)



Cervical Cancer Elimination Day of Action  
17 November  
[WHO](#)



World AMR Awareness Week  
18–24 November  
[WHO](#)



## DECEMBER

World AIDS Day  
1 December  
[WHO](#)



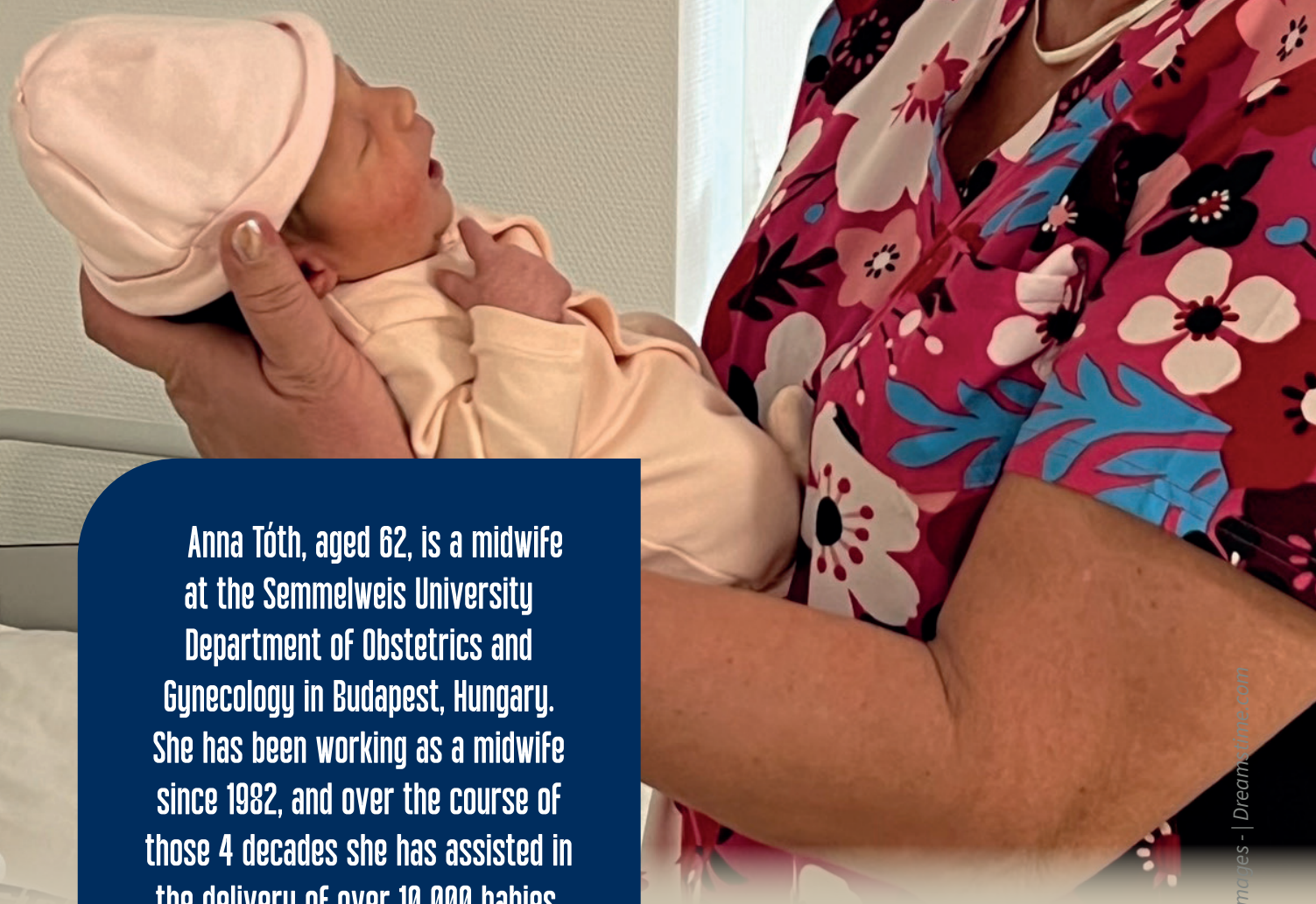
International Day of Persons with Disabilities  
3 December  
[WHO](#)



