



# LINKS

NURSING & MIDWIFERY



VOLUME 16

Official Publication of  
The Global Network of World Health Organization  
Collaborating Centres For Nursing and Midwifery



**UTS**

UNIVERSITY  
OF TECHNOLOGY  
SYDNEY



Bangladesh - Diphtheria Prevention at Rohingya Refugees Camps - 2017

First round of a vaccination campaign at Kutupalong Camp, which hosts around 800,000 Rohingya displaced people. Children from 6 weeks to 15 years were vaccinated for diphtheria, tetanus, and polio during the campaign, in this camp of Cox's Bazar, Bangladesh.

Photo by © WHO / Ashaluck Bhatiasevi

# Contents



Promoting Mental Health Among Junior High School Students in Lobatse 26



43 Plan your events



18 Primary Health Care by Novice Nurses

Strengthening Nurse Education through Community Partnership 28

“Thank you... nurses of the globe, the time is NOW to champion policy, world-class education & research and fair jobs for all to strengthen health systems to achieve Universal Health Coverage and the SDGs”

- Dr Amelia Latu  
Afuhaamango Tuipulotu,  
WHO Chief Nursing Officer



<b>EDITORIAL</b> .....	4	<b>AFRO</b> - Innovation in Health Studies through Accessibility and Inclusiveness .....	22
<b>MEET THE SECRETARIAT</b> .....	5	<b>AFRO</b> - A Case Study for Promoting Mental Health among Junior High School Students in Lobatse .....	26
<b>COMMENTARY ARTICLES</b>		<b>WPRO</b> - Integrating a Primary Health Care Approach into Nursing Curriculum .....	30
GNWHOCNM 2022-2026 .....	6	<b>WPRO</b> - EMR Standardization for Hospice and Palliative Care .....	32
44 WHO Collaborating Centres for Nursing and Midwifery .....	7	<b>WPRO</b> - Assessment Scale and Educational Materials for People-Centered Care in the Community .....	34
Ai Tanimizu WHO Regional Nurse Advisor SEARO .....	8	<b>AMRO</b> - Hosting a Virtual Exchange on Nursing and Midwifery Response to the Planetary Crisis for Students on Five Continents .....	38
Midwifery Network at ICM Congress, Bali .....	11	<b>AMRO</b> - National Academy of Medicine Discussion Papers on Misinformation .....	39
ICN Montreal .....	12	<b>AMRO</b> - Maternity Waiting Homes .....	40
Mahidol University Delegation of Nursing Academics visits UTS .....	13		
<b>REGIONAL UPDATES</b>			
<b>SEARO</b> - Length and Breadth of Primary Health Care by Novice Nurses .....	18		
<b>SEARO</b> - Strengthening palliative care nursing in Thailand .....	20		

<b>USEFUL RESOURCES</b>	
WHO Strategic Directions for Nursing and Midwifery .....	14
Global Network of WHO Collaborating Centres for Nursing and Midwifery .....	16
Useful Reports and Documents .....	42
Nursing and Midwifery Global Community of Practice .....	44
<b>PARTNER UPDATES AND EVENTS</b>	
Partner Updates;	
PANMCC .....	36
AFRE Health .....	45
Jhpiego .....	46
Sigma .....	49
Global Research Nurses & Global Health Network .....	50

Welcome to the latest issue of LINKS Magazine. We hope you find it interesting and informative and we thank you for your contributions and ongoing interest.

As the Dean and Director of WHO CC for Nursing and Midwifery Development, Faculty of Nursing (FoN), Mahidol University, Bangkok, Thailand, I would like to congratulate WHO CC UTS for being the Secretariat of the Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM). I would like to thank Prof. Michele Rumsey, Chair of the Executive Committee of GNWHOCCNM, for giving me an opportunity to send a message in LINKS Magazine.

Since 1990, WHO Collaborating Centre for Nursing and Midwifery Development, FoN, Mahidol University has successfully developed activities following the Terms of Reference for collaboration between the FoN and WHO. The activities have contributed to building capacities in education, practice, and research for nurses, midwives and nurse educators from the South East Asian Region SEARO via training and education. To strengthen the capacity of nurses and midwives in SEARO, FoN has established the MU-JHU NCDs Research Collaborative Centre in 2021, aiming to build capacity in education, research and healthcare services of nurses and midwives to take the leading role in handling the

challenges of NCDs, particularly in the aspects of health promotion and disease prevention. With support from partners, the Centre has become a platform to share knowledge on advances in the field of NCD care with experts across nations through high-quality short course training, webinars, doctoral nursing courses to strengthen capacity for NCD care and research with nurses and midwives in regional partners.

I sincerely appreciate the enduring work of GNWHOCCNM to strengthen and promote nursing and midwifery leadership, education, practice and research toward the goals of Health for All.

As the Co-Chair of the Executive Committee GNWHOCCNM, FoN commits to working closely with Prof. Michele Rumsey and WHO CC UTS to foster coordination, communication and support for the activities of our Network members.

I look forward to working collaboratively with all WHO CCs.

### Associate Professor Yajai Sitthimongkol

Co-Secretary General, Global Network of WHO CCs for Nursing and Midwifery

Director, WHO CCs for Nursing and Midwifery Development

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WHO CC UTS is honoured to serve as the acting Secretariat for the Global Network of WHO Collaborating Centres for Nursing & Midwifery.

Elected Secretariat 2022 - 2026, WHO CC UTS seeks to further the vision and mission of the Global Network of WHOCC by being a reliable source of communication, community, and collaboration between Global Network centres and partners.

# Meet the Secretariat



**Professor Debra Anderson**

Co-Secretary General  
Global Network of WHO CCs for  
Nursing and Midwifery

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Faculty of Health, UTS



**Professor Michele Rumsey**

Co-Secretary General  
Global Network of WHO CCs for  
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**Professor Kathleen Baird**

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# GNWHOCNM 2022-2026

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

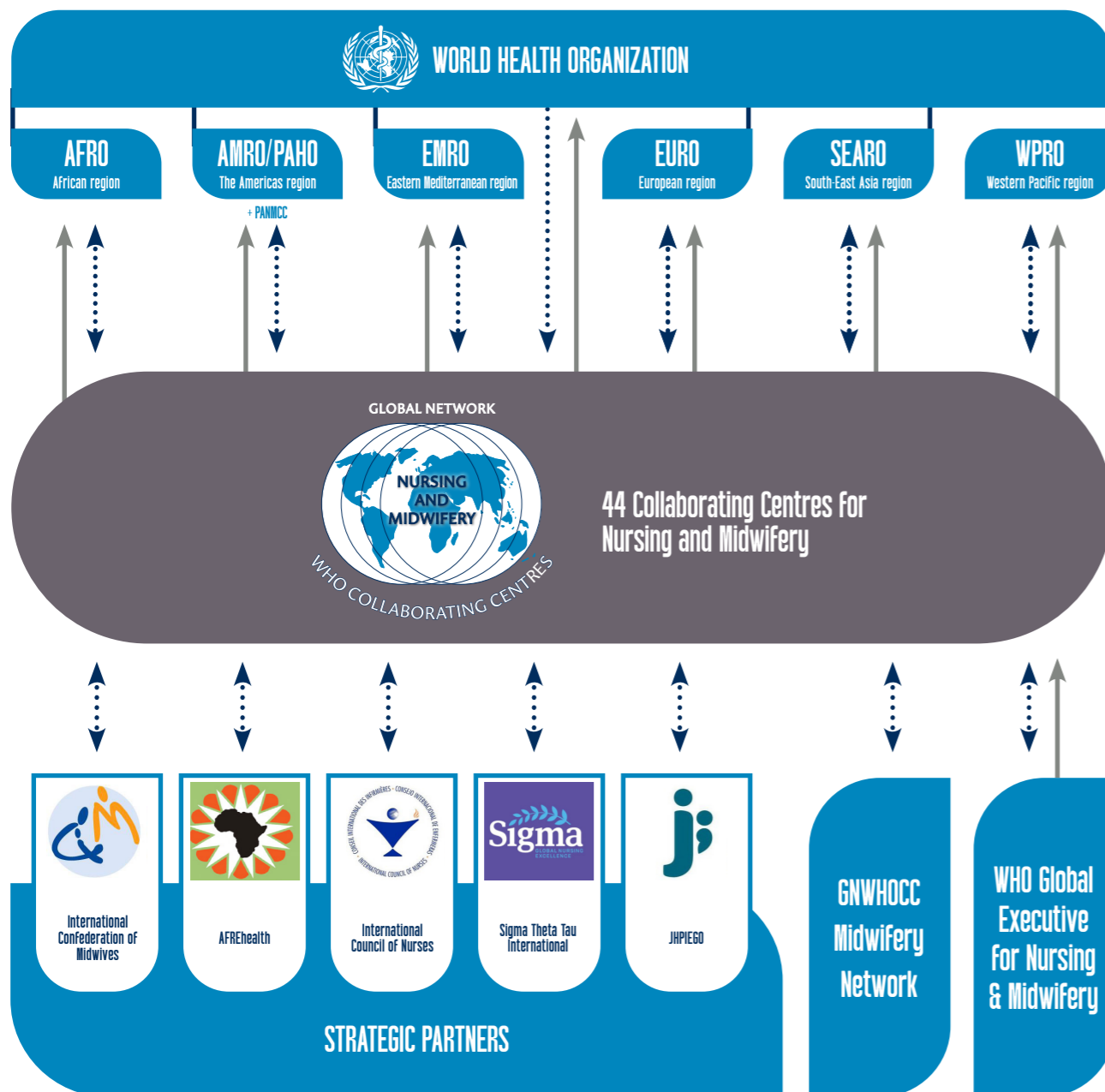
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCNM) was first formed between 1987-1988. It is an independent, international, not-for-profit, voluntary organization comprising WHO CCs across all six WHO Regions. For 35 years, the network has worked to strengthen and promote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

