

NURSING & MIDWIFERY

Official Publication of The Global Network of World Health Organization
Collaborating Centres for Nursing & Midwifery Development

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Nursing & Midwifery Links aims to disseminate information on the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development and publish technical-scientific articles related to Nursing and Midwifery in the light of WHO's program of work.

THE CONTENTS OF PUBLISHED ARTICLES EXPRESS THE VIEWS OF AUTHORS AND DO NOT NECESSARILY REFLECT THE VIEWS AND OPINIONS OF THE GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING & MIDWIFERY DEVELOPMENT SECRETARIAT.

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INSIDE THIS ISSUE

1	EDITORIAL	3
2	COMMENTARY	4
3	STRATEGIC PLAN 2014 - 2018	10
4	REPORTS FROM COLLABORATING CENTRES	19
5	PARTNERS & EVENTS	39

EDITORIAL



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This is the first Global Network Links Magazine produced by the newly elected Secretariat, the WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney in Australia. We are very keen to highlight the ongoing work of Network members and hope to facilitate strategic collaboration where feasible, so please send us news on your great work so it can be shared.

We hope you enjoy the showcase of the diverse work of the WHO CCs included in this issue. Network members would be aware that we have recently been conducting telephone interviews with Centre leaders to strengthen communication and discuss ongoing work. So far, we have had conversations with 24 Centres and will continue to ensure all members have the opportunity to participate. Some of what we have learned to date includes:

- Almost all of the Centres have expertise in nursing, with almost two-thirds having additional expertise in midwifery.
- Most of the Centres are integrated into their institutions, with staff devoting time to both WHO CC as well as faculty-based work.
- Over 70% of the Centres are funded externally, rather than by their institutions.
- Very few Centres have designated physical office space, and most function primarily as a virtual office.
- Because of limited funding, working collaboratively and innovatively is vital.
- The success of WHO CCs is largely attributed to dedicated, committed, and passionate staff who invest large amounts of time and energy to the work of the WHO CC.

Most of the Centres contribute to capacity building of nurses and midwives, which has great potential to improve health service delivery into the future. The interviews uncovered several themes of WHO CC work: capacity building in curriculum development; research and development; healthcare across the lifespan; communicable and non-communicable disease; human resources for health; emergency and disasters; and health policy - all with the underpinning theme of providing universal health coverage through the contributions of nurses and midwives. In addition, almost all of the Centres have relationships with countries outside of their immediate WHO region, highlighting the global reach and capacity of WHO CCs.

We welcome feedback on Links at any time and look forward to your contributions to subsequent editions.

With best wishes and kind regards,

John Daly, PhD, RN, FACN, FAAN

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Michele Rumsey, FACN

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Assistant Secretary General – Midwifery, Global Network of WHO CCs for Nursing and Midwifery Development

“ The Global Network’s diversity in structure, richness of expertise, and extensive global relationships has the potential to further strengthen the voices of nurses and midwives as key players in the post-2015 arena. ”

MIDWIVES ARE KEY TO SAVING LIVES

AND IMPROVING MATERNAL AND CHILD HEALTH

*Caroline Homer, Assistant Secretary-General – Midwifery,
GN WHO CC Nursing and Midwifery*



Caroline Homer, RM, PhD

*Assistant Secretary General – Midwifery,
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“... addressing sexual, reproductive, maternal and newborn health has never been more important.”

As the world gets closer to the end of the Millennium Development Goals at the end of 2015, addressing sexual, reproductive, maternal and newborn health has never been more important. While there has been progress on meeting MDGs 4 and 5, it is widely recognized that more needs to be done to strengthen midwifery in order to come closer to (and eventually achieve) maternal and newborn survival targets and universal access to reproductive health as part of universal health coverage (UHC).¹ The Global Network of WHO Collaborating Centres in Nursing and Midwifery has an important role to play in strengthening midwifery and recognizing the unique work of midwives in all regions of the world.

The last 12 months have seen some significant steps forward to ensure midwives play a central role in realizing UHC and addressing MDGs 4 and 5. In June 2014, at the Congress of the International Confederation of Midwives, the State of the World's Midwifery Report 2014: A universal pathway, a women's right to health (SoWMy 2014) was launched by ICM, UNFPA and WHO.¹ SoWMy 2014 analysed the current Sexual, Reproductive, Maternal and Newborn Health (SRMNH) workforce from the perspectives of their availability, accessibility, acceptability and the quality of care they provide. It measured the current met need for SRMNH services and projects workforce requirements for 73 Countdown Countries (UNFPA et al., 2014) to 2030, based on demographic changes, possible scenarios for increasing workforce availability and retention and increasing productivity. SoWMy 2014 supports the SRMNH workforce dialogue between governments and partners, accelerates progress on the health MDGs, records workforce developments since the SoWMy 2011² report, and informs the negotiations and preparations of the post-2015 development agenda. I was very honoured to be part of the Core Group who undertook SoWMy 2014 as part of a WHO CC.

In brief, SoWMy 2014 showed that:

- The 73 countries account for more than 92% of global maternal and newborn deaths and stillbirths but have only 42% of the world's medical, midwifery and nursing personnel
- Only 4 of the 73 countries have a midwifery workforce that is able to meet the universal need for the 46 essential interventions for sexual, reproductive, maternal and newborn health
- Midwives who are educated and regulated to international standards can provide 87% of the essential care needed for women and newborns
- In order for midwives to work effectively, facilities need to be equipped to offer the appropriate services, including emergency services (e.g. safe blood, caesarean sections, newborn resuscitation).
- Investing in midwifery education can yield a 16-fold return on investment and is one of the “best buys” in primary health care

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The second important landmark for midwives has been the release of the first Lancet Series on Midwifery. I was very fortunate to be part of the Executive Group who wrote the series and led one of the papers.³ More than 55 multidisciplinary authors from all continents were involved in the Series papers and commentaries (including ICM, ICN, WHO, UNFPA) and there are still two papers under final development. In summary, the first paper⁴ undertook a series of 'reviews of reviews' including more than 500 individual studies to show that in order to provide quality maternal and newborn care there needs to be a system-level shift from fragmented care focused on identification and treatment of pathology to skilled care that supports physiology for all. In addition, educated and regulated midwives were found to be the most cost effective provider of maternal and newborn care. There is also now strong evidence that midwifery models of care, particularly those that provide continuity of care should be established for all women (Sandall, Soltani, Gates, Shennan, & Devane, 2013). The paper presented a Quality Maternal and Newborn Care Framework that all countries can use to design, plan and implement services.

The second paper³ used the Quality Maternal and Newborn Care Framework to analyse the potential maternal and newborn lives saved if midwifery was implemented in low to medium income countries. The analysis showed that even increasing the coverage of midwifery by 10%, there would be significant reductions in maternal deaths, stillbirths, and neonatal deaths in the 78 countries studied.

The third paper⁵ examined the experiences of four low- and middle-income countries which have deployed midwives and health system strengthening as a core component of their strategy to improve MNH. This included increasing the number of health centres and hospitals so that women do not have to travel too far to get to them; staffing these facilities with sufficient skilled health workers; removing the need for women to pay for maternal and newborn health services at the point of access; and, finally, improving quality of care.

The fourth paper⁶ draws the series together by considering the implications for maternal and newborn health services decision-makers if they are to create an environment in which the Quality Maternal and Newborn Care Framework can be implemented.

The final two papers will address human rights in maternal and newborn health and the research priorities to be addressed in the future. These papers will be complete in late 2015.

The Lancet Series in Midwifery and SoWMy 2014 are two important landmark events for midwifery as the close of the MDGs draws near. They both show that midwives have a major and sustained contribution to make to save the lives of women and newborns and to ensure that women start motherhood as healthy, happy and confident mothers who can nurture their children and families. Investing in women and children through strengthening midwifery and having effective and functional health systems will reap benefits for all countries – economically and socially.

The GN WHO CC has a significant role to play in strengthening the role of midwives. In this next triennium, we are going to develop a strong network of midwives in the WHO CC across the world to ensure that we can support one another in this important work of improving maternal and newborn health and ensure that midwives can contribute to ensuring that all peoples have access to universal health care. As Assistant Secretary-General for Midwifery in the GN WHO CC I look forward to working with midwives in all the centres across the world. Together we can ensure the aims of universal health care are realized for all.

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COMMENTARY

CALL TO ACTION: WHAT ARE THE NURSING AND MIDWIFERY WORKFORCE IMPLICATIONS FOR UNIVERSAL HEALTH COVERAGE AND THE POST-2015 DEVELOPMENT AGENDA?

By Jim Campbell



Jim Campbell

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In my new role as Director of the WHO Department for Health Workforce and Executive Director of the Global Health Workforce Alliance (GHWA), I and my team are charged to develop a Global Strategy for Human Resources for Health (GSHRH) for submission to the World Health Assembly in May 2016. The Strategy must address the present and future health workforce challenges - including those for nursing and midwifery professionals - to achieve Universal Health Coverage (UHC) and the post-2015 Sustainable Development Goals (SDGs).

To ensure that health workers have the right skills and confidence to do their job well, we need to determine what competencies and resources are essential for them to meet the global health challenges in the period 2016-2030. As evident in the proposed language of the SDGs many countries will continue to focus on addressing the health challenges of Malaria, HIV/AIDS, Tuberculosis, women and children's health, and non-communicable diseases (NCDs) to name a few. The post-2015 agenda is however far more ambitious than the Millennium Development Goals (MDGs), and calls for both universal access to services (100% targets) and the ending of preventable mortality (0% targets). This agenda insists on equity for all.

This new, ambitious agenda raises the bar. It prompts the question as to what role WHO Collaborating Centres in Nursing and Midwifery (WHOCCs) can and will play in the implementation of UHC, the SDGs and the GSHRH? A call to action is necessary for individual WHOCCs and the WHO Global Network for Collaborating Centres for Nursing and Midwifery (Network) to align research and evidence that can inform the models of care and workforce solutions that will accelerate progress.

A CALL TO ACTION

There are some big research questions that we don't, as yet, have answers to. For instance, what is the return on investment from nursing and midwifery? What percentage of a UHC package of care can be delivered through the nursing and midwifery workforce? What will be required from a modern, fit for purpose nursing and midwifery workforce to accelerate efforts on UHC? How best to deliver nursing and midwifery services in rural areas?

We need WHOCCs and the Network to review the progress made with the MDGs and reflect on the role nurses and midwives played. Then to determine how we can apply this knowledge to inform future work.

The post-2015 SDGs serve as a framework that outlines 17 goals and goal three is a comprehensive approach to health, targeting both communicable and non-communicable diseases, environmental effects on health and expanding health services through Universal Health Coverage (UHC). The goal of UHC is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them (http://www.who.int/features/qa/universal_health_coverage/en/).

“ *A skilled, well-resourced frontline workforce is essential to deliver the health services outlined in UHC and the targets of the post-2015 SDGs.* ”

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What is the role of a nurse or a midwife in achieving this ambition? A skilled, well-resourced frontline workforce is essential to deliver the health services outlined in UHC and the targets of the post-2015 SDGs. This includes expanding the size, making changes in the practice and role of all health workers, including nurses and midwives.