Universal Health Coverage Day  
12 December  
[WHO](#)



# Midwifery - perspectives from Hungary



Anna Tóth, aged 62, is a midwife at the Semmelweis University Department of Obstetrics and Gynecology in Budapest, Hungary. She has been working as a midwife since 1982, and over the course of those 4 decades she has assisted in the delivery of over 10 000 babies.





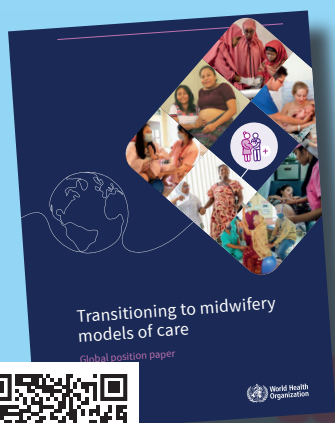
# Midwifery Models

Despite significant progress, women and babies continue to die from preventable causes related to childbirth every day. These deaths are impacted by poor quality care, inadequate links with communities and wider health systems, and a global shortage of midwives, estimated at 900,000. Nearly 95% of all maternal deaths occur in low-and lower-middle income countries – many in sub-Saharan Africa. In October, the World Health Organization (WHO) launched a global position paper entitled:

**“Transitioning to Midwifery Models of Care”.**

This comprehensive document was produced by WHO Department of Maternal, Newborn, Child and Adolescent health and aging, under the Strategic Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent health and nutrition (STAGE), in collaboration with WHO technical departments, regional offices and numerous stakeholders. Over 90 individuals contributed to the development of this document with a focus to provide policymakers and healthcare leaders with comprehensive information about Midwifery Models of Care (MMoC).

It provides guidance on reorienting health systems away from fragmented and risk-oriented models of care to a model of midwifery care where women and babies receive person-centered, equitable, respectful, high-quality continuity of care from pre-pregnancy through the post-natal period. MMoC promotes full scope practice by educated, licensed, regulated midwives who provide autonomous care, coordinating and making independent decisions within a collaborative, supportive team.



# of Care - Midwifery Network\*



World Health  
Organization

Read more about how WHO  
urges expansion of lifesaving  
midwifery care for women  
and babies here ...



WHO defines MMoC by who  
provides the care, where the  
care is provided, how the care is  
provided, and what resources are  
required – all defined within the  
Global Position Paper.  
A 2024 Cochrane Systematic  
Review entitled:

**“Midwife continuity of care  
models versus other models of  
care for childbearing women”**



... found women receiving care  
using a midwifery model had  
improved health outcomes,  
report increase satisfaction, and  
were less likely to experience a  
cesarean section or instrument  
delivery making the care a cost-  
effective model.

Guiding principles of MMoC  
include a person-centered  
approach, building partnerships  
with women, supporting

natural processes, equitable  
and human-rights based care,  
using intervention only when  
necessary, and high quality  
care coordinated care by  
midwives that is integrated  
with interdisciplinary teams.  
An implementation guide is  
currently under development  
to provide a framework that  
supports policy development,  
advocacy, implementation, and  
sustainability. A May 2025 launch  
date is anticipated.