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

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

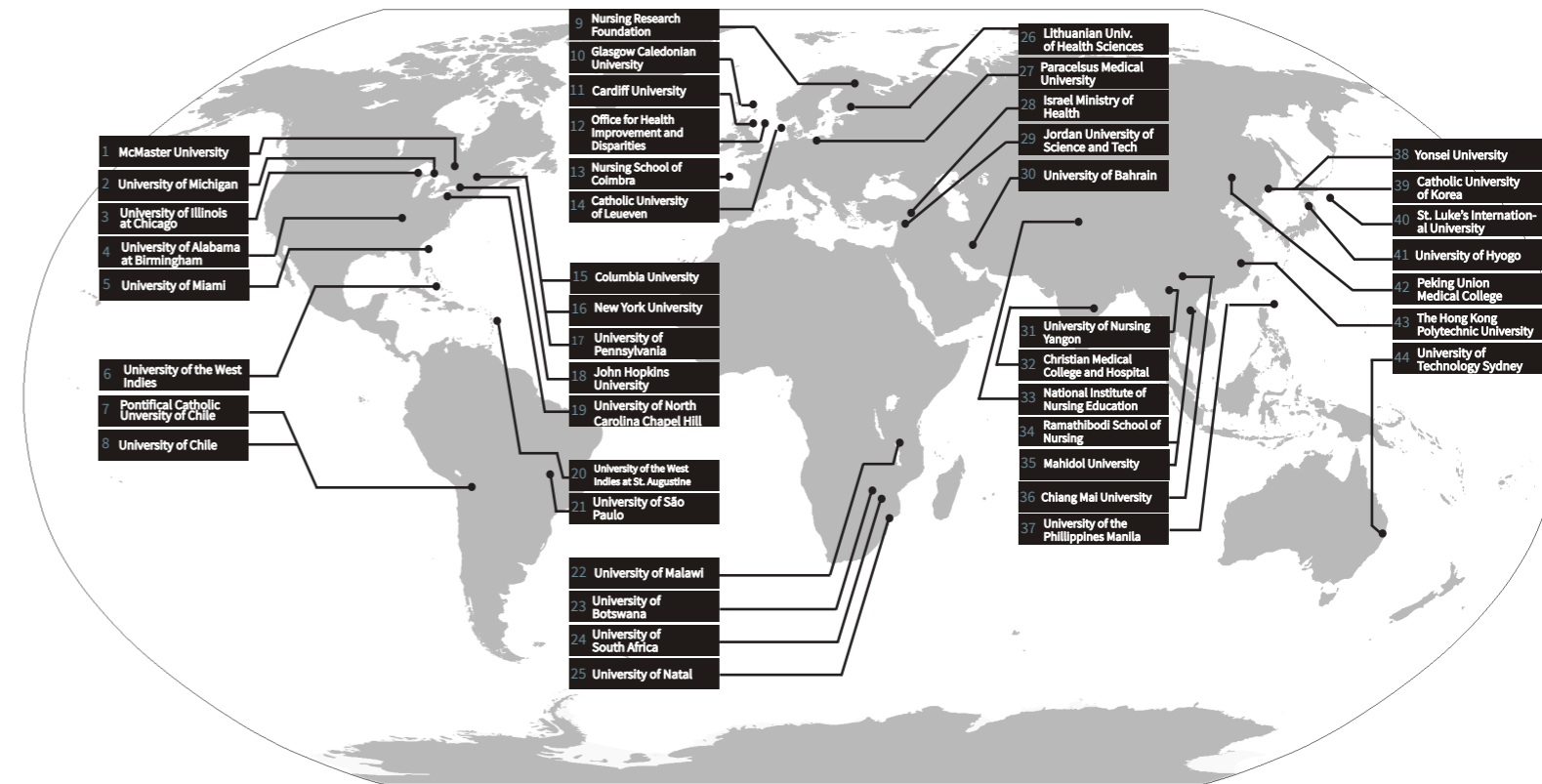
WHO CC UTS was elected Secretariat of the GNWHOCNM in 2022, following the 2018-2022 tenure of John Hopkins University in Baltimore, Maryland. WHO CC UTS seeks to further the vision and mission of the Global Network of WHO CC by being a reliable source of communication, community, and collaboration between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

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



# Global Network of WHO Collaborating Centers

The Global Network is Currently Comprised of 44 Collaborating Centres for Nursing and Midwifery.



1. McMaster University, Hamilton, Canada (CAN39)
2. University of Michigan, School of Nursing, Office of International Affairs, Ann Arbor, USA (USA 283)
3. University of Illinois at Chicago, Chicago, USA (USA193)
4. University of Alabama at Birmingham, School of Nursing, Birmingham, USA (USA241)
5. University of Miami, School of Nursing and Health Studies, Miami, USA (USA349)
6. University of the West Indies, School of Nursing Mona, Kingston, Jamaica (JAM15)
7. Pontifical Catholic University of Chile, Santiago, Chile (CHI19)
8. University of Chile, Santiago, Chile (CHI18)
9. Nursing Research Foundation, Helsinki, Finland (FIN19)
10. Glasgow Caledonian University, Department of Nursing and Community Health, Glasgow, Scotland (UNK160)
11. Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences, Cardiff, Wales (UNK276)
12. Office for Health Improvement and Disparities, Chief Nurse Directorate, London, United Kingdom (UNK277)
13. Nursing School of Coimbra, Coimbra, Portugal (POR14)
14. Catholic University of Leuven, Leuven, Belgium (BEL51)
15. Columbia University, School of Nursing, New York, USA (USA272)
16. New York University, Rory Meyers College of Nursing, New York, USA, (USA202)
17. University of Pennsylvania, School of Nursing, Philadelphia, USA (USA206)
18. John Hopkins University, School of Nursing, Baltimore, USA (USA297)
19. University of North Carolina at Chapel Hill, School of Nursing, Chapel Hill, USA (USA461)
20. University of the West Indies at St. Augustine, School of Nursing, St. Augustine, Trinidad and Tobago (TRT1)
21. University of São Paulo, College of Nursing at Ribeirão Preto, São Paulo, Brazil (BRA32)
22. University of Malawi, Kamuzu College of Nursing, Lilongwe, Malawi (MAL3)
23. University of Botswana, Gaborone, Botswana (BOT3)
24. University of South Africa, University of South Africa, Department of Health Studies, Pretoria, South Africa (SOA14)
25. University of Natal, School of Nursing, Durban, South Africa (SOA13)
26. Lithuanian University of Health Sciences, Kaunas, Lithuania (LTU4)
27. Paracelsus Medical University, Institute of Nursing Science and Practice, Salzburg, Austria (AUT15)
28. Israeli Ministry of Health, Nursing Division, Jerusalem, Israel (ISR32)
29. Jordan University of Science and Technology, Irbid, Jordan (JOR16)
30. University of Bahrain, College of Health and Sport Sciences, Manama, Bahrain (BAA1)
31. University of Nursing Yangon, Yangon, Myanmar (MMR4)
32. Christian Medical College and Hospital, Vellore, India (IND138)
33. National Institute of Nursing Education, Post-graduate Institute of Medical Education and Research, Chandigarh, India (IND140)
34. Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand (THA35)
35. Mahidol University, Faculty of Nursing, Bangkok, Thailand (THA34)
36. Chiang Mai University, Faculty of Nursing, Chiang Mai, Thailand (THA43)
37. University of the Philippines Manila, Manila, Philippines (PHL13)
38. Yonsei University, College of Nursing, Seoul, Republic of Korea (KOR16)
39. Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care, Seoul, Republic of Korea (KOR104)
40. St. Luke's International University, College of Nursing, Tokyo, Japan (JPN58)
41. University of Hyogo, Research Institute for Nursing Care for People and Community, Kobe, Japan (JPN77)
42. Peking Union Medical College, School of Nursing, Beijing, China (CHN129)
43. The Hong Kong Polytechnic University, Faculty of Health and Social Sciences, School of Nursing, Hong Kong, China (CHN89)
44. University of Technology Sydney, Sydney, Australia (AUS93)

# SEARO's WHO Strategic Directions For Nursing and Midwifery Progress

By Ai Tanimizu, Technical Officer for Nursing & Midwifery, WHO SEARO

We find ourselves well into the mid-term phase of the implementation of the Global Strategic Directions for Nursing & Midwifery 2021-2025 (hereafter referred to as 'SDNM'), a framework that received endorsement during the 74th World Health Assembly in 2021. It is worth noting that the formulation of the SDNM was underpinned by robust evidence and insights gleaned from the State of the World's Nursing (2020) and State of the World's Midwifery (2021) reports. The SDNM's four pivotal strategic pillars (see page 14-15) encompassing education, employment, leadership, and service provision aptly resonate with the imperatives of fortifying both midwifery and nursing within the WHO South-East Asia region (SEARO). Even before the SDNM was released, universal health coverage became a Regional Flagship Priority, and in 2014 Member States of the WHO South-East Asia Region agreed to "The Decade for Strengthening Human Resources for Health (HRH) in the South-East Asia Region 2015-2024."

A noteworthy juncture for evaluating the policy dynamics tied to each facet of the SDNM emerged at the Tenth Global Forum for Government Chief Nursing and Midwifery Officers (GCNMOs), convened on June 6-7, 2023. Concurrently, within the SEARO context, a dedicated session led by the GCNMOs was orchestrated during the Regional Workshop on the Evaluation of the SEAR Decade for HRH Strengthening, coupled with the Integration of Medical Humanities into HRH Education and Development. This event, held from July 10-12, 2023, facilitated an insightful assessment of SDNM progression alongside the challenges that manifest across the SEAR.

Among the notable strides within SEARO, significant headway was marked by three out of the eleven

member countries, namely Bhutan, Nepal, and Thailand, as they diligently formulated their distinctive national strategic trajectories for nursing and midwifery. In a transformative move, the Maldives Ministry of Health forged the position of a GCNMO, thereby underscoring the elevated role that nursing and midwifery play within the healthcare landscape. Bangladesh, Bhutan, Indonesia and Thailand have assessed their staffing needs based on workloads or their annual plan, and India, Nepal, Sri Lanka and Thailand have been able to establish new cadres of nursing and midwifery to meet health service demands. Countries such as Bangladesh, Bhutan, India, Nepal and Sri Lanka have taken the initiative to update the nursing and midwifery curriculum to ensure graduates have the requisite knowledge, competencies and attitudes to meet national health priorities.



SEARO remains instrumental in lending support through multifaceted avenues; this, encompasses supporting countries as they transition to midwifery models of care, and developing key evaluative tools such as the nurse educator competency assessment tool and the midwifery educator and midwives' competency assessment tool. Furthermore, initiatives like the development of a midwifery leadership program, and assessment of the work environment for nurses and midwives have been conducted in Bangladesh and Nepal, and responsive actions aligned with country-specific requests stand as testaments to SEARO's dedicated efforts in advancing nursing and midwifery.

In conclusion, the journey since the adoption of the SDNM has seen noteworthy achievements, collaborative introspection, and the steadfast pursuit of enhanced nursing and midwifery realms within the SEARO region. The accomplishments and endeavors highlighted herein stand as a testament to the indispensable role played by a collaborative ecosystem. The partnership forged with Ministries of Health, regulatory entities, professional associations, educational establishments, benefactors, and a network of stakeholders has been the cornerstone upon which these advances have been built.

While acknowledging the progress achieved thus far, it remains evident that there lies a continuum of work ahead. Even though the Regional Flagship of the Decade of Health Workforce Strengthening 2015-2024 is ending, SEARO is committed to strengthening nursing and midwifery through implementing the SDNM to progress toward universal health coverage and the sustainable development goals.



GCNMOs and nursing/midwifery related focal points from country delegations at the Regional Workshop on the Evaluation of the SEAR Decade for HRH Strengthening and Integration of Medical Humanities into HRH Education and Development in Colombo, Sri Lanka, 10-12 July 2023.

**"developing key evaluative tools such as the nurse educator competency assessment tool and the midwifery educator and midwives' competency assessment tool."**

**'GNWHOCNM Reach and Influence'**  
this depicts all the countries the Global Network members are doing work in

GLOBAL NETWORK  
NURSING AND MIDWIFERY  
WHO COLLABORATING CENTRES



Visitors to a market in Bastar district, Central India, have the opportunity, have the opportunity to undergo tests for a number of health issues, including malaria and dengue. In recent years, India has made impressive gains in reducing its malaria burden, with cases dropping by more than 40% between 2015 and 2021. Most of the remaining cases are concentrated among tribal populations living in rural areas. This photo set describes efforts by local health workers to reach people at risk of malaria in remote areas of Chhattisgarh, a state that accounts for nearly one fifth of the country's malaria burden.