In a statement released by the Government Chief Nursing and Midwifery Officers (GCNMOs) during the past biannual meeting at WHO in May 2014 (http://www.who.int/hrh/events/global_forum_chiefnursing/en/), they committed to formulating nursing and midwifery policies that encapsulate the vision for UHC to ensure integrated people-centred services, developing and strengthening policies for improving the quality of education and training, recruitment, retention and deployment of nurses and midwives and developing evidence-based policies for effective and efficient nursing and midwifery workforce management. Think about how you can be a part of this work in your respective countries and regions?

Training more health professionals in the current systems is not a simple solution to the human resources issue; more attention is needed on the educational requirements to obtain the appropriate skill mix and necessary competencies needed to address the changing health needs in all nations.

Careful attention and new policies are needed to support education and training institutions and the accreditation and regulation of these institutions as well as ensuring government financing for these institutions and monitoring and evaluation of the clinicians from these institutions. Once clinicians are adequately trained, utilizing recommendations for retention of the skilled health workers is a key to achieving UHC by having a well distributed workforce increasing access to care to not only the urban areas but also in the rural and hard to reach populations.

We need your support and look forward to working with you in order to achieve and sustain the efforts towards health for all through UHC, the post-2015 SDGs and a new strategy on HRH by 2016.

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COMMENTARY

HOLDING ON TO WHAT YOU'VE GOT: IMPROVING NURSE RETENTION

By James Buchan



Professor James Buchan

International Human Resources for Health Expert UK, and Professor, Queen Margaret University/Adjunct Professor UTS and member of WHO CC UTS Advisory Board

Collaborating Centres are working against a backdrop of nursing shortages in most countries. If they are to contribute to improved understanding of causes and solutions they need to focus on nurse retention. The key causes of current and projected future nursing shortages are by now well rehearsed. Increased demand is being driven by population growth, population ageing and increased incidence of chronic diseases. Health system capacity is limited by funding shortfalls, exacerbated by the ongoing impact of the economic crisis in some countries, and by limited development of primary care and preventative health. Whilst many of these challenges impact most obviously and deeply in low income countries, high income countries have not escaped, and will have to be part of the problem solving and solution finding.

Nursing workforce supply is being constrained by an ageing health workforce, experienced staff are retiring or leaving for better paid jobs without being replaced, and nurse labour mobility is increasing, both within and across countries.

The ageing nursing workforce is a critical issue. Many high income countries are facing a nurse retirement “bulge” over the next ten years which will exacerbate shortages; a recent survey by the International Council of Nurses highlighted that the average age of nurses in many OECD countries is already in the mid 40’s: Denmark (average age 45) Finland (42) Ireland,(44), New Zealand (47), Sweden (46), USA (45) and UK (42), and many more will retire from health employment in the next decade.

To have any hope of meeting the challenge of looming nursing shortages, there first needs to be a clearer problem definition. It is not just a relatively simple issue of a numerical shortage of nurses; and even if there was sufficient funding, it is not just a single solution of ‘train more’. Relatively more policy and funding efforts will have to be focused on to improve retention of nurses.

Reducing costly turnover, attrition and out-migration, and giving sufficient workforce stability to ensure that there is investment in new skills, makes financial sense. Nursing workforce performance

improvements will also have to be achieved, through better use of current skills, improved skill mix, new roles, effective incentives, supportive working conditions, integration and teamwork. This all speaks to the need for more responsive nurse workforce planning, better alignment between nurse education providers and employer needs, improved management, and a sustained policy focus.

“ *Nursing workforce performance improvements will also have to be achieved, through better use of current skills, improved skill mix, new roles, effective incentives, supportive working conditions, integration and teamwork.* ”

Improved nurse retention can be best achieved by targeted and coordinated efforts. Useful policy support tools can be accessed to inform good practice in retention - notably the 2010 evidence based WHO Framework on retaining health personnel in rural and remote areas. The framework highlights the need to consider four linked policy domains: education, regulation, financial incentives and personal/professional support. Any organization, system or country can improve nurse retention by considered and coherent policy action. By doing so it will reduce replacement costs, increase workforce stability and improve care continuity.



Please visit the website of the WHO CC Global Network
for Nursing and Midwifery Development at:

www.globalnetworkwhocc.com

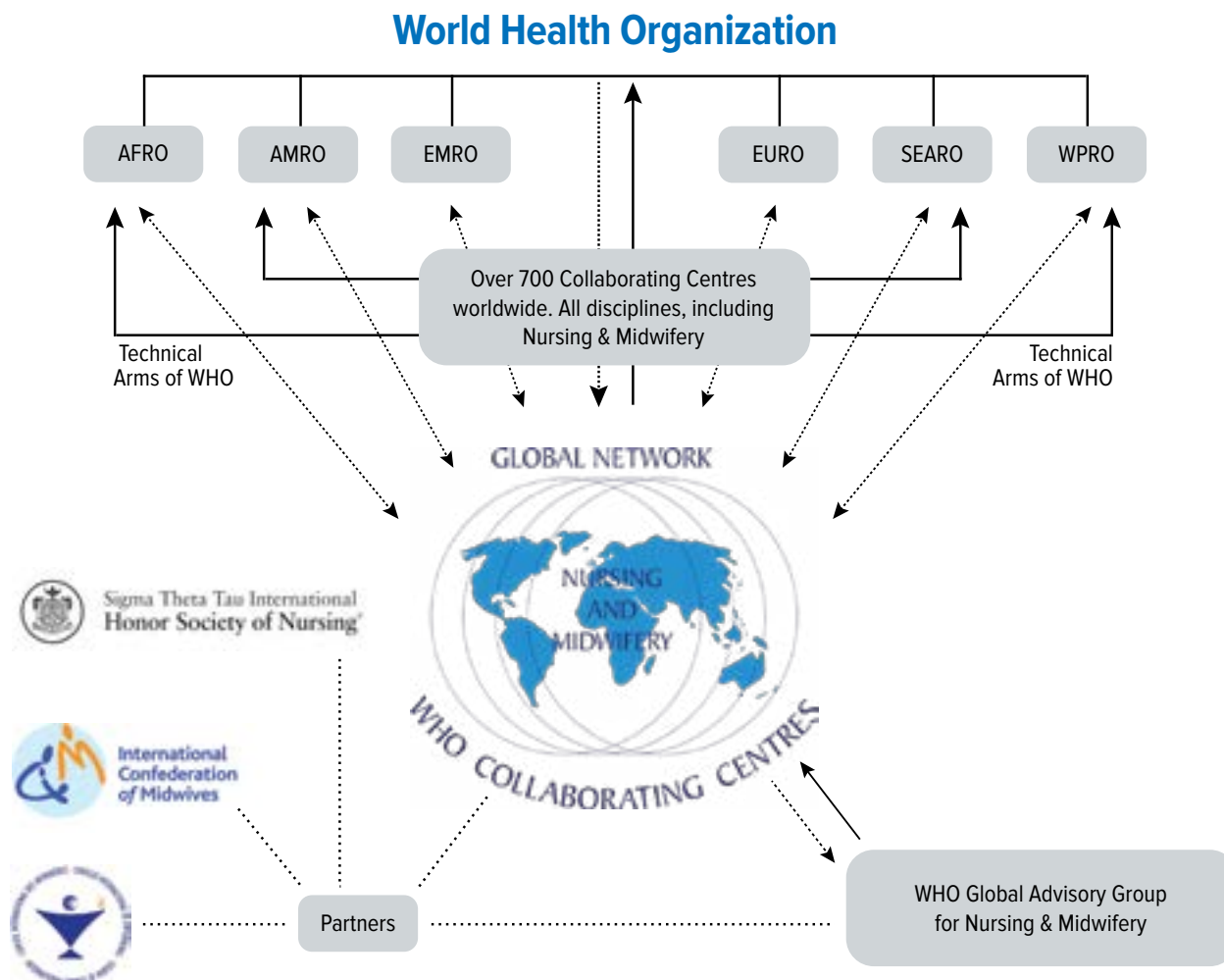


STRATEGIC PLAN

2014 - 2018

GLOBAL NETWORK OF WHO COLLABORATING CENTRES

The relationship of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development with WHO, WHO regions and important international partners is illustrated here:



There have been seventeen general biennial meetings of the Global Network since its inaugural meeting in Maribor, Slovenia in 1988. The last meeting was held in Coimbra, Portugal in July 2014, and the next meeting will be held in Glasgow, Scotland, in 2016.

For the last 27 years, the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development has worked towards its central purpose as laid out in the Constitution: "...to strengthen and promote nursing and midwifery leadership, education, practice and research towards the social goal of "Health for All" through primary health care."

Ongoing collaboration and communication is conducted between members and important information updated on the GN WHO CC website: www.globalnetworkwhocc.com

REFERENCE:

Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. Constitution and bylaws. Revised 2006.

What is a WHO Collaborating Centre?

Over 700 institutions in over 80 countries have WHO Collaborating Centres which support WHO programmes:

<http://www.who.int/collaboratingcentres/en/>

Information for WHO Collaborating Centres:

Administrative and legal information for proposed and existing institutions:

<http://www.who.int/collaboratingcentres/information/en/>

STRATEGIC PLAN FOR 2014 - 2018

This draft Strategic Plan for 2014-2018 is based on the 2010-2014 Strategic Plan which was agreed upon in the 14th General Meeting of the Global Network of World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery Development in Bangkok, Thailand, 2008. This updated Strategic Plan is proposed by the 2014-2018 Secretariat for review by the Global Network Executive Committee and ratification by the members of the Global Network.

VISION

Health for All through Excellence in Nursing and Midwifery

MISSION

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. The Network will carry out advocacy and evidence-based policy activities within the framework of the WHA and regional resolutions and the WHO Programs of work.

GUIDING PRINCIPLES FOR 2014-2018

- Advance Health for All through advocacy, education, research and evidence-based policy activities;
- Involve and support all Centres in the principal activities of the Network and the WHO priority areas, in particular, Universal Health Care;
- Utilize and demonstrate the Network's unity in diversity;
- Share knowledge, skills and resources within the Network and with other partners;
- Develop Centres individually and the Network as a whole;
- Promote communication that is clear, focused, disseminated, and timely;

- Recognize and seek involvement with relevant stakeholders, nationally and internationally
- Ensure all Network activities conform to ethical principles.

Partners of the Global Network are the WHO headquarters, WHO regional office, WHO country office, Collaborating Centres and their partners.

OPERATING PRINCIPLES FOR 2014-2018

- All Centres actively support the mission of the Global Network and are committed to the goals, objectives, and principles of the Network.
- The Network will be managed in accord with its mission and goals.
- Management of the Network will utilize participation of its member Centres in strategic and collaborative arrangements necessary to complete its work and produce outcomes.
- The Secretariat has ultimate responsibility for the coordination and communication of the Network in collaboration and consultation with member Centres
- Long range strategic plans takes place every two years in conjunction with each biennial meeting. Goals are formed and adjusted taking into account accomplishments to date and emerging priorities.