*\*The Midwifery Network is a sub-  
group within the wider Global  
Network of Nursing and Midwifery  
Collaborating Centers (GNWHOCCNM)  
with the charge to strengthen  
midwifery research, education,  
collaboration, visibility and voice  
across the GNWHOCCNM.*

*The Network was “born” at the ICM  
Congress in Toronto in 2017 and  
launched at the GNWHOCC meeting in  
Australia in 2018.*

*There are currently 47 midwife  
members from Collaborating Centers  
in 11 countries. A Midwifery Network  
member, Dr. Jennifer Dohrn from  
Columbia University, served as  
part of the Advisory Group for the  
Implementation Plan.*

*For more information, please contact  
Jody Lori [jrlori@umich.edu](mailto:jrlori@umich.edu) or  
Marie Klingberg Allvin [marie.klingberg-allvin@ki.se](mailto:marie.klingberg-allvin@ki.se)*





# Nursing Leadership in the Prevention and Comprehensive Care of Neglected Tropical Diseases in a Non-Endemic Country:

## Chagas Disease in Spain

Chagas disease (CD) is a neglected tropical disease (NTD) endemic in 21 Latin American countries [1], caused by the parasite *Trypanosoma cruzi*. It is a global public health problem due to its high morbidity burden. Spain, because of migratory flows, is the non-endemic country with the highest number of cases outside the Americas [2]. In 2011, it was estimated that underdiagnosis reached 92%, and although this figure had decreased to 70% by 2018, the gap remains significant [2,3]. Therefore, with the aim of facilitating access to information, diagnosis, and treatment of CD, as well as contributing to the WHO 2030 Roadmap focused on interrupting vertical transmission [4], a multidisciplinary team designed a pilot project for active screening based on the use of a rapid Chagas test in the Escola Graduada Primary

Care Emergency Service in Mallorca (Spain), as an early detection strategy for CD in vulnerable populations.

The project consisted of offering information on CD to patients or companions from endemic areas who attended the emergency department for any reason. The information was adapted to the sociocultural level of the at-risk population, enabling the demystification of CD, reducing the associated stigma, and facilitating acceptance of the rapid test: Chagas Stat-Pak® Assay (Chembio, USA). Both negative and positive results were communicated while offering personalized emotional support. In the case of a positive result, an appointment was scheduled for a blood sample collection and confirmatory diagnosis at

the Microbiology Department. Subsequently, the patient was referred to the Tropical Medicine Unit for a comprehensive clinical evaluation and antiparasitic treatment if indicated.

A total of 628 people participated, of whom

315 were born in Bolivia or had Bolivian mothers. Ninety-two people reported having participated in previous screening programs, so the rapid test was offered to 536 individuals, with 516 accepting the test (acceptability rate: 96.3%). Twelve new cases of CD were confirmed, including one case of congenital transmission in a child born in Mallorca. All of them initiated and completed antiparasitic treatment. Additionally, 27 other individuals with a prior diagnosis of CD were identified; of these, 18 had completed antiparasitic treatment, 3 had discontinued due to adverse effects, and 6 had not yet started treatment. Of the 39 individuals with confirmed CD, 36 were from Bolivia, 1 from Argentina, 1 from Ecuador, and 1 from Spain. Therefore, the overall prevalence of CD in the Bolivian population tested was 11.7%. These results demonstrated that a Primary Care Emergency Service offers a strategic opportunity to systematically integrate early detection of CD and highlighted the need to implement measures that bring early diagnosis closer to at-risk migrant populations. As a direct consequence of this experience, a multidisciplinary working group led by Public Health was established to





develop a population screening program targeting women of childbearing age and children residing in the Balearic Islands Autonomous Community.

The leadership of the nursing team was crucial to the success of this project. The close and accessible support of a designated nurse, combined with the use of digital tools such as a specific data management platform and WhatsApp, allowed for appointment reminders, resolution of questions, and provision of dietary advice prior to treatment. This significantly improved the patient's experience during what was often a long and complex healthcare process. Thanks to this approach, 100% of newly diagnosed CD patients completed treatment, demonstrating the positive impact of person-centered nursing management, as well as the nursing profession's ability to link and coordinate various levels of healthcare to ensure comprehensive patient care.