# Midwifery Network at the 33rd ICM Triennial Congress 2023



Dr. Amelia Latu Afuhamango Tuipulotu, Members of the Midwifery Network and Supporters

The 33rd International Confederation of Midwives (ICM) Triennial Congress was held in Bali, Indonesia from June 11-14th 2023 with the theme 'Together again: from evidence to reality'. The congress offered an excellent opportunity for members of the Midwifery Network of WHO Collaborating Centres to come together and meet with the newly appointed Chief Nursing Officer of the World Health Organization, Dr. Amelia Latu Afuhamango Tuipulotu

Dr. Amelia was appointed to the position in December 2022. Members of the Midwifery Network talked with Dr. Amelia about her and their priorities for midwifery and discussed opportunities for collaboration. The purpose of the Midwifery Network is to strengthen midwifery research, education, collaboration, visibility and voice across the Global Network of Nursing and Midwifery Collaborating Centres (GNWHOCNM). It will achieve this by sharing information

and opportunities and providing leadership. An Advisory Council to the Midwifery Network was formed to develop strategic priorities for the upcoming year. Their first meeting will be held in July. For more information about the network, please contact: **Marie Klingberg Allvin** [marie.klingberg-allvin@ki.se](mailto:marie.klingberg-allvin@ki.se) or **Jody Lori** [jlori@umich.edu](mailto:jlori@umich.edu)



© WHO Violaine Martin

Dr Amelia Latu Afuhamango Tuipulotu was appointed as the Chief Nursing Officer of the World Health Organization on the 13th of December 2022. In response to this appointment Amelia has been recognized as a Professor by the University of Sydney on the 14th of December 2022. In January 2023, Amelia started as the WHO Chief Nursing Officer in Geneva, Switzerland.

Under Amelia's leadership, Tonga successfully responded to the measles outbreak in 2019 and the COVID-19 pandemic until December 2021, with zero fatalities recorded for both. Amelia is the former first female Minister for Health for the Kingdom of Tonga. She is the first Tongan to receive a PhD in Nursing in 2012. Amelia's PhD work informed the development of the Tongan National Professional Standards for the Registered Nurse which guide both nursing education and practice and is mandated within the Nurse Practitioners and Midwives Act 2021, passed during her time in the Legislative Assembly. In 2021, Amelia was decorated with the Knight Grand Cross: Royal Order of the Crown of the Kingdom of Tonga by His Majesty King Tupou VI. Amelia has received the Prime Minister's Award, International Women's Award and Tongan Police Award and Patronage.

Amelia's particular research interests focus on professional standards issues in nursing and health care delivery. Amelia has led the development of patient satisfaction system, strategic directions, career pathways, policy and procedure manual, code of ethics, regulation system, visionary leadership programme, model of care, clinical review and productivity, research alliance, young future leaders, performance management system, annual planning, reading clubs and nurses' satisfaction survey. In her role as Chief Nursing Officer of the WHO, Amelia is committed to supporting global nursing and midwifery to maximally transform health systems to serve all the population of the world and especially the most vulnerable communities.

# ICN Montreal

## Nurses Together: A Force for Global Health

Themed “Nurses together: a force for global health”, the International Council of Nurses (ICN) congress 2023 highlighted the pivotal role of nurses in achieving Universal Health Coverage and promoting sustainable development. From the 1st to the 5th of July, the congress held various workshops, aiming to inspire action, foster innovation, and build strong networks to address current and future challenges in the healthcare sector.

The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCNM) held a meeting during the event, bringing together representatives from World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery and partners. The meeting focused on fostering collaboration and synergy among these Collaborating Centres and fostered discussions around strengthening the capacities of nurses and midwives, enhancing research and data collection, and the sharing of tools and resources. Prof. Michele Rumsey, Director of WHO CC UTS, the Secretariat of the GNWHOCNM, facilitated the meeting presenting findings from interviews held with each collaborating centre earlier this year.

Both the GNWHOCNM Meeting, and the ICN Congress facilitated networking among participants, paving the way for future partnerships and collaborations. The exchange of ideas and experiences between nurses from different countries and specialties encouraged cross-cultural learning and the adoption of best practices worldwide.

Learn about the many sessions of the ICN Congress [here](#).

See the ICN SDNM Toolkit [here](#).

## Nurses together : a force for global health



Dr. Amelia Latu Afuhaamango Tuipulotu speaking at GNWHOCNM meeting at ICN

**“The lesson is clear: we need to work across sectors to invest and protect our nurses and other health workers. Safe staffing, with adequate numbers of nurses, must be a priority, both to maintain high quality care, and to ensure patient safety.”**

**At the end of his speech Dr Tedros invited nurses everywhere to engage with other nurses, partners and stakeholders across the world, using WHO’s virtual platform the Nursing and Midwifery Global Community of Practice.**

- World Health Organization  
Director General Dr Tedros Adhanom Ghebreyesus during his speech to ICN Congress in Montreal, Canada

**“I think they have seen the courage, as well as the compassion, and the complexity and technical skills that are required in nursing. And I think a lot of policymakers have seen the potential for nursing [to have an impact]. As the world’s efforts around universal health coverage, and sustainable development goals have been set back because of the pandemic, people are thinking ‘how do we get back on track?’ and absolutely see nurses as part of the solution.”**

- Howard Catton, ICN CEO

## Mahidol University Delegation of Nursing Academics Visits UTS



On the 3rd of April, the University of Technology Sydney welcomed a delegation of nursing academics and professionals from Mahidol University, Thailand. Colleagues from UTS’s School of Nursing and Midwifery (SoNM), along with colleagues from WHO CC UTS formally welcomed the delegation, celebrating a working relationship in the co-chairing of the executive committee for the Global Network for World Health Organization Collaboration Centres of Nursing and Midwifery (GNWHOCNM).

Academic and professional expertise in the fields of Mental Health, Psychiatric Nursing, Surgical Nursing, Obstetric and Gynaecological nursing met with their professional counterparts in the UTS Faculty of Health. Following a formal welcome in the morning, the delegation was given a tour of WHO CC UTS. Delegates then contributed to a conference on industry perspectives and were given presentations on Complex Nursing Care and SoNM Research. The visit concluded with tours of the Faculty of Health Data Arena and Clinical Simulation Labs.

The following experts were in attendance Associate Professor Dr.Yajai Sitthimongkol (Dean, Faculty of Nursing), Assistant Professor Dr.Sirada Kesornsri (Associate Dean for International Relations, Faculty of Nursing), Assistant Professor Dr Thitipong Tankumpuan (Director, MU-JHU NCD Research Collaborative Center, Faculty of Nursing), Lecturer Dr Nantakarn Maneejak (Associate Dean, Educational Innovation and Information), and Assistant Professor Dr Nopporn Vongsirimas (Associate Dean for Research, Faculty of Nursing).

A student exchange program between UTS and Mahidol University has allowed students to study abroad at the respective universities. This visit facilitated the continual working relationship between the two universities and has provided the opportunity to formalize an institutional partnership. Mahidol University has been instrumental in the management of the GNWHOCNM and its publications.

Read more here :



**“We were extremely grateful that all partners and 16 Collaborating Centres were able to meet and strategize following our interviews and survey, this will be reported on in next LINKS”.**

- Prof Michele Rumsey



Meeting attendees at GNWHOCNM meeting at ICN



Prof Jim Buchan and Prof Michele Rumsey presenting at Global Nursing Migration Seminar



ICN Congress

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

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

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

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

## Leadership Priorities

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

## Education Priorities

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

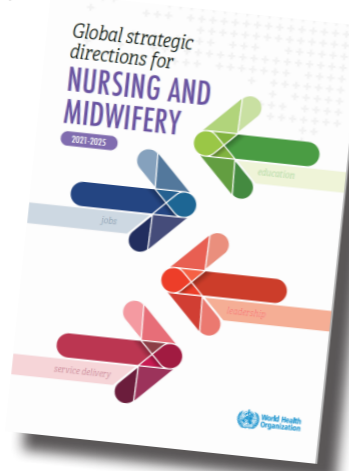
## Service Delivery Priorities

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

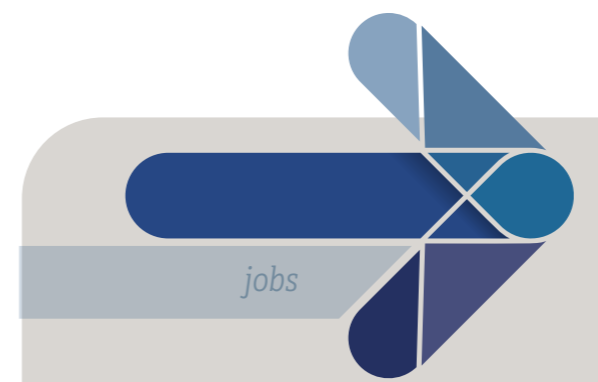
## Jobs Priorities

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

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



# WHO Global Strategic Directions for Nursing and Midwifery




**jobs**

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

**Policy priority**

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



**education**

**Strategic direction for education:**  
Midwifery and Nursing graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities.

**Policy priority**

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



**service delivery**

**Strategic direction for service delivery:**  
Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments.

**Policy priority**

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



**leadership**

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

**Policy priority**

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

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



# GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

**AFRO** - WHO REGION FOR AFRICA

**AMRO** - WHO REGION FOR THE AMERICAS

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

**EURO** - WHO REGION FOR EUROPE

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

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

**AFRO**

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Botswana	WHO Collaborating Centre for Nursing and Midwifery Development	Gaborone, Botswana	BOT3
University of South Africa (UNISA), Department of Health Studies	WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development	Pretoria, South Africa	SOA14
University of Natal, School of Nursing	WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving	Durban, South Africa	SOA13
University of Malawi, Kamuzu College of Nursing	WHO Collaborating Centre for Interprofessional Education and Collaborative Practice	Lilongwe, Malawi	MAL3
University of Pennsylvania, School of Nursing	WHO Collaborating Centre for Nursing and Midwifery Leadership	Philadelphia, USA	USA206
McMaster University	WHO Collaborating Centre in Primary Care Nursing and Health Human Resources	Hamilton, Canada	CAN39
University of Michigan, School of Nursing, Office of International Affairs	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA	USA283
University of Alabama at Birmingham, School of Nursing	WHO Collaborating Centre for International Nursing	Birmingham, USA	USA241
Columbia University, School of Nursing	WHO Collaborating Centre for Advanced Nursing Practice	New York, USA	USA272
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development in Primary Health Care	Chicago, USA	USA193
University of Miami, School of Nursing and Health Studies	WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety	Miami, USA	USA349
New York University, Rory Meyers College of Nursing	WHO Collaborating Centre in Gerontological Nursing Education	New York, USA	USA303
John Hopkins University, School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA	USA297
University of North Carolina at Chapel Hill, School of Nursing	WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery	Chapel Hill, USA	USA461
University of Sao Paulo, College of Nursing at Ribeirao Preto	WHO Collaborating Centre for Nursing Research Development	Sao Paulo, Brazil	BRA32
The University of West Indies School of Nursing, Mona (UWISON)	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica	JAM15
University of the West Indies (UWI) at St. Augustine, School of Nursing	WHO Collaborating Centre in Nursing Policies and Leadership	St. Augustine, Trinidad and Tobago	TRT1
Pontifical Catholic University of Chile	WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care	Santiago, Chile	CHI19
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile	CHI18
University of Bahrain, College of Health & Sport Sciences (CHSS)	WHO Collaborating Centre for Nursing Development	Manama, Bahrain	BAA1
Jordan University of Science and Technology	WHO Collaborating Centre on Nursing Development	Irbid, Jordan	JOR16