SECRETARIAT OF THE
GLOBAL NETWORK OF WHO
COLLABORATING CENTRES
FOR NURSING AND MIDWIFERY

GOAL I:**PROMOTE THE HEALTH OF THE POPULATION THROUGH COMMUNITY PARTICIPATION, EMPOWERMENT AND PARTNERSHIP.**

Objective 1: Identify, support the development, and evaluate the effective implementation of evidence based activities that would promote the health of vulnerable groups within the context of Universal Health Coverage and post-2015 agenda.			
Action	Individual/Group responsible	Outcome	Date to be accomplished
1.1 Organise a virtual global conference	Secretariat; WHO CCs	Global conference held over a 24 hour period via Internet Provide platform for GN WHO CCs to highlight and discuss their ongoing activities	2015-2018
Objective 2: Global Network is aware, sensitive and responsive to emerging health care issues and crises			
Action	Individual/Group responsible	Outcome	Date to be accomplished
2.1 Assess, monitor and track emerging health issues and crises	All Centres	Information regularly disseminated across centres via email and teleconference	2015-2018
2.2 Keep lines of communication open and disseminate information regarding crises across centres Invite WHO CCs to submit articles regarding emerging health issues for Links magazine and Global Network Regional Update	All Centres	Information regularly disseminated across centres via email and teleconference	2015-2018
2.3 Creation of CC expertise database	All Centres	Secretariat to facilitate expertise-based discussion among GN WHO CCs by drawing from CC expertise database	2015-2018

GOAL II:**PROMOTE GLOBAL HUMAN RESOURCE FOR HEALTH DEVELOPMENT THROUGH ADVOCACY AND EVIDENCE-BASED POLICY ACTIVITIES.**

Objective 3: Dissemination of best practice tools and policies for support of human resources for health development			
Action	Individual/Group responsible	Outcome	Date to be accomplished
3.1 Publish outcomes in Nursing and Midwifery Links and GN website	Secretariat	Journal and web site are recognised reference sources	Continuous

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STRATEGIC PLAN FOR 2014 - 2018

<p>3.2 Organise a distinguished lectures series</p> <p>Expand the distinguished lecture series to focus on leadership and policy development capacity (podcasts)</p> <p>Lectures to cover UHC, post-2015 agenda, work of GN WHO CCs</p>	<p>Secretariat</p>	<p>Distinguished lecture series recognised by the GN WHOCC and WHO</p>	<p>Continuous</p>
<p>3.3 Disseminate evidence for nurses and midwives around economics and cost effectiveness of health care delivery</p> <p>Links Magazine</p> <p>Writing workshop or program to mentor and assist WHO CCs to publish in peer reviewed literature</p>	<p>Secretariat; WHO CCs</p>	<p>Evidence disseminated- Further IP discussions required.</p>	<p>Continuous</p>
<p>Objective 4: Review and update implementation of WHA resolutions relevant to nursing and midwifery</p>			
<p>Action</p>	<p>Individual/Group responsible</p>	<p>Outcome</p>	<p>Date to be accomplished</p>
<p>4.1 Formulate position papers relating to the resolutions by WHA in a timely manner, and in response to WHO changes.</p>	<p>All Centres</p>	<p>Position paper and published policies reflect current WHO strategies</p>	<p>Continuous</p>
<p>Objective 5: Participate in advocacy and policy dialogue informed by: equity, sustained quality, timely information, impact</p>			
<p>Action</p>	<p>Individual/Group responsible</p>	<p>Outcome</p>	<p>Date to be accomplished</p>
<p>5.1 Facilitate ongoing policy dialogue among WHO CCs and partners</p> <p>Identify relevant policies that WHO CCs can work on together to address identified challenges</p>	<p>Secretariat; WHO CCs</p>	<p>Engage in advocacy and policy dialogue</p>	<p>Continuous</p>
<p>5.2 Participate in research as appropriate</p>	<p>Secretariat; WHO CCs</p>	<p>Strengthen and maximise the contribution of nursing and midwifery in research and the development of evidence-based guidelines and practice</p>	<p>Continuous</p>

<p>5.3 Support context-appropriate capacity building in line with regional and global HRH needs and priorities</p> <p>Facilitate creation of effective partnerships</p> <p>Facilitate mentoring and leadership development opportunities</p> <p>Serve as a platform for WHO CC shared learning and support</p>	<p>Secretariat; WHO CCs</p>	<p>Support current WHO HRH Action Framework; promote capacity building as underpinning guiding principle</p> <p>WHO CCs work towards the empowerment of target populations and sustainability of country projects</p> <p>WHO CCs engage in mentorship and leadership development programs; feedback to Secretariat and other WHO CCs</p> <p>Maintain ongoing communication with WHO CCs through emails, teleconferences, Regional Updates, Links magazines</p>	<p>Continuous</p>
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GOAL III:

MAINTAIN A COMMUNICATION PROCESS THAT IS EFFICIENT AND EFFECTIVE

<p>Objective 6: Create meaningful and accessible communication among WHO HQ, regional offices, Collaborating Centres and partner organisations</p>			
<p>Action</p>	<p>Individual/Group responsible</p>	<p>Outcome</p>	<p>Date to be accomplished</p>
<p>6.1 Actively communicate and interact with WHO to influence its agenda and impact its work.</p> <p>Be an active and consistent voice and resource for WHO</p>	<p>Secretariat; GN Executive Committee</p>	<p>Influence WHO agenda and impact its work</p> <p>Provide technical expertise to the WHO</p>	<p>Continuous</p>
<p>6.2 Build and enhance collaboration across the GN</p> <p>Regular email and teleconference communications among WHO CCs</p> <p>Facilitate engagement of all WHO CCs in the network so that they have a voice in influencing directions in the GN - design meeting agendas to assure time for dialogue, brainstorming and interaction</p> <p>Facilitate dialogue on issues via an interactive website</p>	<p>Secretariat; WHO CCs.</p>	<p>Awareness of functionality/focus of GN WHOCCs for efficient mobilisation of WHO CCs as appropriate/necessary.</p>	<p>Continuous</p>

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STRATEGIC PLAN FOR 2014 - 2018

<p>6.3 Ensure the Network has a voice in health and development forums</p> <p>Participating in WHO meetings and wider global arena;</p> <p>Disseminate information about seminars, forums, conferences to members of the Network</p>	Secretariat	WHO CCs influence WHO agenda	Continuous
<p>Objective 7: Communicate the work of the Network/Collaborating Centres regarding nursing and midwifery practice</p>			
Action	Individual/Group responsible	Outcome	Date to be accomplished
<p>7.1 Create an accessible, enhanced database on the WHO CCs (including TORs, Personnel, Projects, country links, Publications, Impact, etc).</p> <p>Ongoing communication between Secretariat and GN WHO CCs</p>	Secretariat; WHO CCs	Build relationships across the WHO CCs and strengthen linkages	Continuous
<p>7.2 Increase visibility of nursing and midwifery expertise locally, regionally, and globally</p> <p>Coordinate meetings at relevant partner events (e.g. ICM, ICN, STTI)</p> <p>Maintain communication with partners</p> <p>Enhance the visibility of midwifery within the Network with a Global Midwifery Network</p>	Secretariat; WHO CCs	Build relationships among WHO CCs, WHO, and external bodies Ongoing collaboration and strong linkages with ICN, ICM, STTI, etc	Continuous
<p>Objective 8: Engage Centres in collaborative strategic planning</p>			
Action	Individual/Group responsible	Outcome	Date to be accomplished
<p>8.1 Engage all WHO CCs in development of strategic plans (including policy/document development) e.g nursing and midwifery development plan of action</p> <p>Develop an action plan for engagement of key stakeholders</p> <p>Implement the GN WHOCC NM nursing and midwifery development plan of action</p> <p>Advocate for resources for the GN workplan</p>	Secretariat; GN Executive Committee; WHO CCs	Action plans created; Regular GN Executive Committee meetings held per Constitution Databank of accessible resources gathered for workplan; accessible on members only section of GN website	Continuous
<p>8.2 Continue documenting the impact and influence of the GN work through Global Network website and archive relevant documents for the future.</p>	Secretariat; PANMACC	History of GN documented; open for updating by WHO CCs	Continuous

CURRENTLY, THE GLOBAL NETWORK IS COMPRISED OF 44 COLLABORATING CENTRES FOR NURSING AND MIDWIFERY:

AFRO

INSTITUTION	COLLABORATING CENTRE	CITY/COUNTRY
University of Botswana	WHO Collaborating Centre for Nursing and Midwifery Development	Gaborone District, Botswana
University of Natal	WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving	Durban, South Africa
University of South Africa	WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development	Pretoria, South Africa
University of São Paulo	WHO Collaborating Centre for Nursing Research Development	Ribeirão Preto, Brazil
McMaster University	WHO Collaborating Centre in Primary Care Nursing and Health Human Resources	Hamilton, Canada
University of Alberta	WHO Collaborating Centre for Nursing and Mental Health	Edmonton, Canada
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile
Pontificia Universidad Católica de Chile	WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care	Santiago, Chile
Asociación Colombiana de Facultades y Escuelas de Enfermería (ACOFAEN)	WHO Collaborating Centre for the Development of Innovative Methodologies in the Teaching-Learning in PHC	Santafé de Bogotá
University of the West Indies	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica
Escuela Nacional de Enfermería y Obstetricia - Universidad Nacional Autónoma de México	WHO Collaborating Centre for the Development of Professional Nursing	México Distrito Federal, Mexico
University of Puerto Rico	WHO Collaborating Centre for Development of Midwifery Services and Education	San Juan, Puerto Rico, USA
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development In Primary Health Care	Chicago, USA
University of California - School of Nursing	WHO Collaborating Centre for Research & Clinical Training in Nursing	San Francisco, USA
University of Alabama at Birmingham	WHO Collaborating Centre for International Nursing	Birmingham, USA
Case Western Reserve University	WHO Collaborating Centre for Research & Clinical Training in Home Care Nursing	Cleveland, USA
Columbia University	WHO Collaborating Centre for Advanced Practice Nursing	New York, USA
University of Michigan	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA
Johns Hopkins School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA
New York University College of Nursing	WHO Collaborating Centre for Gerontological Nursing Education	New York, USA
University of Miami - School of Nursing and Health Studies	WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety	Miami, USA
University of Pennsylvania	WHO Collaborating Centre for Nursing and Midwifery Leadership	Philadelphia, USA

AMRO

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EMRO**EURO****SEARO****WPRO**

INSTITUTION	COLLABORATING CENTRE	CITY/COUNTRY
College of Health Sciences, Ministry of Health	WHO Collaborating Centre for Nursing Development	Manama, Bahrain
Center for Nursing Care Research, Iran University of Medical Sciences	WHO Collaborating Centre for Education and Research in Nursing and Midwifery	Teheran, Iran
Jordan University of Science and Technology	WHO Collaborating Centre for Nursing Development	Irbid, Jordan
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helsinki, Finland
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal
Glasgow Caledonian University - Department of Nursing and Community Health	WHO Collaborating Centre for Nursing and Midwifery Education, Research and Practice	Glasgow, Scotland
University of Manchester	WHO Collaborating Centre for Women's Health	Manchester, United Kingdom
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India
Post Graduate Institute of Medical Education and Research (PGIMER)	WHO Collaborating Centre for Nursing and Midwifery Development	Chandigarh, India
University of Nursing, Yangon	WHO Collaborating Centre for Nursing and Midwifery Development	Yangon, Myanmar
Faculty of Nursing - Mahidol University	WHO Collaborating Centre for Nursing And Midwifery Development	Bangkok, Thailand
Ramathibodi School of Nursing - Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand
Chiang Mai University - Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand
University of Technology Sydney (UTS)	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia
James Cook University Australia	WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building	Cairns, Australia
The Hong Kong Polytechnic University (HKPU) - School of Nursing, Faculty of Health and Social Sciences	WHO Collaborating Centre for Community Health Services	Hong Kong, China
Peking Union Medical College - School of Nursing	WHO Collaborating Centre for Nursing Policy-Making and Quality Management	Beijing, China
St. Luke's College of Nursing	WHO Collaborating Centre for Nursing Development in Primary Health Care	Tokyo, Japan
University of Hyogo	WHO Collaborating Centre for Nursing in Disasters and Health Emergency Management	Akashi, Japan
Yonsei University	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea
The Catholic University of Korea College of Nursing - Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Palliative Care	Seoul, Republic of Korea
University of the Philippines Manila	WHO Collaborating Centre for Leadership in Nursing Development	Metro Manila, Philippines



**REPORTS FROM
COLLABORATING
CENTRES**

ANTONIA VILLARRUEL NAMED DEAN OF PENN SCHOOL OF NURSING EFFECTIVE 1 JULY 2014

By *Amy Biemiller, The LightStream Group*



Antonia M. Villarruel, PhD, RN, FAAN began her position as dean of the University of Pennsylvania School of Nursing in the summer of 2014. The sixth dean of the school, she is only the second alumna to serve in this position and the first dean to serve who has prior and current NIH funding.