Strengthening the role of Primary Care nurses in the diagnosis, follow-up, and control of Neglected Tropical Diseases (NTD) such as CD constitutes an efficient strategy for integrated care and cost-effective health systems, even in non-endemic countries. Nursing leadership enables high-impact outcomes, both



in terms of public health and equity in access to healthcare for vulnerable populations [5].

In conclusion, this experience demonstrates that nursing leadership is key to the control and management of CD in high-migration settings. The determination and management capacity of the nursing team have been fundamental in reducing underdiagnosis, increasing treatment adherence, and promoting the integration of screening strategies into the national health system. This model is transferable to other NTDs and can be replicated in other contexts to advance the global objectives of the WHO 2030 roadmap.



1



2



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4



5





# Strengthening Emergency Care: Updates on the 25x25 Basic Emergency Care Saves Lives Campaign



In addition to launching the hybrid course, WHO is scaling BEC through other efforts, including the **25x25 BEC Saves Lives** campaign that aims to improve access to BEC training for nurses and midwives, assisting 25 countries to scale up access to BEC courses from 2025 to 2030, with a view to achieving critical program targets selected by the country. The campaign's goals are to support nurses and midwives to strengthen quality emergency care delivery and thus build resilient health systems in order to make progress toward UHC.

## 1. Building Momentum Through Global and Regional Collaboration

In March 2024, the new hybrid BEC course was successfully piloted in Tanzania. The Ministry of Health of Tanzania continues to demonstrate strong leadership in scaling up BEC, having already trained over 3,000 healthcare providers including nurses and midwives. During the pilot, 24 participants and 12 master trainers were equipped to deliver the new hybrid BEC course. With the launch of this innovative training modality, Tanzania is well positioned to further expand the reach and impact of the programme, enhancing emergency care delivery across the country.

To further accelerate country engagement, WHO and partners are organizing a series of webinars, including the **global webinar on partnerships and collaboration in BEC implementation**, hosted last year in November 2024.

This event highlighted:

- Nurse and midwife-centred approaches to BEC training,
- Innovations in hybrid and digital learning,
- Regional and global partnerships enhancing reach and sustainability.

The session recording and additional resources are available here: Watch the webinar ; [Partnership and Collaboration to Drive Impact: 25x25 Basic Emergency Care Campaign](#); |Nursing and Midwifery Global Community of Practice. Building on this momentum, the CNO and Clinical Services and Systems teams are planning a global webinar in late April this year, which will highlight recent BEC pilots, share implementation lessons, and promote collaborative strategies to scale up the campaign. Please stay tuned through the WHO Nursing and Midwifery Global Community of Practice.

## 2. Join the Global Movement

The 25x25 BEC campaign is a unique opportunity to empower the nursing and midwifery workforce, save lives, and strengthen emergency care where it is most needed for impact. For more information or to join the campaign, contact [becsaveslives@who.int](mailto:becsaveslives@who.int).

Additional info and resources:



**WHO-ICRC Basic Emergency Care: Open-access training course for frontline healthcare providers who manage acute illness and injury with limited resources**



**World Health Organization**





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# Empowering Ethiopian nurses and midwives: a participatory approach to qualitative research training

From December 2023 to December 2024, Amare Demsie, a nurse, researcher, and faculty member at the University of Gondar's College of Medicine and Health Sciences and Specialized Hospital in Ethiopia, led a pioneering initiative to equip nurses and midwives with essential qualitative research knowledge and skills. This participatory training program aimed to bridge the gap in qualitative research capacity, empowering nurses and midwives to conduct high-quality research to inform evidence-based clinical practice and healthcare policies.

Nurses make up 60% of the global healthcare workforce, positioning them as key drivers of healthcare advancements through research. However, in low- and middle-income countries (LMICs) like Ethiopia, limited access to research training hinders their ability to contribute to the scientific knowledge that supports evidence-based practice. The lack of qualitative research knowledge and skills among nurses and midwives restricts opportunities to understand patient experiences, improve healthcare practices, and shape policies that directly impact health outcomes.