**AMRO**

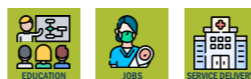
**EMRO**

**EURO**

**SEARO**

**WPRO**

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Glasgow Caledonian University, Department of Nursing and Community Health	WHO Collaborating Centre for Nursing and Public Health Education and Research	Glasgow, Scotland	UNK160
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helenski, Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
Office for Health Improvement and Disparities (OHID), Chief Nurse Directorate	WHO Collaborating Centre for Public Health Nursing & Midwifery	London, England	UNK277
Paracelsus Medical University, Institute of Nursing Science and Practice	WHO CC for Nursing Research and Education	Salzburg, Austria	AUT15
The Israeli Ministry of Health, Nursing Division	WHO Collaborating Centre for Leadership and Governance in Nursing	Jerusalem, Israel	ISR32
Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA35
Mahidol University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA34
Chiang Mai University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand	THA43
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India	IND138
University of Nursing, Yangon	WHO CC for Nursing and Midwifery Development	Yangon, Myanmar	MMR4
Postgraduate Institute of Medical Education and Research (PGIMER), National Institute of Nursing Education	WHO Collaborating Centre for Nursing and Midwifery Development	Chandigarh, India	IND140
University of Philippines, Manila	WHO Collaborating Centre for Leadership in Nursing Development	Manila, Philippines	PHL13
University of Technology Sydney	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia	AUS93
St Luke's International University, College of Nursing	WHO CC for Nursing Development in Primary Health Care	Tokyo, Japan	JPN58
University of Hyogo, Research Institute of Nursing Care for People and Community	WHO Collaborating Centre for Disaster Risk Management for Health	Kobe, Japan	JPN77
The Hong Kong Polytechnic University (HKPU), Faculty of Health and Social Sciences, School of Nursing	WHO Collaborating Centre for Community Health Services	Hong Kong, China	CHN89
Peking Union Medical College, School of Nursing	WHO Collaborating Centre for Nursing, Policy-Making and Leadership	Beijing, China	CHN129
Yonsei University, College of Nursing	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea	KOR16
The Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Training in Hospice & Palliative Care	Seoul, Republic of Korea	KOR104



# Length and Breadth of Primary Health Care by Novice Nurses

Capacity building of novice nurses through training can reduce the gap in availability of quality primary health care

## Background

India has a population of 1.42 billion with a high burden of disease and poor access to health care owing to uneven distribution of qualified health care providers. There is a huge demand for health workforce in the country due to multiple factors such as ageing, alarming rise in non-communicable diseases, changing epidemiology and emerging newer communicable diseases. The NITI Aayog (National Institution for Transforming India) Strategy for New India @ 75 has

envisioned generating 1.5 million jobs in the public sector by 2022-2023. Concern prevails not only about quantity but also the quality of the knowledge and skills of health care providers.

India's active health worker density for doctors and nurse/midwives is estimated at 6.1 and 10.6 per 10,000 population respectively (National Sample Survey Office, 2017-8), with numbers further dropping to 5.0 and 6.0 respectively taking into account adequacy of qualifications. These

figures are well below the World Health Organization (WHO) threshold.

It has been observed that while substantial proportion of health workers are not well qualified, nearly 20% of those qualified are not active in labour markets thus making the delivery of primary health care to the vulnerable population a challenge. The country needs to invest in human resources and explore possibilities of investing in quality education and capacity building.



By Shandriela G. Immanuel  
Deputy Dean

## Preparation of graduate nurses for providing Primary Health Care

The World Health Organization has identified in the Global Strategic Directions for Nursing and Midwifery (2021-2025) that nurse graduates need to have the requisite knowledge, skills and attitudes to meet the national health priorities. Therefore, the Community Health Nursing Department of College of Nursing, Christian Medical College Vellore provides opportunity and prepares baccalaureate nursing students in taking care of individuals, families and groups in rural and urban communities both at home and in clinics, with an understanding of the concepts of health, disease and epidemiology with respect to maternal and child health, communicable diseases, non-communicable diseases and infectious diseases. Every student is guided and mentored by a Tutor [Baccalaureate Nurse with two years of Experience] and a Nurse Manager [Master's with specialization in Community Health Nursing] during their training period in accordance with the clinical competencies stipulated by the professional regulatory bodies in congruence with national and international standards.

## Service Delivery

The National Health Policy of India (2017) calls for investment of a major proportion (2/3rd) of resources to Primary Health Care and WHO (2001) has laid priority over scaling up human resources. WHO also emphasizes (2016) enhancing both the number and quality of health workforce in achieving the Universal Health Coverage and Sustainable Development Goal 3. Though India has made a remarkable progress in the delivery of health care services, there exists an inequality in the provision of care between the geographical areas.

The Community Health Nursing Department has set up a health care model by adopting 25 villages with a population of 73,276 to deliver preventive, promotive, curative, rehabilitative and restorative care by novice baccalaureate nurses using

standing orders. On completion of training, one baccalaureate nurse is assigned a population of approximately 4,000 under the supervision of Nurse Mentors [Tutors/ Nurse Managers] to be fully responsible and independent in providing primary health care services. The services include regular home visits, conducting health clinics and health camps, screening and early management of noncommunicable diseases, health education and follow-up of referrals. The novice nurses are periodically supervised on-site by the mentors ensuring improved health outcomes.

## Outcome

Nurse-led care has been found to be a successful sustainable primary health care model that is of high quality, comprehensive, affordable, achievable and cost-effective. Higher patient satisfaction is observed with well-qualified and well-trained nurses being their first contact. A reflection of patient-centric approach has resulted in the reduction of morbidity and mortality among the population served. Capacity building of novice nurses through training can reduce the gap in availability of quality primary health care irrespective of the workforce available.

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



"Emergency Care Saves Lives - 25x25x25"



Daymati is tested for malaria by health workers in Kadampara village as a part of malaria surveillance activities in Bastar district, Chhattisgarh.

Members of the community with suspected cases of malaria receive a rapid diagnostic test (RDT), which allows for quick results within 15 to 30 minutes

© WHO / Atul Loke / Panos Pictures

"On completion of training, one Baccalaureate nurse is assigned a population of approximately 4,000 under the supervision of Nurse Mentors"



# Strengthening Palliative Care Nursing in Thailand

By Suchira Chaiviboontham, Doctor of Philosophy (Nursing)

Palliative care has been on the policy agenda in Thailand since 1997. In 2007, the National Health Act established that terminally ill people had a right to receive palliative care. In 2016, the Ministry of Health mandated that every hospital should have a dedicated palliative care unit with at least one palliative care nurse. However, research by the Ramathibodi School of Nursing at Mahidol University identified relatively few nurses and doctors with specialist knowledge and skills in palliative care.

### Gaps in Palliative Care Education

Their review of health professional education highlighted an urgent need to train palliative care nurses in order to respond to national policy. Undergraduate nursing programs typically include only 2-3 hours of theoretical tuition on this topic and clinical practice offers few opportunities for nursing students to work with patients at the end of life.

The Ramathibodi School of Nursing at Mahidol University is a WHO Collaborating Centre on Nursing and Midwifery Development. Following their policy review and education analysis regarding palliative care, the School of Nursing has established a Center of Excellence in Palliative Nursing, in collaboration with the Nursing Department and the Center of Excellence in Palliative Care, Faculty of Medicine at Ramathibodi Hospital. As well as providing academic training for nurses at the undergraduate and postgraduate level, the Centre aims to develop policies to support nurses providing palliative care and to undertake key research to improve knowledge and evidence in this important practice area. The Centre also promotes upskilling

and workforce development within the wider South East Asian region by offering training to nurses from Myanmar and exchanges with Master's students from Taiwan.

### Training in Palliative Care throughout the Health System

The Centre has responded to identified gaps in the health workforce by offering a Master's degree with electives in palliative care nursing. It also recently developed a massive open online course (MOOC) for nurses. The MOOC has generated widespread

interest, including from non-nurse health providers wishing to increase their knowledge of palliative care; to date, 4000 individuals have enrolled in the course over its first 18 months. In particular, more than 300 village volunteer health workers, who provide much primary healthcare in Thailand, have been trained on the intensive 2 days training program by the faculties from Center of Excellence in Palliative Nursing: Ramathibodi School of Nursing.

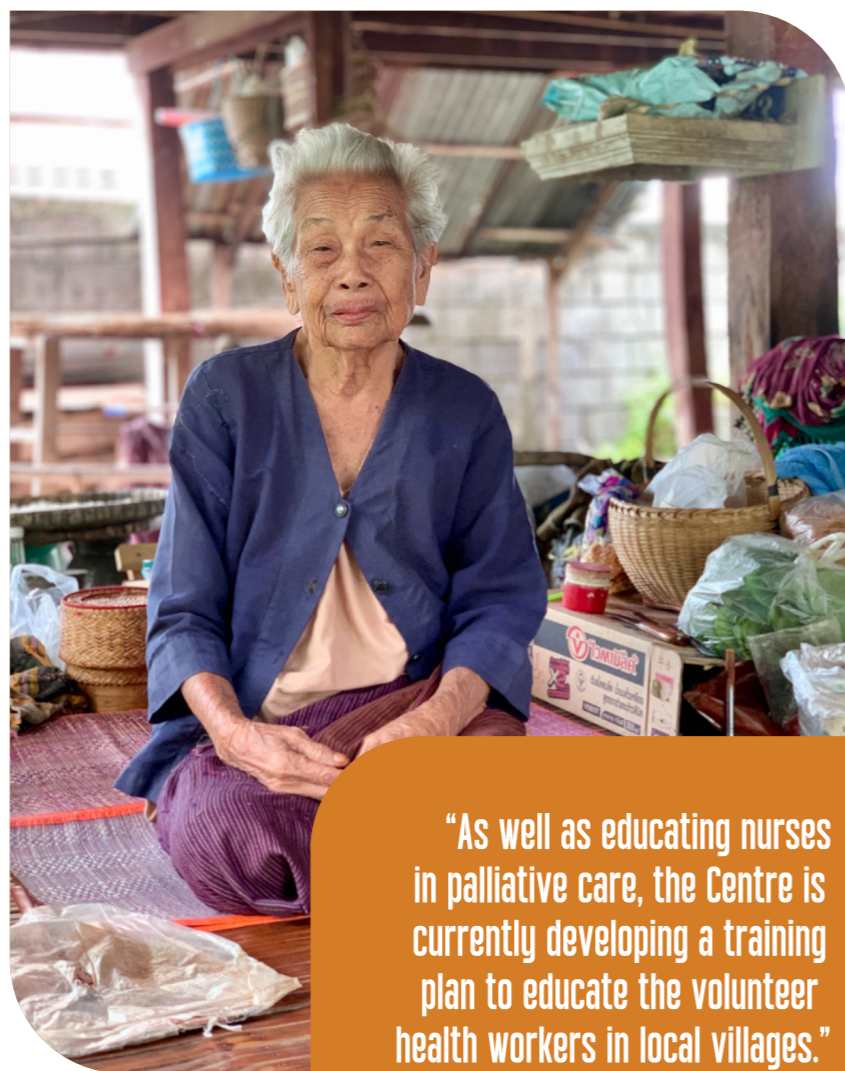


Photo by Tim Wildsmith- UNSPLASH

“As well as educating nurses in palliative care, the Centre is currently developing a training plan to educate the volunteer health workers in local villages.”