Internationally renowned for her leadership in research, policy, and practice, Dr. Villarruel became a Fellow of the American Academy of Nursing in 1997 and was elected to the Institute of Medicine in 2007.

Prior to becoming dean, Dr. Villarruel was a professor, the Nola J. Pender Collegiate Chair and the associate dean for research and global affairs at the University of Michigan School of Nursing. She also held a joint faculty appointment in the School of Public Health and was director of the school's World Health Organization Collaborating Center for Research and Clinical Training in Health Promotion Nursing.

Her research interests include health promotion and health disparities. Specifically, Dr. Villarruel has developed a program of research focusing on the development, testing, and dissemination of sexual risk reduction interventions for Latino and Mexican youth. Dr. Villarruel has received major funding from the National Institutes of Health and the Center for Disease Control. Dissemination of her work to communities has been supported by the Centers for Disease Control and the Office of Adolescent Health, Department of Health and Human Services. Her research has helped advance nursing science, education and public policy. In addition, Dr. Villarruel has supported the development of the next generation of scientists. She was the Program Director for an

NIH-funded T32 focused on Health Promotion and Risk Reduction Interventions for Vulnerable Populations, and served as co-Director on a National Institute of General Medicine Sciences (NIGMS) grant focused on recruiting and supporting minority nurse scientists.

Dr. Villarruel serves in several national leadership roles including the Chair of the Institute of Medicine's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities. She is a member of the National Steering Committee



“ Her leadership in the global arena led to an unprecedented number of students studying abroad as well as faculty who are actively collaborating abroad on key research and education initiatives. ”

of the RWJ/AARP Campaign for Nursing and serves as co-chair of the Diversity Steering Committee. She is a recipient of the President's Award for Health Behavior Intervention Research from the Friends of the National Institute of Nursing Research; the Edge Runner Award from the American Academy of Nursing; and the Trailblazer Award from the National Black Nurses Association.



ON THE FRONT LINES CARING FOR EBOLA PATIENTS

By *Amy Biemiller*, *The LightStream Group*
Reprinted from *Penn Nursing's upFront*, Spring 2015

“*People in Liberia stopped touching each other during the outbreak. So there was no hugging, no hand-shaking. We took up the Ebola-elbow greeting. It's like a high-five, but with a bent elbow*”

When President Obama announced that the United States would support efforts to fight Ebola in West Africa, that offer included an unprecedented assignment for the United States Public Health Service (USPHS): Run a field hospital in Liberia to provide care for healthcare workers infected with the disease. Typically, the USPHS and its staff deploy to respond to public health emergencies in the United States. But for Michelle Holshue who earned her BSN at Penn Nursing in 2009 and is currently an infectious disease nurse and commissioned officer with the USPHS, it was an opportunity of a lifetime.

“As soon as I found out about the mission, I immediately knew I wanted to help,” says Holshue. “I’ve worked in Africa before when I went to Botswana in 2008 with the Penn-Botswana partnership while I was working on my BSN, so I was so thrilled when I was selected to be a part of the first team in Liberia.”

One intensive week of training prepared Holshue and her team to care for patients with Ebola— and gave them practice in donning and doffing personal protective equipment. Then they were off to Monrovia for a 60-day healthcare odyssey where they not only cared for patients but designed and wrote protocols for patient and staff safety and helped build and repair the field hospital.

“We nurses worked 12-13 hour shifts, five or six days a week, though schedules changed based on our patient census,” she explained. “Nurses always worked in pairs, and we had to be very methodical and precise when planning our day and providing the hands-on care.”

To start their shifts, Holshue and her fellow nurses would help each other don their protective gear, including scrubs and rubber boots followed by a full suit made out of tyvek, two pair of gloves, a nearly floor-length apron, and a hood, goggles and a respirator. The process normally took 20 to 30 minutes, and was complicated by the typically high-80s temperature in Liberia at the time.

“While wearing the head-to-toe gear, we would sweat, a lot, so there was a limit to the amount of time you could spend each time the teams of nurses and providers went into the high-risk patient care zone,” she states. “It was always challenging to get all

of the patient-care tasks completed.”

When taking care of Ebola patients, almost every activity is high-risk—even a simple blood draw or performing patient hygiene. So Holshue had to be incredibly careful, and work very slowly. “If you forgot alcohol swabs or IV tubing, you couldn’t just run back into the supply room and go get it. Once you entered the high-risk zone you couldn’t exit without someone spraying you with chlorine and walking you through the undressing process, which also took 20 to 30 minutes,” she says.

Holshue was in Liberia for 60 days, a challenging experience that concluded with a quarantine when she got back home. “I had my temperature monitored twice daily by the state health department and couldn’t take public or commercial transportation or go to mass gatherings like concerts or sporting events,” she adds. “But I didn’t mind the quarantine at all, really. I got to catch up on my sleep!”

Some of the intense cultural experiences Holshue had carried over when she came home. “People in Liberia stopped touching each other during the outbreak. So there was no hugging, no hand-shaking. We took up the Ebola-elbow greeting. It’s like a high-five, but with a bent elbow. It was weird at first, but I got so used to doing it that I had a hard time getting out of the habit when I came back to the United States,” she laughs.

Back at her lab at the National Institutes of Health, Holshue continues her clinical research in infectious diseases and managing care for research participants on studies related to HIV, hepatitis C, influenza, malaria and Ebola. But her days are colored by memories of her time spent in Liberia.

“It was very challenging, but I am very grateful for every part of the experience,” she states. “I worked with an amazing group of nurses, providers, administrative and logistical staff. But the most incredible part was meeting, and taking care of, the brave nurses and healthcare workers who were admitted to our unit. Having the opportunity to care for people who were not just patients, but also colleagues, and heroes is an experience for which I will always be grateful.”

NURSING EDUCATION, LEADERSHIP AND INTERPROFESSIONAL COLLABORATION

By *Lynda Wilson, RN, PhD, FAAN, Deputy Director, and Doreen Harper, RN, PhD, FAAN, Director*

This article summarizes activities of the PAHO/WHO Collaborating Center (CC) on International Nursing at the University of Alabama at Birmingham (UAB) for the 2011-2015 designation period that focused on strengthening nursing education, leadership, and interprofessional collaboration. UAB faculty serve as leaders of the Network for Child Health Nursing (Red ENSI), have reviewed BSN and MSN curricula at the University of Honduras, and served as an external reviewer for the University of West Indies School Of Nursing. Initiatives in Zambia have included support for the University of Zambia Department of Nursing Sciences, and support for the development and evaluation of the country's first HIV Nurse Practitioner program (Msidi et al., 2011; Mulenga et al., 2015). An interprofessional global health professional fellows program was offered in collaboration with the University of California at San Francisco PAHO/WHO Collaborating Center, and partners in Zambia and Malawi (Wilson et al., 2014). Two UAB nursing faculty received Fulbright Specialist grants to work with faculty at the University of Malawi Kamuzu College of Nursing (KCN) to strengthen the oncology/palliative care curriculum, and also to teach in the new PhD program. An initiative to strengthen health care leadership was the International Nursing and Health Care Leadership program which was offered every other year from 2008-2012 (Wilson et al., 2014b). In collaboration with three other CCs (in Brazil, Mexico, and the US), surveys have been conducted of nursing faculty in the Americas and in Africa to identify global health competencies for undergraduate nursing students (Ventura et al., 2014; Wilson et al., 2012).



▲ Participants at International Health Care Leadership Program, University of Alabama at Birmingham PAHO/WHO Collaborating Center on International Nursing.

“ ... focus on enhancing leadership and quality improvement skills of nursing educators. ”

The proposed terms of reference for the 2015-2019 period will include ongoing activities aimed at strengthening education, with a focus on enhancing leadership and quality improvement skills of nursing educators.

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COLLABORATION TO STRENGTHEN CARE FOR THE ELDERLY

By *Allison Squires*, Assistant Professor, New York University College of Nursing

New York University College of Nursing's (NYUCN) Pan American Health Organization Collaborating Center focused on improving care for older adults has aligned itself with the Nurses Improving Care for Healthsystem Elders (NICHE) program to collaborate with Latin American partners to improve the quality of care of hospitalized older adults in the region. NICHE is an organizational intervention and benchmarking service designed to educate nursing and other healthcare professionals about the unique care needs of older adults in health systems. Participating institutions complete an annual assessment that allows them to compare their organization to others of similar size and clientele. Adapting the model to the Latin American context, it is hoped, will help nurses and other healthcare professionals in the region address the growing care burden driven by a rapidly

aging population. The collaboration has already begun with its first Latin American partner, the Instituto Nacional de Geriatria (National Geriatrics Institute) of Mexico. Allison Squires, PhD, RN, assistant professor at NYUCN and a health workforce capacity building expert with extensive experience in Mexico, lead a team in the summer of 2014 to conduct a needs and implementation feasibility assessment at 5 sites in the country over a two week period. The Spanish language translation of the assessment instruments has also been completed and the pilot test of the instrument finished in early March 2015. All partners are jointly seeking funding from domestic and international sources to build the Spanish language infrastructure needed to ensure successful adaptation and implementation in the Mexican context.

“ NYUCN ... focussed on improving health care for older adults ”

WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing
Johns Hopkins University School of Nursing

Baltimore, USA



THE GLOBAL ALLIANCE FOR NURSING AND MIDWIFERY

By *Phyllis Sharps*, Associate Dean Community and Global Programs, Professor, Department of Community-Public Health, Johns Hopkins University School of Nursing and *Carmen Alvarez* PhD, RN, CRNP, CNM.

Despite the breadth and differences of our world, the permeability of our borders and the World Wide Web continue to highlight our commonalities – HIV/AIDS, obesity, and the nursing shortage – and therefore need for collaboration to address the health needs of our global community. The Johns Hopkins University School of Nursing is making new strides in leading the promotion of a global exchange of nursing science and practice through the Global Alliance for Nursing and Midwifery (GANM). The GANM is an exciting platform for sharing information. We are expanding this successful approach through instituting a formalized and structured forum via blogs for exchanging ideas about maternal and child health globally. Solicited blogs from maternal and child health professionals both abroad and in the United States will present multiple perspectives about global

health challenges, as well as innovative solutions. These solutions will ideally inspire not only interdisciplinary collaboration but also effective partnership between the worlds of practice and research. Our continued webinar series will further complement our scholarly blogs. We will continue to have our “Ask the expert dialogues”, online library, and language service support (Spanish and English) for including and enhancing our communication and collaboration with Latin American & Caribbean countries. The GANM website will continue to maximize internet capabilities to address the social determinants of health and improve nursing, health and healthcare globally.