**“Our goal is to create a network of qualitative nurse and midwife researchers who can generate and disseminate evidence that improves patient care and informs clinical decision-making,”** explains Amare Demsie Ayele.

To address these challenges, the Global Research Nurses knowledge hub within The Global Health Network, and funded by The Burdett Trust for Nursing, awarded a Pump-Priming Grant to fund a three-phase qualitative research capacity-strengthening training program at the University of Gondar, Northwest Ethiopia. This initiative was one of four winning projects selected from 197 applications across 37 countries

as part of Global Research Nurses' commitment to expanding research capacity in LMICs.

## **A participatory approach to qualitative research capacity strengthening**

The program emphasized a participatory, hands-on approach to research training, ensuring active engagement and skill-building. Twelve nursing and eight midwifery faculty members at the University of Gondar, took part in the program, guided by two experienced facilitators: Amare Demsie as lead project manager, and Dr. Eshetu Haileselassie Engeda as lead consultant and trainer. The training was delivered in three structured phases: qualitative research foundations, proposal development and ethical approval processes (phase-I), interview guide development, piloting and qualitative data collection (phase-II), and qualitative data analysis, manuscript writing, and research dissemination (phase-III).

The program's participatory design focused on active engagement and collaborative learning, moving beyond traditional lecture-based instruction. Participants worked in four collaborative groups, developing their own respective research projects, thus applying newly acquired skills to real-world healthcare challenges (i.e. experiences in shared clinical decision-making from the perspectives of patients, nurses, midwives and physicians as an overarching research question). This hands-on approach, coupled with a cohort-based model, fostered a supportive research community where mentorship and peer learning thrived. By progressing through structured phases—research foundations, data collection, and analysis—participants were empowered to not only learn research methodologies but also to actively contribute to the generation of evidence-based knowledge directly relevant to their practice, ensuring the training's impact and sustainability.

Despite initial delays caused by the ongoing conflict in Ethiopia's Amhara Region, the program successfully trained 22 skilled qualitative researchers in nursing and midwifery. Participants are now equipped to develop and submit research proposals, navigate ethical review processes, collect and analyse qualitative data, and prepare manuscripts for peer-reviewed publication. Currently, the trained researchers are developing five publishable project outputs: four manuscripts and one policy brief, based on their projects, contributing to scientific knowledge and strengthening Ethiopia's healthcare

research landscape. Demsie reflects on the success of the initiative, stating, “The participatory approach ensured that nurses and midwives not only learned research methods but also applied them to real-world healthcare challenges. Now, they are equipped to conduct meaningful qualitative research that can improve patient care.”

This project demonstrated the feasibility of equipping nurses and midwives with qualitative research skills, highlighting the importance of a participatory approach. The success of this initiative underscores the need to scale up similar projects across Ethiopia and other LMICs to expand research capacity, generate evidence to inform healthcare decisions and improve health outcomes by integrating research findings into practice. Amare Demsie confirms his commitment to lead similar future projects in Ethiopia,



explaining, “Under unsecured and conflict-affected setting, I led this qualitative research capacity-strengthening training successfully and effectively through producing 22 skilled nurse and midwife researchers at the University of Gondar, attesting my resilience and work ethics, I hereby confirm that I will highly commit my time and energy in leading similar projects at the University of Gondar and/or Ethiopia if collaborators or funders show interest to work with me.”

#### Global Research Nurses:

##### 3 years of impact

In the past three years, Global Research Nurses has significantly advanced research capacity among nurses and midwives in LMICs. Through 25 workshops, four webinars, an international symposium, and 11 pump-priming grants, including the successful initiative in Ethiopia, Global Research Nurses fostered high-quality, locally driven research.

As this grant period concludes, the commitment to fostering nurse-led research, international collaboration, and global health equity remains, aiming to drive impactful change in health research, policy, and patient outcomes.