The Centre's comprehensive work exemplifies the key policy priority areas of the WHO Strategic Directions for Nursing and Midwifery 2021-2025. It demonstrates innovation in education by improving nurses' competencies to meet the health and support needs of people with terminal illnesses. It increases the number of nurses capable of providing palliative care at all levels of healthcare, especially those practising in hospital palliative care units. The program offers opportunities for enhancing nursing expertise and leadership in academic and service delivery settings. Moreover, the program demonstrates leadership and advocacy with its commitment to training and supporting village health workers, who comprise a key component of the Thai healthcare system.

### Improved Referral Pathways

To further strengthen health systems to support the national policy, the Centre also supports referral pathways between primary healthcare in local communities and health professionals working in palliative care in tertiary units upon request. The Centre also provides information and resources to support primary care providers when patients return home after a tertiary hospital admission upon request. This process is facilitated by formal and informal networks through the Thai Palliative Care Nurses Society, with over 800 members in regions across the country. Feedback from patients demonstrates that they particularly value the continuity of care resulting from improved communication and linkages.

As well as educating nurses in palliative care, the Centre is currently developing a training plan for volunteer health workers in local villages.

Centre staff are developing future activities to continue improving palliative care services and expertise in line with national health guidelines. A key priority for training is increasing understanding of Advanced Care Plans among health providers across all levels of healthcare. This is pertinent as Thailand experiences population aging and presents a particular community and primary health challenge.

For more information, please contact Suchira Chaiviboontham suchira.cha@mahidol.edu

# Emergency Care Saves Lives

“We are also working hard to support countries to deliver lifelong training to continuously improve health worker competencies and quality of care.”

Just last month, we launched the Global 25 x 25 x 25 Campaign which aims to provide access to basic emergency training for 25% of nurses and midwives from 25 countries by the end of 2025”

Dr Tedros Adhanom Ghebreyesus,  
the Director General of the WHO





# Towards Innovation in Health Studies through Accessibility and Inclusiveness



By JM Mathibe-Neke; PR Risenga;  
RG Malapela; EL Davids; HH Matakanye.

As part of curriculum transformation process, the Department of Health Studies seeks to provide an Africanised and decolonised excellence in teaching and learning, research, community engagement and academic citizenship. Curriculum transformation is fundamental and offers greater opportunities to access learning, redress past educational imbalances and improve the quality of teaching and learning for all sections of the population.

The Department is phasing out the currently offered Degree programs in Community Health Nursing Science, Health Sciences Education and Health Services Management. The Department of Health Studies is currently developing a transformed curriculum for a Postgraduate Diploma program, offering three disciplines as follows:

- Postgraduate Diploma in Nursing Education
- Postgraduate Diploma in Health Services Management
- Postgraduate Diploma in Community Health Nursing

The newly developed program is aimed for implementation in 2025. The curriculum development activities include, amongst others, module development, obtaining service level agreements with relevant facilities for experiential learning and conducting situational analysis in preparation for clinical placement of students. Significant progress was achieved with the curriculum development process.

The staff establishment for the Department of Health Studies comprises nine (9) full professors, five (5) Associate Professors, sixteen (16) Senior Lecturers, two (2) lecturers and five (5) administrators, with two full professors holding a C2 National Research Foundation (NRF) Award and 1 Senior lecturer who is NRF Y-Rated.

The Department of Nursing Science, now the Department of Health Studies, was established during 1975 under the leadership of Professor Charlotte Searle as part of the University of South Africa (UNISA). UNISA is South Africa's largest university and one of the eleven mega-distance teaching universities in the world. UNISA was established in Cape Town 150 years ago on 26 June 1873 as the University of the Cape of Good Hope and changed its name to the University of South Africa in 1916. Its vision and mission, as also upheld by the Department of Health Studies, is to be the African university shaping futures in the service of humanity and to serve society by promoting an African perspective that encompasses quality and technologically guided education through interdisciplinary and dynamic communication of subject matter.

many nurses who cannot meet the cost of traditional university education, or who cannot cope with the challenges of learning through a residential university. It provides a powerful means of education and development for the health professions in general, and nursing in particular. The vision of the Department of Health Studies is to be the African Department of excellence in the postgraduate open-distance nursing and public health education context, through a sustainable and positive contribution of shaping futures in the service of humanity.

The Department of Health Studies, as a WHO Collaborating Centre, serves a diverse and demographically dispersed student population, through open-distance e-learning (ODeL) approach at a postgraduate level, to assist in addressing global health needs as per WHO recommendations. The research component of teaching and learning is achieved through the supervision of Master's and Doctoral students in Nursing and Midwifery.



Group photo of the Department of Health Studies and SAMHS delegates.

The Department of Health Studies aims to meet the needs of many nurses internationally, by offering a post-registration distance education at a university level. It serves to provide access to education, to



The Chair of the Department of Health Studies, Prof MC Matlakala with two delegates from the South African Military Health Service College of Nursing (SAMHS)

“Nurses, midwives and all health care workers are at the center of global public health, and they deserve increase investment and support to strengthen health systems, #UHC and the #SDGs.”

- Dr Amelia Latu Afuhaamango Tuipulotu  
WHO Chief Nursing Officer

Dr Tedros said “action is needed to address the global shortage of nurses by investing in nursing education, employment and retention. Before announcing the new State of the Worlds Nursing report, which is due to be launched in 2025

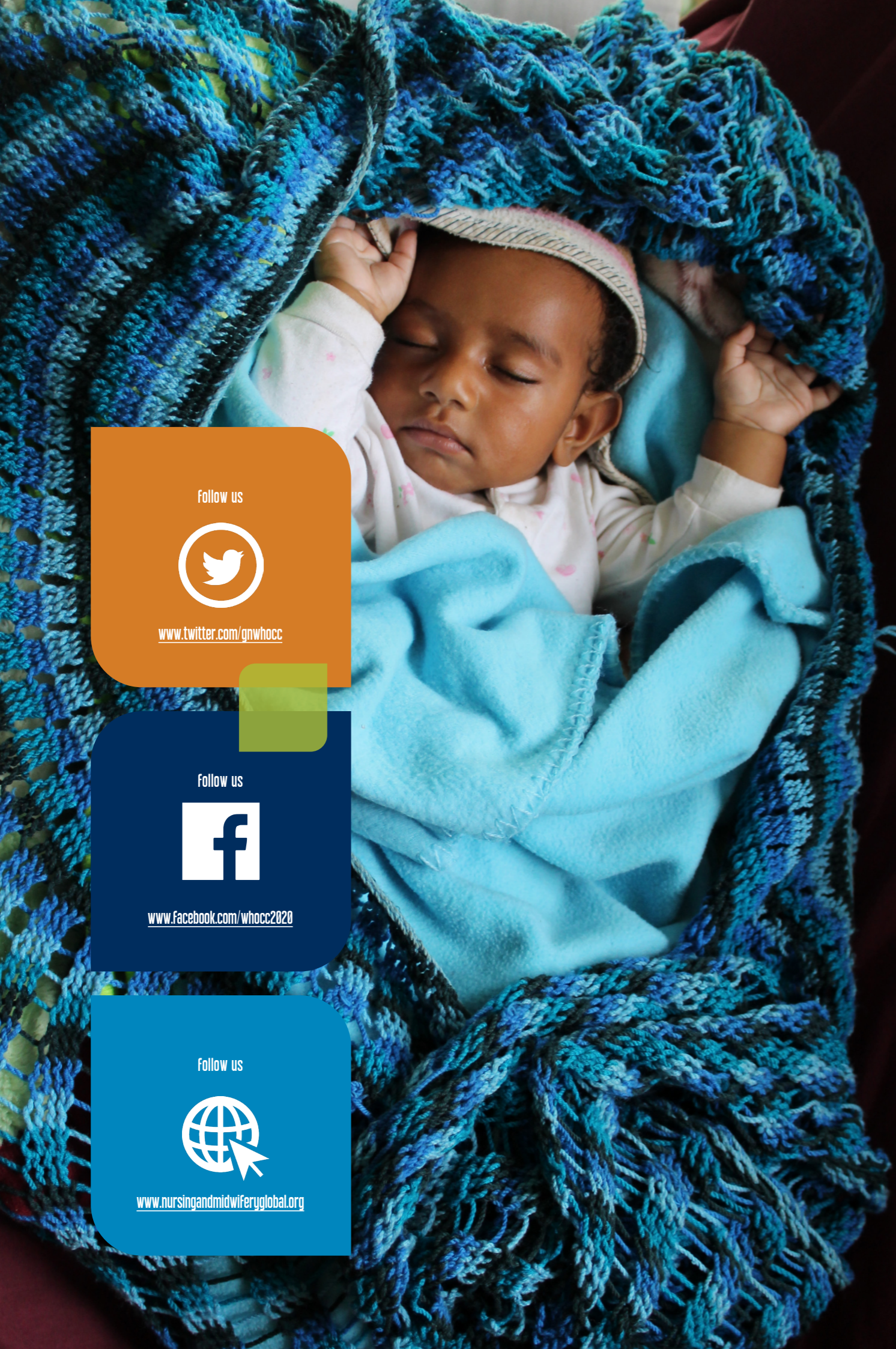
Dr Tedros “thanked ICN for its strong support and the progress being made in advancing the Global Strategic Directions for Nursing and Midwifery 2021-2025”

- Dr Tedros Adhanom Ghebreyesus,  
the Director General of WHO



A mother takes care of her 10 - month - old son during a visit from a “Marie Stopes Lady” health worker at her home in rural Nepal. Marie Stopes International (MSI) Nepal has been helping women and men to make informed choices about sexual and reproductive health for over 20 years. MSI provide safe abortion and family planning services across Nepal. They have a large network of 30 centres, mobile outreach teams and MS ladies, and also work to strengthen public sector services across Nepal.





# NURSES & MIDWIVES

account for more than half  
the professional health workforce

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

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

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

## WHO Strategic Directions in Nursing and Midwifery



**EDUCATION**

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



**JOB**

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



**LEADERSHIP**

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



**SERVICE DELIVERY**

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

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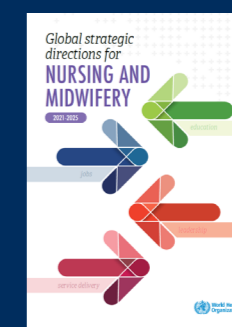
[www.nursingandmidwiferyglobal.org](https://www.nursingandmidwiferyglobal.org)

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



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

[Read more here.](#)



“The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)”

[Read more here.](#)



Universal Health Coverage means everyone can access quality health services without financial hardship.

[Read more here.](#)



\* [www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1)



Photo 190261749 | Bullying  
© Riccardo Lennart Nils Mayer | Dreamstime.com

# A Case Study for Promoting Mental Health among Junior High School Students in Lobatse

By Maemo Tlalanyane, Keneilwe Noge, Ame Mogae, Boitumelo Dikgongwana, Bogone Lechaena, Lucas Knight, Gofitwa Loeto, Kebabaonye Moses, Olebile Bulang, Bakang Bathoeng, Thabiso Setombeko, Motshidimang Tibi, Magdaline Monnagatsalwe (undergraduate students), Dr Esther Ntsayagae, ntsayagae@ub.ac.bw., Ms Kebope M. Kealeboga, kealebogak@ub.ac.bw., School of Nursing, University of Botswana.

## Introduction

The problem of bullying in schools is becoming widespread and affects all parts of the school, but its mental health effects go beyond the schoolyard. Bullied children face an increased risk of social and emotional problems in childhood and adulthood (Huddleston, Varjas, Meyers & Cadenhead, 2011). This paper presents a case study that contributes to the literature by describing a community mini-mental health promotion project initiated by 4th year nursing students during their community practicum.