Please join us at <https://ganmjohshopkins.wordpress.com/>. Use Twitter - Follow us @JHUNursing and join a global conversation by using #ganmjhu”

IHCNO CONFERENCE IN SINGAPORE 2015

By **Samira Hussney**, Director, International Health Programs and WHO CC Case Western Reserve University, and **Dr Liz Madigan**



▲ Planning committee for the 2nd International Home Care Nurses Organization Conference.

The Collaborating Center at the Frances Payne Bolton School of Nursing participated in the planning for the International Home Care Nurses Organization (IHCNO) conference in Singapore in 2014. Dr. Liz Madigan was a keynote speaker for the conference. The conference participation fits with the Terms of Reference for this Center which include ‘collaborating with AMRO to strengthen the development of nursing human resources and other health care workers in home care’. The Center is now on the planning committee for the 2015 conference to be held in Chicago, July 8 – 10.

HOME CARE IN SURINAME

Dr. Liz Madigan provided consultation to the Ministry of Health and PAHO Office in Suriname in August 2014 to support the development of the home care policy in that country. She has been working with home care officials for the last several years to promote and develop home care in Suriname.

TOWARDS GLOBAL HEALTH EQUITY

By **Jennifer Dohrn**, Director, Office of Global Initiatives and WHO Collaborating Center for Advanced Practice Nursing

As we mark our 19th year as a WHO Collaborating Center, we are very pleased and honored to announce that we have been awarded redesignation from the World Health Organization as a PAHO/WHO Collaborating Center for Advanced Practice Nursing 2015-2018. This upcoming period offers us the opportunity to collaborate and contribute to the advancement of nursing and midwifery in the Pan American Health Region (PAHO) towards global health equity.

In this period, we will have three foci in collaboration with the PAHO/WHO:

- To strengthen the response of the health sector in human resources development in education by identifying core competencies for advanced practice nursing (APN) and mapping the curriculum for APN in Brazil in partnership with the University of São Paulo College of Nursing at Ribeirão Preto WHO CC. Modeling after lessons learned in Brazil, we will then expand this to other Latin America and Caribbean countries.
- To strengthen the health sector in human resources

through regional expertise development of clinical nursing and midwifery research in Latin America and Caribbean countries. We will first partner with Escuela de Enfermería Pontificia Universidad Católica de Chile WHO CC to assess clinical nursing and midwifery research in Chile and identify gaps in knowledge to address needs in nursing education and research in the region.

- To further strengthen the health resources, we will also be collaborating with both universities to expand the knowledge/use of informatics in nursing and e-learning resources available for nursing curricula in the region.

We thank all of you for helping us as we developed new Terms of Reference, and deep bows to University of São Paulo College of Nursing at Ribeirão Preto WHO CC and Escuela de Enfermería Pontificia Universidad Católica de Chile WHO CC for new partnerships. Also we wish to acknowledge special gratitude to Dr. Silvia Cassiani who thoughtfully guided us through this process.



BEST PRACTICES IN COMMUNITY HEALTH NURSING

By Jody Lori, Program Coordinator, WHO CC, University of Michigan



▲ Community health nursing students from the Nursing Science of the Faculté des Sciences Infirmières de l'Université Episcopale d'Haïti in Léogâne and the University of Michigan during a facilitated video-conferencing discussion on the social determinants of health.

Using a virtual classroom, University of Michigan, School of Nursing (UMSON) and two international partners, the faculty of Nursing Science of the Faculté des Sciences Infirmières de l'Université Episcopale d'Haïti in Léogâne "FSIL" and Salokaya College of Nursing in New Delhi India, hold weekly 90 minute video-conferencing for students to exchange ideas and best practices in community health nursing. Facilitated discussions led by community health faculty include comparing and contrasting social determinants of health in each community/country and their causative factors. An electronic Community of Practice (eCoP) hosted on the Knowledge Gateway allows idea exchanges, sharing and archiving course information, and distribution of information. Open source health research guides and related materials are posted on the eCoP: an important mechanism for knowledge distribution and dissemination of best practices to low resource areas. The virtual course is a continuous part of the community health curriculum for all schools with videoconferencing and a course-wide blog for student contributions.

THE EHEALTH TECHNICAL ADVISORY GROUP

Dr Patricia Abbott was appointed by WHO to serve as a member of the newly forming eHealth Technical Advisory Group (TAG). Activities undertaken in the eHealth TAG include collaborating and advising WHO on issues regarding capacity building,

information, and knowledge sharing for health promotion, patient and caregiver education, and health promotion research using information and communication technology. Dr Abbott provides the nursing voice to the TAG and advocates for global nursing.

SPANISH CULTURAL COMPETENCY VIDEOS

UMSON recently expanded opportunities for UM students to improve cultural competency and foreign language skills by developing a series of open source Spanish-language patient-care videos entitled "Barrio" <http://open.umich.edu/education/nursing/impact-language-and-culture-healthcare-delivery/2015>. These eight videos depict clinical interactions between health care providers and Spanish-speaking patients. They are designed as both a Spanish language practice tool and as case studies for discussion of critical issues and cultural nuances that can arise in a clinical setting.

“ The virtual course is a continuous part of the community health curriculum for all schools. ”

EDUCATIONAL VIDEOS

By *Mary E. Lynch*, Clinical Professor, School of Nursing University of California, San Francisco



▲ *Mary Lynch with UCSF NP students in Roatan.*



▲ *Mary Lynch with nurses in Roatan and UCSF NP student.*

“ *The videos portray interactions between Roatan families and nurses at PHR that reflect their distinct culture and setting.* ”

Since January 2013, Mary Lynch RN, MS, MPH, PNP, has been leading teams of UCSF global health nursing students to contribute to an ongoing project to provide innovative, resource-efficient learning opportunities for nurses at the Public Hospital Roatán (PHR), in Honduras.

As the only public hospital in a region of islands off the coast of Honduras, PHR and its dedicated staff have limited resources to serve a vulnerable population, whose health issues are exacerbated by poverty and geographical isolation. Lynch and students carried out an assessment of PHR nursing needs, as well as asked them how UCSF could best provide support. The nurses suggested the creation of short educational videos, which would also help them better educate the families they work with.

The UCSF nursing team is partnering with the NGO Global Healing to create video clips that can be viewed on a phone. The videos portray interactions between Roatán families and nurses at PHR that reflect their distinct culture and setting. The initial videos aim at improving practice around medication administration and helping nurses recognize and triage children in respiratory distress.

The UCSF-PHR team will evaluate the efficacy of the videos, as well as document the actual changes in practice. “It’s a big leap from being intrigued by a video once to watching something enough for it to improve practice – and to making sure anything we do will be taken over by health care teams in the hospital; that’s our commitment”, says Lynch.



GLOBAL HEALTH INITIATIVES IN INDIA AND RWANDA

By *Linda McCreary* Clinical Assistant Professor, Director PAHO/WHO CC for International Nursing Development in Primary Health Care, University of Illinois at Chicago College of Nursing



Over the past year, our PAHO/WHOCC has been actively involved in many global health initiatives. Two of the most significant have been our collaborations for nursing and midwifery development in India and Rwanda. In 2006, UIC helped establish a 4-year baccalaureate program at Bel-Air Hospital/College of Nursing in Panchgani, India, graduating over 200 baccalaureate nurses prepared to provide comprehensive care to patients/families living with HIV.

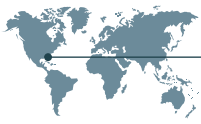
UIC and Bel-Air collaborated to develop India's first Master of Science in Medical-Surgical Nursing with Sub-Specialty in HIV/AIDS. We developed the curriculum, introduced innovative teaching methods and established collaborative faculty-student research to support the master's program, which began in Fall 2014. A 3-year grant from the U.S. India Educational Foundation supports exchanges of faculty and students to promote teaching, research and faculty development. We are working to promote acceptance of the nurse practitioner role in India and to develop curriculum for advanced practitioners who can increase access to healthcare for India's vast population.

Our College is part of the Rwanda Human Resources for Health

(Rwanda HRH) Program, a 7-year initiative to collaborate with Rwandan counterparts, upgrade health professions curricula and develop a modern healthcare system while addressing Rwanda's shortage of healthcare providers. Each year for the past 3 years we have employed 7-10 nursing/midwifery experts, clinicians/mentors, and educators representing selected specialties to collaborate with Rwandan counterparts to strengthen the healthcare infrastructure and workforce.

Rwanda is rapidly establishing bachelor's and master's degree programs to provide much-needed nursing and midwifery faculty, who will fulfill Rwanda's commitment to enhance the education of nurses. This aligns with this CC's Term of Reference that states 'to collaborate with WHO/PAHO in developing education mechanisms to develop nursing and other human resources'. To support development of nursing, we worked with University of Rwanda to develop an international conference highlighting global innovations in nursing, with presenters from Africa and the USA. Our goal is to work ourselves out of a job. At the end of 7 years, the Rwandan educators, infrastructure, and domestic funding should be prepared to sustain the upgraded health professions education and healthcare systems.

“ We are working to promote acceptance of the nurse practitioner role in India and to develop curriculum for advanced practitioners who can increase access to healthcare for India's vast population. ”



ONLINE DISTANCE EDUCATION

NEW COURSE PROMOTES LATIN AMERICAN AND CARIBBEAN NURSE LEADERSHIP

By *Johis Ortega, Maria Padron and Nilda Peragallo Montano*

The University of Miami School of Nursing and Health Studies WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety, in collaboration with the Pan American Health Organization (PAHO), and its partner Collaborating Centres at the University of the West Indies (UWI) School of Nursing and the Colombian Association of Schools and Colleges of Nursing (ACOFAEN), has unveiled a cutting edge knowledge development resource. “Empowering Nurse Leaders”, the first nursing leadership course featured on the PAHO Virtual Campus of Public Health¹, has enrolled its first cohort of students. To a workforce in a region challenged by a severe shortage of faculty and educational tools, particularly in the area of leadership development, the free-of-charge course, which will be offered in both English and Spanish, is a much-anticipated resource. Aspiring nurse leaders from a diverse array of Latin American and Caribbean nations will undertake leadership learning activities from their own computer stations in their home countries, and at their own pace. The course’s eight modules cover such topics as ethics, the nurse as advocate, and evidence-based research. A team from the University of Miami CC worked with its international partners from the UWI and the ACOFAEN CCs to ensure course content was tailored to the needs of the geographical regions it is intended to serve. This initiative aligns itself with the CC’s Term

“ ... a cutting edge knowledge development resource. ”

of Reference: ‘to develop and strengthen nursing education in the regions of the Americas’.

Dr. Johis Ortega, Deputy Director of the U Miami CC explains “Not every school or health care institution has the resources to send its students and personnel outside their own country for leadership training, but almost every organization today has Internet connectivity. This course provides an overview of leadership and management principles in a no-cost e-format to the future nurse leaders of the PAHO region.”

¹ The PAHO Virtual Public Health Campus is a virtual community that serves as a platform for communication exchange and provides a library of distance education tools designed to strengthen health care policy and practice in the Latin America and the Caribbean.



▲ A team at the University of Miami WHO CC designed the content of the PAHO Virtual Campus Nursing Leadership Course.