#### Global Research Nurses Activities May 2022 - April 2025

- 25 Workshops
- 4 Webinars
- 11 Pump-priming grant awards
- 1 Symposium
- Total number of nurses 2486



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# Strengthening Midwifery: ICM's Updated Essential Competencies

The International Confederation of Midwives (ICM) has released the 2024 edition of its Essential Competencies for Midwifery Practice, setting the global standard for the minimum knowledge, skills and professional behaviours required to use the designation of midwife as defined by ICM when entering midwifery practice. These competencies reflect ICM's vision of quality, evidence-based midwifery care and serve as a guide for education, regulation, and practice worldwide.

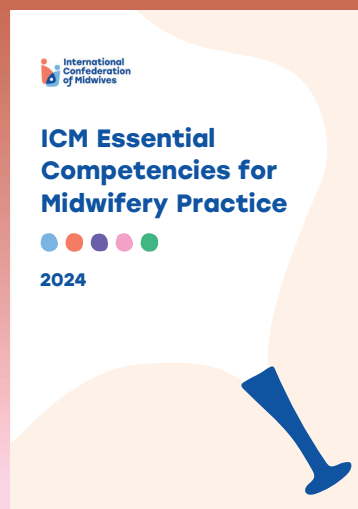
The competencies are not tied to any specific work setting. They represent the minimum standard expected of all qualified midwives, regardless of where they practise, and define what a midwife should be able to do at the point of entry into the profession.

The revised essential competencies include an additional category focusing specifically on sexual and reproductive health and rights (SRHR), contraception and preconception care. There are now five categories, up from four in previous versions: cross-functional competencies, SRHR, antenatal care, care during labour and birth, and ongoing care of women and newborns. While SRHR was previously included across other sections of the essential competencies, this dedicated category provides greater clarity on competencies related to contraception, preconception care, abortion care, and support for survivors of gender-based violence. This category brings clarity to the role of midwives beyond pregnancy and childbirth—an especially important addition in a world where SRHR is increasingly under threat.

Importantly, these changes do not expand the ICM International Definition or Scope of Practice of the Midwife. Rather, they provide greater clarity on what is required for a midwife to safely and effectively enter clinical practice and work to the full scope of their role.

This evolution comes at a critical time. Conflicts, climate change, pandemics, and attacks on reproductive rights are disrupting access to essential health services. Women and gender-diverse people are often the most affected, particularly in crisis settings. One of the updated cross-functional competencies outlines the knowledge and skills needed to provide care during emergencies, including in contexts of displacement and resource scarcity. Cross functional competencies, highlight the midwives' role in emergency preparedness, implementation of the Minimum Initial Service Package (MISP), and adaptation to risks such as heat-related illness. It also recognises the importance of breastfeeding support and mental health care in these settings, helping midwives maintain high-quality care in disrupted environments.

The Essential Competencies provide a foundation for strengthening health systems and guiding investment in midwifery. By clearly outlining what's needed for safe, rights-based care, they help midwives meet the needs of women and newborns in all contexts. But achieving this depends on ensuring more midwives are educated, regulated, and supported to practise to their full scope.



This is the driving force behind ICM's call for more educated and trained midwives. The theme of the 34th ICM Triennial Congress in Lisbon, Portugal is "One Million More Midwives"—a clear and urgent call to invest in the midwifery workforce. We invite you to join midwives, partners, and advocates from around the world to help turn this vision into reality. Your participation can help shape a future where midwives are fully enabled to provide the care communities need most.

Learn more and register:  
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# International Council of Nurses

## #NURSESFORPEACE



Since its inception in 1899, the mission of the **International Council of Nurses (ICN)** has been to unite the world's nurses and work in their best interests to promote and develop the profession.

Those aims remain true and are just as important now, if not more so, as they were more than 125 years ago, when ICN was created by a small group of determined nurses, all veterans of the suffragette movement and nascent professional organizations.