## Community mental health development program

The field of 'global mental health' can be described as the science and practice of improving care based on evidence and equity around the globe. It often focuses on parts of the world where mental health is most neglected. The Sustainable Development Goal (SDG) 3 focuses on 'Ensuring healthy lives and promoting well-being for all ages'. Therefore, the students' internship aimed to promote mental health through a psychoeducation program.

This paper reports a community mental health nursing project as part of a learning assignment for undergraduate and graduate psychiatric-mental health nursing students. Nursing education strives to train competent and confident nurses with enhanced

skills to provide care. Clinical education remains integral to the nursing curriculum and forms the foundation for bridging the theory-practice gap (Wells & McLoughlin, 2014). In nursing, experiential learning is emphasized, where learning occurs through doing, hence this project.

The community mini-mental health promotion project was implemented by nursing students to 1034 school students. The exercise engaged students in an activity that equipped them with skills for developing and administering a community mental health promotion program.

## Case study:

**Creating a safe and inclusive environment where every individual is respected, valued, and free from the harmful effects of bullying.**

The nursing students conducted a needs assessment in a junior secondary school, which informed the psychoeducation process. The psychoeducation program initially focused on providing information and support to pupils on bullying.

However, it became apparent that creating awareness, preventing harm, and supporting students was critical to fostering empathy, promoting positive relationships, and empowering students to stand up against bullying.

**"mental health effects go beyond the schoolyard"**



**WOMEN EVERYWHERE NEED PAID MATERNITY LEAVE**

All women should have

- At least 18 weeks, preferably 6 months+, paid maternity leave
- Paid time off for breastfeeding or expressing milk upon returning to work.

World Health Organization

Maternity protections improve women and children's health and well-being after birth, and are critical for breastfeeding.

In collaboration with secondary school students, the guidance and counselling teacher, and social workers, the nursing students developed a program component that facilitated effective coping with bullying. They later formed the pact group, which supported students. The pact group was led by teachers and facilitated by students.

The anti-bullying group comprised 15 students who met weekly.

The activities planned included:

- Awareness Campaigns: Through the help of students, the club organized awareness campaigns within the school by conducting presentations to raise awareness among pupils and teachers during assembly.
- Peer Support Programs: The club established peer support programs where other club members acted as mentors or buddies for pupils affected by bullying. These mentors can offer emotional support, guidance, and friendship to help victims cope with their experiences.
- Artistic and Creative Projects: The club organized art exhibitions, poetry slams, and other creative projects that allowed pupils to express their thoughts and emotions about bullying. These activities raise awareness and serve as a platform for self-expression and catharsis.

- Collaboration with School Administration: The nursing students collaborated with the guidance and counselling teacher and social worker to provide input and suggestions for strengthening the school's response to bullying and to hand over the project.

## Evaluation

The school students described the project as helpful as some came out and wanted one-on-one consultation. The nursing students developed an anti-bullying club document outlining the project aim, vision, mission, goals, and activities.

## Lessons learned

Nursing students identified several key issues arising from the project:

- Promoting mental health is essential as one is exposed to the community's social fabric firsthand.
- Social problems are about mental health.
- Many people are suffering, and often remain untreated.
- Antibullying interventions have implications for practice and related policies regarding bullying.

## References

Wells, L & McLoughlin, M. (2014). Fitness to practice and feedback to students: a literature review. *Nurse Educ Pract*, 14 (2) pp. 137-141

Huddleston, L.B., Varjas, K., Meyers, J, Cadenhead, C. (2011). A case study with an identified bully: policy and practice implications. *West J Emerg Med*. 12(3):316-23.



# Strengthening Nurse Education through Community Partnership: Student Engagement in the Community

By: Onalenna Tsimba, Boitshoko Isaacs, (Faculty) & Undergraduate and Graduate Community Health Nursing Practice Students, University of Botswana, School of Nursing

Nurses provide care to individuals, families, and communities. Scott, Matthews, & Kirwan (2014) observe that the 21st century finds many communities facing an era of uncertainty, characterized by profound changes and complex restructuring of the economic, social, political, cultural, and environmental order that affects their lives and health. For nursing training to remain relevant, it must be aligned with the new global environment and emerging healthcare demands, (Sabone, Tshiamo, and Rapinyana 2018). The World Health Organization has put increasing emphasis on Community Health Nursing (CHN) care with the community as the client.

Graduate and undergraduate students in Botswana take courses in CHN and are expected to carry out community projects. These projects are in line with Sustainable Development Goals (SDGs) and Vision 2036, the Botswana vision to drive the SDGs. Student community outreach projects are specifically aligned to SDG Goal #3 (Ensure healthy lives and promote well-being for all at all ages) and Target #3.3 which seeks to end the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, waterborne, and other communicable diseases.

The aim of the community outreach projects is for students to engage in comprehensive community assessment and intervention. This involved 107 undergraduate students attached to 14 different communities. Students undertook several activities in schools and the wider community.

**School Health Project**  
A total of 14 primary schools were assessed, reaching 600-1000 pupils per school. CHN students undertook

various health promotion activities under the supervision of lecturers:

- Assessment of the school environment (physical and psychological environment)
- Health assessment of pupils
- Review of committees and school clubs that support the day-to-day running of the school (e.g., environmental committee, health club, parent-teacher organizations, etc).

Diagnoses were made following assessment and analysis of data. These were prioritized, and various health promotion interventions were implemented such as:

- Health talks and demonstrations on good personal hygiene
- Health talks on preventing common accidents and using First aid measures in the event of an accident.

## Community Projects

### 1. NCD Screening

A total of fourteen communities within Greater Gaborone District were involved. The Management Team worked with students to implement projects in the form of wellness days.



The theme for the wellness days was "your health is your responsibility"



Wellness outreach services at Broadhurst main Kgotla

### 2. Positive Contribution to the Community, through Community Engagement.

Other interventions were focused on health promotion to eliminate the various health risks.



Addressing environmental health issues



Presenting a First Aid Kit to a Local Football team

### Improving Healthcare Access Through Stakeholder Collaboration

Healthcare access to some community groups in Botswana is a challenge, especially in public facilities. Key Populations and Priority Populations such as individuals engaged in prostitution, drug abuse, and those in same-sex love relationships often experience challenges when accessing healthcare services. These populations currently access healthcare services from non-governmental organizations (NGOs) such as Tebelopele Wellness Clinic, Men for Health, and LEGABIBO. A health project was proposed, aiming to improve healthcare access to government facilities through capacity building of public healthcare workers and collaboration between the District Health Management Team (DHMT) and the above-mentioned NGOs.

"The aim of the community outreach projects is for students to engage in comprehensive community assessment and intervention"

### Unmet Needs of Orphans and Vulnerable Children

Revitalization of primary healthcare demands that no one is left behind. This requires that everyone be included in all health matters and personal development. One of the student projects focused on orphans and vulnerable children. The major objective was to conduct a situational needs assessment of an identified community and develop a program that will address the identified needs. The community organization temporarily houses vulnerable children from diverse family backgrounds where they experience physical, emotional or sexual abuse. Yet, institutionalizing children has its own disadvantages as indicated in the situational needs assessment findings; the children experience bullying, theft, peer pressure resulting in alcohol and substance abuse, and indulging in early risky sexual behaviors.

These concerns prompted the development of a program that will link the identified organization to the local District Health Management Team to meet the needs of the children. A needs assessment was conducted which involved key stakeholders in the community like the Kgosi, teachers, church leaders, and health workers. Findings of needs assessment indicated that families are "broken", and children suffer the most, as they in turn use substances and fail to perform well in school. The extended family structure

which used to cushion and absorb orphans is no longer functional.

Interventions included health talks on gender-based violence, abuse of children, and life skills because orphan children are often subjected to abuse by people they trust. The community was sensitized on the dangers of neglecting children and how it impacts on their social development.

"Revitalization of primary healthcare demands that no one is left behind"

### Conclusion

The new global configuration brings new challenges, such as the need to deploy innovative community interventions and ways of thinking and learning. Therefore, the construction of knowledge through democratic work processes committed to ethical, humanistic, and equal values in a supportive community environment becomes crucial.



# Integrating a Primary Health Care Approach into Nursing Curriculum

By Hong Zhao, RN, PhD, Tao Liang, RN, PhD & Chunhong Xia, RN, MSN, School of Nursing, Peking Union Medical College, WHOCC for Nursing, Policy-Making and Leadership

## A teacher-led, student-centered, competence-building, task-driven teaching model.

The School of Nursing, Peking Union Medical College (PUMC) was designated as WHO Collaborating Centre for Nursing Policy-Making and Leadership in 2010. The work of the Centre aims to provide knowledge and technical assistance to member states in strengthening and expanding leadership capacity of the nursing and midwifery workforce as well as nursing students, to improve nursing education and service delivery of primary care with focus on women and children, and to enable and empower community- and home-based nursing practice for ageing populations.

WHO emphasises realization of the social goal of “Health for All” through primary health care (PHC). The Healthy China Plan has set targets for strengthening PHC networks to provide services ranging from health education, disease prevention, basic public health services, communicable disease and NCD management, and

rehabilitation services in urban and rural areas. The WHO Collaborating Centre, School of Nursing PUMC has been working to integrate national, regional and global strategic directions into the nursing curriculum; design competency-based education programs; apply effective learning methods and meet quality standards and population health needs.

## Task-driven approaches

In order to activate undergraduate students and promote their health education skills, the Nursing Education course adopted a task-driven approach; designing health education posters was one such task. Since 2015, a Contest of Health Education Poster for Nursing Students has been conducted every year. The activity was organised by undergraduate students themselves, and conducted in groups of 4-5 students guided by a teacher. Each group selected a healthcare topic, such as management of NCD, breastfeeding or mental health, and used communication strategies to

jointly design a poster. Some groups also filmed short videos, or made posters in both Chinese and English.

Posters were displayed around campuses and community healthcare centres, and posters and videos were also displayed on Wechat (a Chinese mobile social media app that provides instant messaging services), so audiences could access them via mobile phone. After the activity, students, teachers, and community residents voted to select outstanding posters.

## Student-centered learning

In implementing this task-based teaching model, the relationship between teaching and learning has been repositioned. Students are the subject of learning and completing tasks, while



Video filmed by students



Posters designed by the students, displayed at school and at community healthcare centres

teachers are the creators of learning tasks, providers of learning resources, organisers and coordinators of teaching activities, mainly providing inspiration and guidance. Unlike passive knowledge reception in the past, students are required to work in groups to collaborate and complete specific learning tasks using the knowledge they have acquired and relevant materials.

Student groups form a learning community, where they negotiate and form solutions to problems. During group discussions outside of class, students with different backgrounds actively explore and solve practical problems through division of labor and other methods within the learning community. Team members influence, learn from, and promote each other, sharing and constructing knowledge. Teamwork skills, self-directed learning ability, and the spirit of exploration are all enhanced.

Students’ feedback noted, ‘It is important to carefully select the knowledge points to be presented to the audiences, and the way of expression is also crucial. Because, women in menopause are not medical students, so it is essential to translate specialized terms into easily understandable language. The purpose of creating posters is to help them better understand menopause.’ Another stated ‘Each person can wholeheartedly participate, and each person wants to contribute their own strength to every aspect. Every detail reflects their own ideas, and every step is an opportunity for growth and progress.’