SUPPORTING MIDWIVES

By **Dr Lorena Binfa**, Director School of Midwifery and Director WHO Collaborating Centre for Development of Midwifery, University of Chile

The WHO CC for Development of Midwifery works with WHO/PAHO in developing training programs and education in Midwifery in the region (aligned with the terms of reference for this CC). This is performed through various collaborations with different Latin American countries; Bolivia (Midwifery Diploma to train midwifery lecturers) and Paraguay (Curriculum review and regulation). The CC also has established various exchange programs for students and teachers and offers different training courses in Obstetrics emergencies, Contraception, Competence Based Education (CBE) and research methods.

We contribute to the work of WHO in the development of midwifery research in the region. A collaborative research network has been established, coordinated by Dr. Lorena Binfa, and Dr. Jennifer Foster at Emory University, Atlanta, USA. One of these collaborations is a Multisite Research Project which aimed to assess the Midwifery Services and maternal wellbeing during labor. This involves countries: Argentina, Peru, Uruguay, Brazil, Chile and Dominican Republic. Further collaboration has been planned with the Latin American Center for Perinatology (CLAP).

One of the CC goals is to develop communities of practice (COPs), and currently we manage four COPs; safe motherhood,

sexual and reproductive care, breastfeeding and one specific for research and publication in Spanish. We also provide technical support to spread WHO/PAHO information, guidelines, statements and tools at the regional level, and promote virtual discussions and webinars in collaboration with the Global Alliance for Nursing and Midwifery (GANM).

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▲ Midwifery staff Collaborating Center for Strengthening Midwifery in the Americas and Caribbean countries, University of Chile.



NURSING RESEARCH PRIORITIES WORKSHOP

By *Fatima Jamali*, WHO CC Director, University of Bahrain



▲ The opening panel for the workshop.



▲ Fatima Jamali, Head, Nursing Department, giving the opening speech.

“ Participants represented a broad range of nursing fields including practice, policy, research, and education from both the public and private sector. ”

A workshop organized by the WHO Collaborating Centre for Nursing Development at the College of Health Sciences at the University of Bahrain in collaboration with the WHO Eastern Mediterranean regional office brought together 40 nursing leaders to determine nursing research priorities (9-10 Feb, 2015). The meeting also aimed to discuss the establishment of a national nursing research network. Participants represented a broad range of nursing fields including practice, policy, research, and education from both the public and private sector. The World Health Organization was represented by Dr Fariba Al-Darazi, Coordinator, Health Workforce Development and A Regional Adviser for Nursing, Midwifery, and Allied Health Personnel, WHO, Eastern Mediterranean Regional Office and Mrs Mwansa Nkowane, Technical Officer, Nursing and Midwifery at the Health Workforce Department, WHO /Headquarters.

The Dean of the College of Health Sciences, University of Bahrain, Dr Aneesa Al-Sindi delivered the keynote address. During the two days' workshop, extensive discussions took place around issues of research and networking. Participants identified the following key thematic areas for nursing research:

1. Nursing practice
2. Nursing education
3. Regulation
4. Nursing workforce (Planning, management, information

system etc)

5. Nursing services

Through extensive group discussions, key research issues were outlined in each of these thematic areas. In order to relate to Bahrain health care and nursing contexts, several background documents were used including, the Bahrain National Research Strategy, the GCC Nursing Strategic Directions (governance, education, human resources, research and services development) and World Health organization Eastern Mediterranean Regional Nursing Strategic Directions. The main issues identified are keys to the generation of research questions as the work advances.

The participants to the meeting also agreed to establish the national research network and to be hosted by the WHO Collaborating Centre for Nursing Development at the College of Health Sciences at the University of Bahrain. One key recommendation from the meeting was the establishment of a small task force to prepare the proposal for the establishment of the Bahrain Nursing Research Network. Mrs. Fatima Jamali, Director of the Bahrain Collaborating Centre for Nursing and Midwifery Development will oversee this and subsequent activities. The work will be closely followed up by the WHO Regional Office for Eastern Mediterranean. It is anticipated that by middle of next year, the network would be fully functional.



WHO EUROPE CC PLANNING MEETING: SUMMARY

By Dr Kay Currie; Dr Yvonne Robb and Ms Sarah Jane Renton

The WHO Collaborating Centre (CC) team at Glasgow Caledonian University has recently expanded, with Dr Yvonne Robb and Ms Sarah Renton joining the current Centre Director, Dr Kay Currie. As the recently designated Secretariat for the European region, we were delighted to host the first meeting of the five current and probationary CCs from the European Region on 26th January, 2015.

Dr Perfilieva, Programme Manager for the WHO European Regional Office Human Resources for Health (HRH) programme presented the current WHO European HRH priorities. Key areas identified were provision of support to member states in the South East of the Region in relation to transforming nursing and midwifery education to strengthen professional contribution towards the European WHO Health 2020 Strategy. Further

discussion of the role of the CCs in supporting member states to move forward in line with current WHO strategic directions ensued. Dr Perfilieva welcomed the information CCs shared on their areas of expertise, providing a ready source of information.

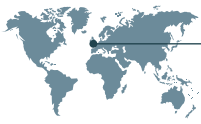
The forthcoming meeting of Governmental Chief Nursing Officers and the European Forum of Nursing & Midwifery Associations, to be held in Riga, Latvia, 8-9th April, 2015 was also discussed. The focus will be to discuss integrated, co-ordinated, patient-centred care and the roles of nursing and midwifery in relation to this.

Finally, a discussion of plans for the GNWHOCCs conference in July 2016 at Glasgow Caledonian University; more information in next Links edition!

“... transforming nursing and midwifery education.”



▲ L-R: Sarah Renton, Yvonne Robb, Kay Currie.



NEW EURO COLLABORATING CENTRE FOR MIDWIFERY AT CARDIFF UNIVERSITY UK

By **Billie Hunter**, RCM Professor of Midwifery, School of Healthcare Sciences, Cardiff University

“
... a sustainable, competent and motivated nursing and midwifery
workforce is needed.”

In August 2014, Cardiff University in Wales UK began a 2 year probationary period as a WHO CC for Midwifery in Europe. The WHO CC is led by Professor Billie Hunter, Royal College of Midwives Professor of Midwifery working with midwifery lecturer Lynn Lynch MBE, and supported by colleagues from the School of Healthcare Sciences, along with representatives from the UK Royal College of Midwives and European Midwives Association.

Our specific workplan activities are to be finalised, but will reflect WHO European Region policies aimed at strengthening nursing and midwifery in Europe in order to meet the aims of Health 2020. The goal of Health 2020 is to improve the health and wellbeing of populations across the 53 member states of the WHO European Region, where wide variations exist in patterns of health and disease. For example, in 2012 the infant mortality rate in the poorest countries in the Region was nine times higher than in the richest countries. In order to achieve the goals of Health 2020, a sustainable, competent and motivated nursing and midwifery workforce is needed to provide safe, evidence-based and patient centred care. The WHO CC for Midwifery in Europe will contribute to the WHO Europe priority areas of action for nursing and midwifery which include ‘scaling up and transforming education’ and ‘ensuring evidence based practice and innovation’. We will offer specific expertise in midwifery curriculum development and delivery, and in promoting evidence-based maternal and infant health practices. Our specialisms include: promoting woman and family-centred care; supporting normal birth and midwife-led care; supporting breastfeeding; public health.



▲ Colleagues from the WHO CC for Midwifery in Europe based at Cardiff University.



▲ Professor Billie Hunter, Lead for the WHO CC for Midwifery in Europe (Probationary) at the Global Network Event in Coimbra Portugal, July 2014.



COLLABORATIVE MENTAL HEALTH CAPACITY BUILDING AND EDUCATION

FOR AUSTRALIAN AND NEW ZEALAND INDIGENOUS PEOPLES AND PACIFIC ISLAND NATIONS

By *Caryn West*, Senior Lecturer, Director WHO CC, College of Healthcare Sciences, Division of Tropical Health and Medicine, James Cook University



▲ L-R - Dr Karen Yates deputy director, Dr Caryn West Director, Professor Lee Stewart Director.

WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity Building, Nursing, Midwifery & Nutrition, College of Health Science, James Cook University is proud to continue our commitment to mental health capacity building across the Pacific. The 6th Creating Futures Conference 2015: Practice, Evidence and Creativity in Tropical and Remote Settings focuses on Indigenous people from Australia, New Zealand and neighbouring Pacific Island Nations living with and recovering from mental or physical illness in remote settings.

In collaboration with a number of health partners the Creating Futures Conference will be coupled with a Leadership in Mental Health: Island Nations Course. The course aims to equip participants with the methods to develop effective interventions for people with mental disorders, and approaches to supporting mental health and wellbeing in low resource settings, and to enhance leadership skills needed to scale up health care

programs and promote the human rights of people affected by mental disorders. This course builds capacity to meet the goals for the Movement for Global Mental Health.

A number of participants from the WHO CC mental health up-skilling funded by an AusAID Australian Award Fellowship have been invited to attend the conference and workshop. The 4-week mental health capacity building course included education on attitudes, knowledge and skills required for effective client-centred mental health care and was tailored to meet the needs of the participants, who were all from Pacific Island Nations. To ensure the course content was relevant the evaluation asked if the Fellows had improved in areas of mental health knowledge, skills and attitudes. The results of this evaluation will be presented at the Creating Futures Conference 2015.

“ The course aims to ...
promote the human rights of people affected
by mental disorders. ”

IN-COUNTRY CAPACITY BUILDING ON PATIENT SAFETY

By Professor Jenniffer T. Paguio



The WHO Collaborating Centre for Leadership in Nursing Development at the UP College of Nursing conducted the first workshop on the integration of the WHO Multi-Professional Patient Safety Curriculum in the Bachelor of Science in Nursing curriculum on January 12-14, 2015 at the UPCN Sotejo Hall Seminar Room. This in-country activity of the Centre was geared towards capacity-building of nursing schools in the country by integrating patient safety concepts in the nursing curriculum. There were 26 participants from 17 nursing schools nationwide. Among the participants were deans and academic chairs of curriculum.

The 3-day activity included a thorough discussion of the 11 topics of the patient safety curriculum, its application in the context of outcome-based education framework and the 2012 National Nursing Core Competency Standards (NNCCS) of the country. A consensus on the placement of the topics within the curriculum was achieved and identification of setting-appropriate and learner level-appropriate teaching and learning strategies were discussed. The workshop concluded with an action planning activity on how to carry out the integration in their individual institutions.



“ *This in-country activity of the Centre was geared towards capacity-building of nursing schools in the country by integrating patient safety concepts in the nursing curriculum.* ”



The Nursing Core Group on Patient Safety in the Academe was established on the third day. This core group aims to provide support to academic institutions in integrating patient safety concepts in the curriculum, serve as secretariat and as resource for Patient Safety promotion activities, act as an avenue for sharing updates and linkage building, and represent the nursing academe in the Philippine Alliance for Patient Safety.

CAMBODIA NURSE BRIDGING PROGRAM

By *Professor Luz Barbara P. Dones*

The Cambodia Nurse Bridging Program (CNBP) successfully concludes during a recognition ceremony held on 28 January 2015 at the University of Health Sciences - Technical School for Medical Care (UHS-TSMC), Phnom Penh, Cambodia. The first batch of CNBP is composed of 29 members of the faculty of nursing of UHS-TSMC and the regional training hospitals from the four Cambodian provinces of Battambang, Kampot, Kampong Chan, and Steung Tren.