That unity has been demonstrated continuously over the decades, and today it is best epitomised by ICN's **#NursesforPeace** campaign.

### NURSES ON THE FRONT LINES

Nurses are at the forefront of the response to tragedies and disasters around the world, often stepping up and going towards danger where others stand back or run away. We are in regular contact with National Nursing Associations and nurses on the ground in Ukraine, Israel, Palestine, Sudan, South Sudan, Myanmar, Afghanistan and Ethiopia.

Respect for International Humanitarian Law has reduced, and in some cases targeting healthcare staff and facilities has become the norm. ICN has written to the United Nations General Secretary António Guterres, calling for action to stop the normalisation of these crimes and bring the perpetrators to justice.

Following the invasion of Ukraine in February 2022, nurses around the world expressed their concern for their colleagues, and many wanted to show solidarity in a simple, personal, practical and meaningful way, by donating money through our campaign.

ICN's Humanitarian Fund has provided financial support for equipment, medical supplies, shelter, clothing, food, training and mental health support, and has released cash funds to assist Ukrainian nurses as they continue to struggle to deliver care in often difficult and dangerous situations.

### INCREASING TENSIONS

Since 2024, tensions have grown in many hotspots around the world as the number of conflicts and humanitarian disasters increases, and nurses continue to demonstrate their support in ways that provide practical help to their colleagues on the front lines.

The United States' recent withdrawal from the World Health Organization and governments' renewed focus on defence spending will mean health budgets will be under extreme pressure, which will doubtless have many negative effects around the world.

ICN has repeatedly called for the cessation of hostilities everywhere, for the release of remaining hostages and

for the resolution of conflicts. ICN is also lending its voice to those calling for immediate action to reverse the harmful effects of climate change, which nurses are seeing in their vulnerable patients every day.



### MOMENT OF REMEMBRANCE

Last October, ICN marked its 125th anniversary with a conference in Bucharest, Romania, at which a moment of remembrance for all the nurses around the world who tragically sacrificed their lives in the line of duty.

The nurses who are currently on the front lines of conflicts and disasters around the world are the very same people who will rebuild health services when hostilities cease and humanitarian disasters have passed.

We know that nurses are health makers, but they are also peacemakers, and that's why **#NursesforPeace** is now an essential pillar of the work of ICN.

On behalf of its members, ICN would like to offer its sincere thanks to the National Nurses Associations, the other organizations and the individual nurses and members of the public who have so generously supported ICN's Humanitarian Fund and its **#NursesforPeace** campaign.

**By Howard Catton**  
ICN Chief Executive Officer



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more details!**







World Health  
Organization

# Nursing and Midwifery

Photo by Ilyas Ahmed

[www.nursingandmidwiferyglobal.org](http://www.nursingandmidwiferyglobal.org)

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### 2. LOGIN to NMGCOP



## Nursing and Midwifery Global Community of Practice (NMGCOP)

The NMGCOP aims to contribute to building sustainable health systems globally by providing a space for nurses and midwives to meet one another, share information and evidence, discuss important topics, and support one another.

The community fosters collective contribution through forums for discussion and teaching. It has three main objectives:

- To support an international community of nurses and midwives to build strategies towards achieving Universal Health Coverage
- To develop compassionate leaders who are powerful and inspirational agents for change
- To create opportunities to develop sustainable, high-quality health care systems that are evidence based and data driven

The NMGCOP facilitates an environment where nurses and midwives are inspired and motivated to collaborate, engage and work together to meet the 'World Health Organization Triple Billion' targets by 2030. It is governed by a steering committee made up of global experts in nursing and midwifery.



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- 4 4. Tackling Climate Change and Health: Strategies for Resilience



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# LINKS

LINKS is the Official Publication of The Global Network of World Health Organization Collaborating Centres for Nursing and Midwifery.

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