To sum up, this “Nursing Education” course adopts a teacher-led, student-centered, competence-building, and task-driven teaching model. This model combines abstract knowledge with solving specific tasks, which helps stimulate students’ interest in learning, achieve a deep understanding of knowledge, cultivate students’ comprehensive abilities, and lay a solid foundation for the development of their role as clinical educators. working to integrate national, regional and global strategic directions into the nursing curriculum

“Working to integrate national, regional and global strategic directions into the nursing curriculum”





### Palliative Care Initiatives in Korea

# EMR Standardization for Hospice and Palliative Care

By Mihyun Park, Director & Sujeong Kim, Vice Director



WHO CC for Training in Hospice and Palliative Care

The standardization of Electronic Medical Records can improve the quality of Hospice & Palliative Care services

The Research Institute for Hospice/Palliative Care (RIHPC) has initiated a project to standardise Electronic Medical Records (EMR) for Hospice and Palliative Care in the Catholic Medical Center (CMC), starting with a seminar held on December 14, 2022.

In this seminar, RIHPC invited hospice and palliative care (HPC) staff from the Hospice and Palliative Care Centers at eight hospitals in the CMC's network. The Director of RIHPC led discussions for establishing a standardized electronic medical record (EMR) within the Centers using a neuro-Ubiquitous health information system. The project will follow the four main stages: 1. Assessment of the current status, 2. Organization, 3. Review and adjustment, and 4. Implementation.

The standardization of EMR can improve the quality of HPC services due to increasing work efficiency with standardized communication in the EMR and reducing the burden of maintaining all records. Furthermore, it can build a comprehensive database in HPC. The RIHPC plans to utilize a research project to develop guidelines for evidence-based practice using the database as a next step.

**International Collaborative Research Project** with the Cicely Saunders Institute, UK  
Dr. Sujeong Kim, an affiliate faculty member in the RIHPC, has participated in a research project for developing the Children's Palliative Care Outcome Scale (C-POS) led by a research team in the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation (CSI) in London, UK since 2022.

For the C-POS study, over 40 multidisciplinary partners, including King's College London, the European Commission, and the European Research Council, participated.

The RIHPC will be responsible for developing the Korean version of C-POS in the project. Under the supervision and guidance of Dr. Sujeong Kim, Dr. Eunsook Kim, a nurse practitioner in the neonatal intensive care unit of Samsung Medical Center, was sent as the project manager for the Korean C-POS development research project with CSI with financial support from the Korea Health Technology R&D Project, the Korea Health Industry Development Institute, funded by the Ministry of Health & Welfare in December 2022.

Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.

Worldwide, only about 14% of people who need palliative care currently receive it.

Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access. - WHO 2020



Photo by Mathew Swartz - UNSPLASH

# Assessment Scale and Educational Materials for People-Centered Care in the Community Partnerships Between Community People and Healthcare Professionals

By Keiko Takahashi and Erika Ota

In 1990, WHO designated St. Luke's International University as the only WHO Collaborating Centre in the nursing field in Japan. Our university is endorsing practical and developmental research on People-Centered Care (PCC) to manage the super-aging and low birth rate society in Japan. PCC has broader implications than patient-centered care, which focuses on the individual seeking care, as PCC also focuses on the health of people in the community and the important role of people in shaping health policy and services (WHO, 2010). PCC was defined as "a partnership between community members and healthcare providers to improve the health problems of individuals or the community and an initiative whereby those who receive care play a central role" by the PCC Practice Development Research Department, St. Luke's International University (Takahashi et al., 2018).

We hereby introduce the People-Centered Care Model (PCCM) concept (Figure 1), a PCCM evaluation tool we have developed, and educational materials for People-Centered Care (PCC).

## Evaluation Tool for Assessing People-Centered Care

The PCCM evaluation tool is based on partnerships between community, people and healthcare professionals. To develop the tool, we first reviewed the relevant literature and gathered practical information on 11 PCC activities and cases of their implementation provided by our university concerning small children and parents,

women, people living with chronic disease and older adults. As a result, eight primary PCC components were extracted, namely;

1. Understanding each other
2. Trusting each other,
3. Respecting each other
4. Using each other's strengths
5. Taking on each other's roles
6. Overcoming problems together
7. Shared decision making
8. Learning together.

Next, ten experienced researchers devised a preliminary evaluation scale comprising 37 items arranged in five levels. The draft scale was distributed to community members and healthcare providers using two surveys. The first survey assessed the content validity of the scale, and second survey assessed reliability, validity, the confirmatory factor analysis, and model suitability of the scale. We then developed the final PCC Partnership-16 tool (8-factor with 16-item in five levels) and confirmed its reliability and validity. (Figure 2).

## Education Materials for Promoting Partnerships

We are also developing PCC educational materials for community, people and healthcare professionals to think together. The content of the PCC educational material website is based on the definition of PCC and the eight components of partnerships between community people and healthcare professionals, which are essential for PCC. We also created a video.

Education materials are aimed at nursing students to enhance their competencies in providing quality care and in responding to population health needs. Materials are also intended for continuing education of practising health professionals and others interested in PCC activities.

Partnership between community, people and healthcare professionals (Figure 3).

The educational material consists of three parts:

Part 1: What is People-Centered Care (animated version)? - [LINK](#) (under adjustment)

Part 2: Examples of PCC practice (actual consultation scenes)

Part 3: Examples of PCC activities (five cases in different areas)

'Part 2' and 'Part 3' English versions will be uploaded this year.

In the future, we plan to conduct a user survey to evaluate the convenience and potential utilisation of these materials.

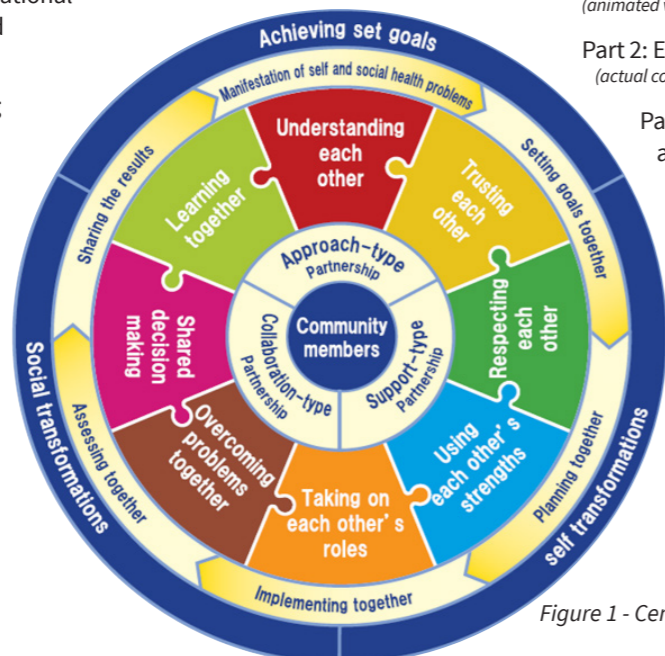


Figure 1 - Centred Care (PCC) model

	Please answer all of the questions below. Please circle the <u>one</u> answer that best describes your thoughts or actions. * "Members" refers to those participating in activities with you in the activity group.	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Understanding each other	1 I understand the way the members think about activities.	5	4	3	2	1
	2 I understand the way the members feel about activities.	5	4	3	2	1
Trusting each other	3 I believe in the members and engage in activities.	5	4	3	2	1
	4 I recognize the members as partners in activities.	5	4	3	2	1
Respecting each other	5 I respect the members' opinions.	5	4	3	2	1
	6 I treat the members with respect.	5	4	3	2	1
Using each other's strengths	7 I recognize the strengths of the members in activities.	5	4	3	2	1
	8 I ensure that the members' opinions are reflected in activities.	5	4	3	2	1
Taking on each other's role	9 I fulfill my role decided with the members in activities.	5	4	3	2	1
	10 The members and I take responsibility for our roles in activities.	5	4	3	2	1
Overcoming problems together	11 I share my thoughts about activities with the members.	5	4	3	2	1
	12 I engage in activities with the members.	5	4	3	2	1
Shared decision making	13 I share goals for activities with the members.	5	4	3	2	1
	14 I share my experiences and knowledge I think are necessary for activities with the members.	5	4	3	2	1
Learning together	15 The members and I learn from activities together.	5	4	3	2	1
	16 I gain knowledge and information useful for activities from the members.	5	4	3	2	1

Figure 2 - People-Centered Care Partnership Scale-16(PCCP-16)

# Celebrating our past - Looking into the future



The Pan American Nursing and Midwifery Collaborating Centres is a network of 16 PAHO/WHO CCs within the region of the Americas that supports nurses and midwives in advancing Universal Health Coverage by promoting regional priorities and cooperation.

The PANMCC network reflects the diversity of nurses and midwives in the Latin American/Caribbean region and serves as a resource for developing knowledge, building capacity, strengthening health systems and influencing policy that furthers "Health for All".

Formed in 1999, the network has been guided by the expertise, skillset, and passion of many extraordinary nursing and midwifery leaders. We wish to honor our past by recognizing the outstanding leadership of our honorary and emeriti members.

For more information, please

[VISIT OUR WEBSITE HERE](#)



## Emeriti members



**Isabel Amelia Costa Mendes**  
RN, PhD Professor Emerita, Universidade de São Paulo, Escola de Enfermagem Ribeirão Preto, Brazil



**Fabiola Castellanos Soriano**  
Former Dean, Facultad de Enfermería, Pontificia Universidad Javeriana, Colombia



**Rita M. Carty**  
PhD, RN, FAAN Professor Emerita, George Mason University



**Ada Sue Hinshaw**  
PhD, RN, FAAN Former president American Academy of Nursing

## Honorary members



**Lorena Binfa**  
MPH, PhD Professor, Universidad de Chile, Escuela de Obstetricia



**Patricia Davidson**  
PhD, Med, RN, FAAN Professor & Dean Emerita, Johns Hopkins University Vice-Chancellor & President, University of Wollongong, Australia



**Doreen Harper**  
PhD, RN, FAAN, Professor & Dean Emerita, University of Alabama at Birmingham School of Nursing



**Eulalia Kahwa**  
PhD, BSN, RN, RM Professor, at University of West Indies-Mona School of Nursing, Jamaica



**Mi Ja Kim**  
PhD, RN, FRCN, FAAN Professor Emerita, University of Illinois at Chicago School of Nursing



**Maricel Manfredi**  
MSN, FAAN Former Regional Advisor, PAHO



**Linda McCreary**  
PhD, RN, FAAN, Clinical Associate, Professor Emerita, University of Illinois at Chicago School of Nursing



**Afaf I. Meleis**  
RN, PhD, FAAN, Dean Emerita, University of Pennsylvania School of Nursing



**Silvana M. Malvárez**  
PhD, RN, DrSC Former Professor, Universidad Nacional de Córdoba Escuela de Enfermería, Argentina



**Madeline Naegle**  
PhD, CNS-PMH, BC, FAAN Professor Emerita, New York University School of Nursing



**Rosa Zárate Grajales**  
PhD Professor and Director, Universidad Autónoma de México Escuela de Enfermería y Obstetricia



**Eizabeth T. Anderson**  
DrPH, RN, FAAN Professor & Chair, University of Texas Medical Branch School of Nursing, Retired



**Nena Peragallo Montano**  
PhD, RN, FAAN Dean Emeritus, University of North Carolina at Chapel Hill School of Nursing



**Ruta Valaitis**  
BScN, BA, MHC, PhD Professor Emerita, McMaster University



**Terri Weaver**  
PhD, RN, FAAN, Emerita Dean and Professor, University of Illinois at Chicago School of Nursing



**Lynda Wilson**  
RN, PhD Professor Emerita, University of Alabama at Birmingham School of Nursing



# A Global Community: Hosting a Virtual Exchange on Nursing and Midwifery Response to the Planetary Crisis for Students on Five Continents

By Emma Pascale Blakey, Nina A. Juntereal, Sarah H. Kagan, and Maria S. White  
- School of Nursing, University of Pennsylvania, Philadelphia, PA, USA

## A focus on nursing and midwifery response to the pandemic as a current global health crisis

In 2021, a team at the University of Pennsylvania School of Nursing (Penn Nursing) in the United States (US) began hosting a virtual multinational exchange for nursing and midwifery students. The virtual exchange uses an educational model called COIL – Collaborative Online International Learning (see <https://coil.suny.edu> for more information) – that rose in popularity around the world during the COVID pandemic. The team at Penn Nursing decided to use it as they thought about maintaining international student exchange at a time when travel was impossible. Developing a virtual exchange meant too that they could offer an accessible and equitable alternative to in-person exchange, one that might transcend the pandemic.