The CNBP is a two-year collaborative project of the World Health Organization, the UHS-TSMC in Phnom Penh, Cambodia and the WHO Collaborating Centre at the College of Nursing, University of the Philippines, Manila, that provided technical support for the upgrading of the Associate Degree in Nursing (ADN) to a Bachelor of Science in Nursing (BSN) degree. It is supported by funds from the Australian government.

The program was formally launched in February 2013 after a feasibility study conducted by then Dean and Head of WHO CC, Prof. Dr. Araceli Balabagno and A/Prof. Luz Barbara P. Dones in October 2011. The curriculum was developed and approved by a committee created by the Cambodian Ministry of Health and UHS-TSMC with support from the World Health Organization. Its curricular content is supported to bridge the gap between the competencies of an ADN graduate and what are expected of a BSN degree graduate.

During the program, the 29 Cambodian participants have completed 16 months of classroom and clinical experiences to develop the competencies for the three roles – provider of care, manager-leader and beginning researcher. The participants were exposed to different clinical settings and cared for clients with varying health statuses using interventions with different level of complexities.

8TH APEDNN MEETING HELD IN WUHAN, CHINA

By *Professor Josefina A. Tuazon and Mr. Peter James B. Abad*

The 8th Asia-Pacific and Emergency Disaster Nursing Network (APEDNN) meeting was held in Wuhan, China on 25 - 27 November 2014 with the theme “Building Workforce for Post-disaster Response”. The meeting was attended by 120 participants from 20 countries in the Asia-Pacific Region. This year’s meeting was jointly organized by HOPE School of Nursing, Wuhan University, China, World Health Organization SEARO and WPRO, and University of the Philippines Manila College of Nursing (UPM-CN) as APEDNN Secretariat. The UPM-CN is a WHO Collaborating Center for Leadership in Nursing Development, since 1989. The first APEDNN Secretariat was James Cook University.

The objectives of the 8th meeting were to:

1. Promote best practices and standards for effective and quality health services in post-disaster situations
2. Define the role of the Network in enhancing the competencies of the workforce for post-disaster response
3. Define national and regional operational mechanisms of the Network to contribute in enhancing workforce competencies of national and international surge teams in emergency response.

A key outcome of the meeting was the mapping of the role of the Network in enhancing the competencies of the workforce in disaster risk management and promoting regional coordination mechanisms, to include formalizing linkages of APEDNN at national

and regional level. Experts provided updates and lessons learned from recent disasters such as Typhoon Haiyan in the Philippines on international standards and guidelines for sudden-onset disaster response and surge teams. Focus was also given to essential intrapartum and neonatal care in times of disaster, and the need for systematic mental and psychosocial support.

The Network was formed in 2007 as a key outcome of the Joint Informal Meeting of Health Emergency Partners and Nursing Stakeholders, convened in Bangkok, Thailand by the World Health Organization (WHO) Regional Office for the Western Pacific and South-East Asia Regions in collaboration with the International Organization for Migration (IOM). The Network aim is to build capacities of nurses and midwives to fully contribute to coordinated and effective prevention, preparedness and response efforts; improved service delivery; and building of community resilience during emergencies and disasters.

At present, the Network has 240 members from over 40 countries in the Asia-Pacific Region. Members and partners include academic institutions and WHOCCs, ministries of health, nursing and midwifery national associations, and humanitarian organizations like Red Cross Societies. Network members meet yearly to address pressing issues and concerns on disaster preparedness, response, rehabilitation, and building capacities and resilience in individuals and communities. Previous meetings were held in Bangkok (2007 and 2013), Jinan, China (2008), Cairns, Australia (2009), Auckland, New Zealand (2010) and Kuala Lumpur, Malaysia (2012). The 2015 meeting is scheduled on 23-25 September 2015 in Manila, Philippines.

VISIT BY WHO REPRESENTATIVE AND COLLABORATIVE PARTNERS

By **Prof. Alex Molasiotis**, Director of WHO CC for Community Health Services, Chair Professor and Head of School, The Hong Kong Polytechnic University, School of Nursing and **Dr Regina Lee**, Deputy Director of WHO CC for Community Health Services, Associate Professor, The Hong Kong Polytechnic University, School of Nursing, Hong Kong Polytechnic University



▲ From left: Dr Regina Lee, Dr Howard Sobel, Dr Hye-A Yeom, and Dr Erin Maughan.

Dr Howard Sobel, Regional Coordinator, Reproductive, Maternal, Newborn, Child and Adolescent Health, Director, Building Healthy Communities & Populations of the WHO Regional Office for the Western Pacific, Dr Erin Maughan, Director of

Research, RWJF (Robert Wood Johnson Foundation), Executive Nurse Fellow National Association of School Nurses, the US, and Dr Hye-A Yeom, Professor of College of Nursing, The Catholic University of Korea visited WHO CC for Community Health Services on 24 October to learn more about the development of the Centre and explore potential collaboration opportunities.

THE 2ND BIENNIAL REGIONAL SCHOOL HEALTH CONGRESS, MACAO

The Centre co-organised The 2nd Biennial Regional School Health Congress 2014 with Association of Macau Nurses on 24 to 26 October in Macau. Themed “A Continuum of Child Care from Hospital to the Community”, the congress aimed to raise the awareness of the public and the policy makers on the health care needs of children and adolescents, and to provide suggestions for enhancing child and adolescent health. Over 200 local and international scholars, health care professionals, academics, students, and school teachers joined the congress.

Prof. Alex Molasiotis, Director of WHO CC for Community Health Services, attended the congress and delivered a welcoming speech during the opening ceremony. Dr Regina Lee, Deputy Director of WHO CC for Community Health Services, talked about the role of school nurses in a symposium.

LARGE-SCALE STUDIES

The Centre also collaborates with other WHO CCs and institutes in the region to conduct large-scale studies with enhanced access to healthcare services and better health outcomes of the populations through integrated health services in their communities.

FIRST REGIONAL FORUM OF WHO COLLABORATING CENTRES IN THE WESTERN PACIFIC

Prof. Alex Molasiotis and Dr Regina Lee, Director and Deputy Director of WHO CC for Community Health Services attended the First Regional Forum of WHO Collaborating Centres in the Western Pacific on 13 and 14 November in Manila, the Philippines. The forum offered a valuable opportunity for collective deliberation to achieve more effective and accountable partnerships. It also served as a platform for WHO CCs of different subjects to explore new ways of working together and strengthening the strategic nature of the partnerships between WHO and its collaborating centres.

“... effective and accountable partnerships.”



HEALTH AMBASSADOR SCHEME AWARD CEREMONY

The Centre launched the Health Ambassador Scheme Award (HAS) to recognise the commitment of primary schools to addressing the health needs of students. An award ceremony was held on 24 October at the PolyU campus with over 100 primary school students, teachers and principals attended the event. Dr Howard Sobel, Regional Coordinator, Reproductive, Maternal, Newborn, Child and Adolescent Health, Director, Building Healthy Communities & Populations of the WHO Regional Office for the Western Pacific was the guest of honour to present the prizes to the awarding schools. Two participating schools performed taekwondo to all guests and students. The Health Ambassador Scheme aims to cultivate the social responsibility of nursing students through community service learning projects. It is funded by the Hang Seng Bank Best Sustainable Service Project Award 2013/14.



▲ Honourable guests and primary school students attend the Health Ambassador Scheme Award Ceremony.



▲ Dr Howard Sobel presents the prize to the representative from the awarding school.



▲ Keynote speech by Dr Howard Sobel (left); Dr Regina Lee (second from right) and Dr Daniel Chiu (right) are the moderators.



▲ Welcoming speech by Prof. Alex Molasiotis.



▲ Opening ceremony held on 25 October.



▲ From left: Prof. Alex Molasiotis, Dr Young-soo Shin, Regional Director of WHO Regional Office for Western Pacific, and Dr Regina Lee.

DISASTER NURSING

The Research Institute of Nursing Care for People and Community (RINPC), University of Hyogo, aims to support people around the world to live a healthy life by promoting the development of disaster nursing. To promote the development of disaster nursing, it needs to promote accumulation of knowledge and sharing of experience in disaster nursing. A global academic network is one of the ways that researchers around the world share their knowledge and experience. One such world-level network is the World Society of Disaster Nursing (WSDN). The RINPC, whose executive director previously served as chairperson of the WSDN, endeavours to maintain this academic network as a priority.

On June 21 and 22, 2014, the 3rd International Conference of WSDN was hosted by the Chinese Nursing Association in Beijing. The RINPC helped to organize the conference to enable participants to gain knowledge and share their experience in disaster nursing. This academic conference, which was attended

by researchers from 25 countries, included active discussions and building of networks. Furthermore, the results of our research projects were presented at the conference, thus contributing to building knowledge on disaster nursing. This aligns with the CC's Terms of Reference: 'promote nursing and health research on disaster reduction, preparedness, mitigation, response and recovery from disasters and similar life threatening events', and to 'carry out a leading role in the continued development and sustainability of effective national, regional and global networks and systems for nursing and other health professionals' involved in health emergency management'.

The RINPC will continue to contribute to people's health through the development of disaster nursing by sharing of knowledge and experience and expanding various networks for disaster nursing.

WHO Collaborating Centre for Nursing Development in Primary Health Care
St. Luke's College of Nursing, Japan

Tokyo, Japan



AGEING ISSUES – ACTIVE AGEING AS AN ASPECT OF PEOPLE-CENTRED CARE



▲ Playing a Japanese card game among school-age children, college students, the elderly, and middle-age faculty.

By *Yoko Shimpuku*, Assistant Professor, St. Luke's College of Nursing, Tokyo, Japan
and *Naoko Arimori, Junko Tashiro, Tomoko Kamei and Keiko Takahashi*

Currently Japan is facing the issue of a 'super-ageing society', and this challenge will be shared in

the global community in the near future. In Japan, the proportion of adults aged 65 and over are rising dramatically (25.1%), and households with single elderly people or couples have also increased (Ministry of Health, Labor and Welfare, 2014).

WHO (2002) promotes 'active ageing', which is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Along with this concept, our WHO CC has an intergenerational day program, St.

Luke's Nagomi-no kai, aiming at promoting older adults' physical and mental health and intergenerational exchanges between the older adults and children of school age. The sessions include cooking snacks, intergenerational calligraphy, walking around the districts, intergenerational game activities, hand massage, movies, reminiscence groups, and seasonal events.

In 2014, fifteen female older adults [mean age 83.2 years (range 72-92)] and six school age children [mean age 11] registered for the program; twelve elders were continuing participants, and there were two newly registered elders. Our intergenerational day program showed high satisfaction among both generations; the mean VAS (visual analogue scale; 0-not at all to 10-very much satisfied) scores of program satisfaction were 9.3 point among older adults and 7.6 point among children. This indicates that the program provides mutual benefits and solidarity. The program is considered to decrease isolation among the older adults, provide positive mental health effects, and enhance children's positive perceptions toward the elderly.



PARTNERS & EVENTS

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR HEALTH COMMUNICATIONS

Objectives

- To provide...
- To bring together...
- To work...



UPCOMING CONFERENCES 2015

SIXTY-EIGHTH WORLD HEALTH ASSEMBLY	LOCATION	WEBSITE
68th WHA <i>18th-26th May 2015</i>	Geneva, Switzerland	http://www.who.int/mediacentre/events/governance/wha/en/
ICN	LOCATION	WEBSITE
ICN Conference <i>19th-23rd June, 2015</i> and WHO consultation Global HRH Strategy & SDNM 2016 - 2020 <i>17th June 2015</i>	Seoul, Republic of Korea	http://www.icn2015.ch/en/
ICM	LOCATION	WEBSITE
ICM 5th Regional Conference of the Americas <i>15th-17th July, 2015</i>	Paramaribo, Suriname	http://www.regconference2015.org/
ICM Asia Pacific Regional Conference 2015 <i>20th-22nd July, 2015</i>	Yokohama, Japan	http://www.icmaprc2015.org/en/index.html
STTI	LOCATION	WEBSITE
STTI 43rd Biennial Convention <i>7th - 11th November, 2015</i>	Las Vegas, USA	http://convention.nursingsociety.org/
STTI 26th International Nursing Research Congress <i>23rd-27th July, 2015</i>	San Juan, Puerto Rico	http://congress.nursingsociety.org/

A VISION AND VOICE FOR THE FUTURE OF NURSING AND MIDWIFERY

Hester C. Klopper, PhD, MBA, RN, RM, FANSA

President, Sigma Theta Tau International

Chief Executive Officer, Forum of University Deans of South Africa

Professor, University of the Western Cape and North West University (Potchefstroom)

Martha Hill, PhD, RN, FAAN

Chair, Global Advisory Panel on the Future of Nursing (GAPFON)

Dean Emerita and Professor of Nursing, Medicine, and Public Health

Johns Hopkins University, USA

*The Honor Society of Nursing, Sigma Theta Tau International (STTI) announced the establishment of the **Global Advisory Panel on the Future of Nursing (GAPFON)** in November 2013 to establish a voice and vision for the future of nursing and midwifery that will advance global health. GAPFON will focus on how nursing and midwifery contributes to strengthening health systems to improve health outcomes and to make a sustainable contribution. GAPFON is designed to be a catalyst to encourage partnerships and collaborations, and is a means for thought leaders to share information, develop and influence policy, and advance interprofessional efforts and attaining global health goals through the exchange of ideas and experiences across the different regions of the world.*

In 2000, UN leaders signed the Millennium Declaration, providing a framework for both ambitious and inspirational Millennium Development Goals (MDGs). This resulted in a rethink of how health professionals across disciplines need to direct, define and advance public health. An important aspect of consideration was the role of health practitioners *within* public health – an important matter for nursing and midwifery. Health promotion policies and processes have been established, diseases have been eradicated, access to care has been facilitated, and a notion of “shared responsibility” for the world’s health has been realized, as result of alignment to the MDGs. Nursing and midwifery has played a key role in the innovation and cohesion required to establish, sustain and implement this model of global health (Klopper & Hill, 2015).

In 2015, UN leaders will meet again and finalize the Sustainable Development Goals (SDGs). Following recent thinking around the post-2015 development agenda focuses on the goals and targets of a set of goals for the period 2010–2030. The question asked at the moment is if the MDGs should be replaced, or to be used as a basis to expand goals for the next fifteen years. What an ideal time for nursing and midwifery to partake in these

deliberations, highlighting the critical roles we play as the largest group of health professionals around the world and influencing policy globally ... globalization, in all its facets – economic, technological, and cultural - has “created a world market for the nursing workforce” (Shaffer, 2014). The UN will have to undertake four major tasks: (a) convene national reviews and debates; (b) promote participatory consultations; (c) aggregate outcomes; and (d) serve as gatekeeper. The redesign of the global agenda will require discussions on the following points: (i) time horizon; (ii) structure; (iii) new targets; (iv) interim targets; (v) ambition; (vi) benchmarking; (vii) inequalities; (viii) cross-cutting issues and (ix) global custodian (Vandemoortele, 2015). GAPFON recognizes all the possibilities for nursing and midwifery to have an inclusive voice worldwide, to overcome barriers and help create a new narrative for nursing and midwifery and a model for global health.

The composition of the fourteen member panel was purposive in nature to ensure that the voices at the table represented individual expertise and experience from diverse backgrounds. To view the prominent leaders that serve as members of the panel see www.gapfon.org. The inaugural meeting took place 26-29

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A VISION AND VOICE FOR THE FUTURE OF NURSING AND MIDWIFERY

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March 2014 at the Hotel Kurhaus Kreuz in Mariastein, Switzerland. Key issues identified at this inaugural meeting included the need for reform, advocacy, and innovations in leadership, policy, practice, education, and work environments. While the specific context through which these efforts will be addressed is nursing and midwifery, recognition of the interprofessional and collaborative nature of the world's health care systems was kept at the forefront of all discussions (Klopper & Hill, 2015). A follow up meeting was held in Puerto Rico in December 2014, to develop an action plan for the way forward. In 2015 and 2016, GAPFON will meet in the seven global regions of the world. At the regional meetings, thought and action leaders from a variety of disciplines, including ministers of health, representatives from key nursing and midwifery associations, educational institutions, economists, regulatory bodies, other health professionals/health industries, pharmaceutical companies, and other governmental/political leaders that are influential in global health, will be invited to participate. In order to allow for nurse leaders to follow the developments, limited space will be available for observers to register and attend the regional meetings, as well. With the support of Pfizer, our Founding Sponsor, and Johns Hopkins School of Nursing, GAPFON is planning the following regional meetings:

Middle East (2015/2016)

Asia/Oceania (June 2015)

The Caribbean (July 2015)

Central-Latin America (July 2015)

Africa (July 2016)

Europe (2016)

North America (2016)

Regional reports and comprehensive documents addressing GAPFON findings, as well as press releases will be made widely available and can be found on www.gapfon.org. All additional information and details on the regional meetings will also be available on the website. Following each of the regional meetings a strategic action plan with measurable outcomes will be developed for each of the recommendations. Various organizations and groups with missions that relate to these recommendations will be asked to form expert panels to create the action plans with outcomes to measure impact.

What are the intended outcomes of GAPFON? Success ultimately for GAPFON will be to act as the unifying voice and vision for nursing and midwifery on how nurses influence health systems around the globe and the contribution that is made to improving health outcomes and ensuring equity in access to health care. The findings and recommendations from regional meetings will be made available to leaders, managers, educators and practitioners for point-of-care implementation and will be a huge part of the success picture. As that implementation occurs, Sigma Theta Tau International will monitor regional and global data regarding communicable diseases, NCD's, population-based health and wellness, enactment of legislation and regulations that promote the nursing and midwifery professions, and improvement in occupational and environmental health-delivery setting. As GAPFON moves forward, we welcome stakeholders from around the world – individuals, organizations, and sponsors - to engage in implementation of the strategic actions as they are identified through the upcoming regional meetings. Working together globally, we can make a difference, changing the world from policy to point of care (Klopper & Hill, 2015).

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WORLD'S NURSES WILL GATHER

AT ICN CONFERENCE 2015 IN SEOUL, REPUBLIC OF KOREA

By *Lindsey Williamson*, Communications Officer, International Council of Nurses

The world's largest international nursing event will welcome thousands of nurses from around the world to explore the importance of cross-cultural understanding and global cooperation. The International Council of Nurses (ICN) Conference will take place 19-23 June 2015 in Seoul, Republic of Korea. At the conference, nurses, health professionals and members of the public will build relationships and disseminate nursing knowledge and leadership across specialties, cultures and countries.

Dr Margaret Chan, Director General of the World Health Organization, will be present at the opening ceremony of the Conference on 19 June to show the WHO's support of the critical work that nurses do. Two other WHO representatives, Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia, and Dr James Campbell, Executive Director of the Global Health Workforce Alliance and Director of the WHO Health Workforce Department, will present plenary sessions on Nurses' role in the post-MDG agenda and Unifying nurses to improve migration, socio-economic status and working conditions respectively.

Universal Health Coverage: can the world afford it?

will be debated by four internationally-known experts: Dr Sheila Tlou, Director of the UNAIDS Regional Support Team for Eastern and Southern Africa; Dr James Campbell; Dr Tim Evans, Senior Director for the Health, Nutrition and Population Global Practice at the World Bank Group; and Dr Akiko Maeda, Section Manager of Health, Nutrition & Population, Human Development Network at the World Bank.

And Dr Heimar de Fatima Marin, a Professor and Director of the Graduate Programme in Health Informatics at the Federal University of São Paulo, Brazil, will deliver the ***Virginia Henderson Memorial Lecture***.

Main sessions will provide the latest research and information on mental health, nursing education, eHealth, human resources, infectious diseases and counterfeit medicines. Concurrent sessions, symposia and posters will allow nurses and other healthcare professionals to share their ideas, research and expertise.

For more information and to register, go to
www.icn2015.com

NURSES IN SOUTH-EAST AFRICA AND THE BAHAMAS DEVELOP LEADERSHIP SKILLS

By *Lindsey Williamson*, Communications Officer, International Council of Nurses

Fifteen nurses from the Bahamas and 24 from six countries in south-eastern Africa are taking part in workshops to develop their leadership and negotiation skills in order to become a stronger voice for nurses in their respective countries. Adopted and implemented by more than 35 national nursing associations worldwide, the ICN Leadership in Negotiation (LIN) project seeks to equip nurses with skills to help achieve safer working environments and fair levels of remuneration as valued members of the society. Nurses in many countries have utilised skills developed through the ICN LIN project to influence nursing and health legislation. They have achieved occupational health and safety legislation; better pay and working conditions; elimination of occupational health hazards; and development of public education.

“The ICN LIN project develops nurses’ negotiation, communication, management and marketing skills”, said Lesley Bell, ICN Nurse Consultant. “LIN supports their efforts to achieve better pay and working conditions, a safer work environment and greater patient safety, and to influence health and nursing legislation”.

The ICN LIN project in the Bahamas consists of four five-day skills training workshops to be conducted over a 12-month period. It supports Bahamian nurses in their efforts to exercise leadership in the delivery of healthcare and within the nursing profession; provides knowledge and experience in the area of negotiation; and empowers nurses to be at the forefront in developing national policies and initiatives. When the participants return to their workplaces, they implement a project related to either a professional issue or the growth and development of their national nurses association.

In January, the nurse leaders participating in the ICN LIN project met with the Minister of Health to raise issues regarding proposed legislation for national health insurance. They stressed the need to include nurses in the planning and not simply at the implementation stage. They also discussed the delay in updating the Nursing Act and urged the government to move this agenda forward. The nurse leaders also met with representatives of the Pan American Health Organization (PAHO) to discuss areas of

collaboration and to identify how PAHO could support some nursing initiatives.

The five-day workshop, hosted by the Swaziland Nursing Association in late April, is the second in the three-year LIN project which is sponsored by ICN in conjunction with the Swedish Association of Health Professionals (Vårdförbundet) and the International Trade Union Development Cooperation (LO-TCO), with funding from the Swedish International Development Agency.

Participating were four nurses from each of ICN’s member national nursing associations in Ethiopia, Lesotho, Malawi, Swaziland, Uganda and Zambia. Following the 2014 workshop in Zambia, participants returned to their workplaces and initiated a project designed to strengthen their NNA and/or increase its membership. The 2015 workshop included follow-up to determine if these projects should be continued or new ones implemented.

With donor support, the ICN LIN project has reached nurses in Africa, Latin America, Asia, the Middle East, and the Caribbean. Nurses have utilised skills developed through the ICN LIN project to influence nursing and health legislation. They have achieved occupational health and safety legislation; better pay and working conditions; elimination of occupational health hazards; and development of public education.

International Council of Nurses



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