A virtual exchange quickly took shape in 2021 with partners in the US, Australia, the United Kingdom, and Norway. A team at Penn Nursing who conceived the idea stepped forward to host it, garnering resources from Penn Abroad to provide the learning management system and synchronous sessions via a video conferencing platform. The exchange focused on nursing and midwifery response to the pandemic as a current global health crisis, featuring experts on the pandemic from around the world.

## A permanent focus for this global endeavor

As the pandemic abated, the original host team at Penn Nursing, Sarah Kagan, Nina Juntereal, and Maria White, considered options for the 2022 exchange. Quickly realizing the full enormity of the planetary crisis, they knew they had found the permanent focus for this global endeavor. The Penn Nursing team recruited content expert Emma Pascale Blakey from NHS England who was then the first nurse to serve as an NHS Chief Sustainability Officer's Clinical Fellow. With Emma

Palaganas, a nurse consultant and activist in the Philippines (<http://ecpalaganas.com>), and the Green Team from the Nursing Department at Clinica Alemana (<https://www.clinicaalemana.cl>) in Chile.

Having hosted the exchange with a focus on climate and sustainability for two years now, the Penn Nursing Team – Sarah, Nina, Maria, and Emma – are working hard to advance the content for both students and teachers. Each partner school can bring as many as three teachers and twelve students each year. Unsurprisingly, as the pandemic has abated, student interest has flagged slightly. From peak enrollment in the first year of the pandemic of over 100 students, participation leveled off at about 50 students and more than 30 teachers. Similarly, finding a time



“Developing a virtual exchange with a focus on climate and sustainability”

From upper left, clockwise: Maria White, Sarah Kagan, Emma Blakey, and Nina Juntereal captured in a screen shot as they launch the virtual multinational exchange on nursing and midwifery response to the planetary crisis.

onboard, Sarah, Nina, and Maria started to learn more about the planetary crisis as a health crisis and the need for sustainable healthcare. They recruited more than a dozen partner schools spanning five continents, including the University of Botswana home to one of the WHO Collaborating Centers, and identified world renowned guest experts. Experts taking part hail from around the world and include leaders across all sectors of health like Professor Erlinda Castro-

for synchronous sessions – fighting both time zones and clock changes at equinox – remains a real challenge. Session timing limits participation among partner schools in East Asia and is always a consideration for the host team.

Feedback from the 2023 exchange is inspiring the Penn Nursing Team to realign the content from general topics discussed by leading guest

experts to a more specific structure that delves more deeply into topics both students and teachers prioritize. In 2024, the exchange will feature several modules with didactic content and activities for engagement to both learn about and build skill to respond to the planetary crisis as a health crisis. Content includes understanding the fundamentals of the planetary crisis as a health crisis, clinical management of conditions related to direct effects of the planetary crisis like injury from extreme heat events, and creation of sustainable healthcare practices and processes.

The 11-week exchange will conclude, as it did this year, with Dr. Teddie Potter, a renowned expert in the field from the University of Minnesota in the US, offering her synthesis on the topic of the ‘Future of Global Health in the Era of Climate Crisis: The Roles of Nurses and Midwives’.

The Penn Nursing Team is excited to be working with a team at the Alliance of Nurses for Healthy Environments Latin America (<https://envirn.org/anhe-latinoamerica/>) to replicate this virtual multinational exchange among partners across Latin America. That exchange is

expected to launch in September 2023. The host team invites colleagues at WHO Collaborating Centers and elsewhere who are interested in learning more and either replicating this learning experience in their region or joining the exchange hosted by Penn Nursing. They can be reached via Sarah Kagan’s email address [skagan@nursing.upenn.edu](mailto:skagan@nursing.upenn.edu) who will then respond to all queries with the other members of the host team to provide information, support, relevant materials and resources to those colleagues who are interested in learning more.

See the set of principles and attributes developed to be used for the identification and elevation of credible sources of information from non-profit and government organizations



By Antonia M. Villarruel, PhD, RN, FAAN; Professor and Margaret Bond Simon Dean of Nursing; University of Pennsylvania School of Nursing

## OVERVIEW

### National Academy of Medicine Discussion Papers on Misinformation

Misinformation is a global threat to public health. The sheer magnitude of unfiltered information available through social media, embedded algorithms that prevent availability of diverse perspectives, and the politicization of health and policies contribute to this threat.

Nurses, as the most trusted profession in many countries, not only have an opportunity, but an ethical responsibility to prevent the use and spread of misinformation and to guide individuals and families to reliable sources.

The National Academy of Medicine (NAM), the Council of Medical Specialty Societies (CMSS) in the United States and the World Health Organization (WHO) convened a panel of experts to evaluate the credibility of health information from for-profit entities and individuals and to consider global applicability (Burstin, et al, 2023). A previous NAM panel (Kingston et al, 2021) developed a set of principles and attributes that

could be used for the identification and elevation of credible sources of information from non-profit and government organizations. The principles and framework from both papers, while initially designed for social media platforms, are valuable tools for nurses in the development and evaluation of health information.

Identifying Credible Sources of Health Information in Social Media

Read “NAM Perspectives” discussion papers here:



## Maternity Waiting Homes

# A Toolkit for Communities & Health Systems to Improve Maternal and Newborn Health

By Jody R. Lori, Megan Eagle & Mark Cantrell



### A low-cost strategy to bridge the obstetric gap care between rural and urban areas

Nearly 300,000 women continue to die during and following pregnancy and childbirth with 95% of all maternal deaths in low and middle-income countries (LMICs). Access to quality childbirth care in LMICs, hard-to-reach, rural communities is often impacted by long travel distances and poor transportation to a health facility. Maternity waiting homes (MWHs) have been identified as a strategy for improving birth outcomes. They are defined as facilities that accommodate women

in the last few days or weeks of pregnancy, offering easy access to a nearby healthcare facility capable of providing emergency obstetric and newborn care (EmONC) once labor begins.

Descriptions of MWHs date back as far as the 1950's with examples from multiple continents. In the 1980's "Casa Maternas" were successfully developed in Nicaragua to address the growing rates of maternal mortality in rural areas. They provide short-term residence, free of charge, to high-risk expectant and postpartum mothers. MWHs have

been successful as a vital element of a low-cost strategy to bridge the obstetric gap care between rural and urban areas in places as diverse as Eritrea, Liberia, Nepal, and Zambia.

### Best MWH practice for nurses, midwives and other health care providers

Working with a member of the PAHO Nicaragua country office, a team of University of Michigan faculty, staff, and students conducted an extensive search of the literature for evaluations of MWH policies, examples of operational protocols, and program descriptions in LMICs.

"Individual communities and health systems will need to design their own approach and protocols but can learn from and adapt tools and policies that have been helpful in other settings"



We identified and reviewed over 300 documents. Our final output is a web-based toolkit, available free of charge, in English and Spanish that provides information on best practices for nurses, midwives and other health care providers and policy makers in the region <https://maternitywaitinghometoolkit.squarespace.com/>. The toolkit provides information, resources, and examples of protocols for communities and health systems that are considering MWHs as part of a strategy to improve maternal and newborn health. Individual communities and health systems will need to design their own approach and protocols but can learn from and adapt tools and policies that have been helpful in other settings. The toolkit is presented in chapters that include an introduction to MWHs, the planning process, examples of the built environment, potential services to be offered, designing an MWH for sustainability, recommendations for program evaluation, examples of operational guidelines, and an extensive resource chapter.

It is our hope that collaborating centers working with rural and remote communities around the globe will use and share this toolkit with partners. Please feel free to provide us with any feedback you believe will enhance the content.

### WEB BASED TOOLKIT, including:

- Introduction on how to use the kit
- Planning Process
- Built Environment
- Services
- Sustainability
- Evaluation
- Policies & Procedures

Click here to see the toolkit



# USEFUL RESOURCES

**WHO Quality Rights e-training on Mental Health, Recovery and Community Inclusion** - register here

Published by WHO



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

Published by WHO



**The State of the World's Midwifery 2022: East and Southern Africa Region (ESARO)**

Published by UNFPA



**Global Strategy for Women's, Children's and Adolescents' Health Data Portal (2016-2030)**

Published by WHO



**Global Community of Practice for Nursing and Midwifery - Live updates**

Published by WHO



**The Road Map Targets for 2030**

Published by WHO



**Emergency Care Saves Lives**

Published by WHO



**ICN E-Learning Training and Educational Platform**

Published by ICN



**A Review of WHO Resources and Contributions**

Published by WHO



**ICM E-Learning Platform**

Published by ICM



**The Lancet Global Health**

Published by UNDP



**ICN SDNM Toolkit**

Published by ICN



**Global Strategy for Public Health 2021-2025**

Published by UNHCR



**Quarterly Newsletter: WHO Antimicrobial Resistance Division**

Published by WHO



**Universal Health Coverage (UHC)**

Published by WHO



**World Health Assembly - Tedros report**

Published by WHO



## EVENTS 2023/24

### SEPTEMBER

**World Suicide Prevention Day**  
10 September 2023  
WHO



**World Patient Safety Day**  
17 September 2023  
WHO



**The 26th International Nursing Philosophy Conference**  
27 - 29 September 2023  
University of Sydney - SIGMA



### OCTOBER

**2023 Yonsei International Nursing Conference**  
5-7 October 2023  
Yonsei University  
College of Nursing  
GNWHOCCNM face to face meeting



**World Mental Health Day**  
10 October 2023  
WHO



**Health Aging Conference 2023**  
26 -27 October 2023  
Hong Kong PolyU



### NOVEMBER

**World Diabetes Day**  
14 November 2023  
WHO



**47th Biennial Convention**  
11-15 November 2023  
San Antonio, Texas, USA  
or  
28-30 November 2023  
Virtual  
SIGMA  
GNWHOCCNM face to face meeting



**5th Asian Congress in Nursing Education**  
24-25 November 2023  
Istanbul, Turkey  
SIGMA



### DECEMBER

**World AIDS Day**  
1 December 2023  
WHO



**Celebrating International Day of Persons with Disabilities**  
3 December 2023  
WHO



**Universal Health Coverage Day**  
12 December 2023  
WHO



### JANUARY

**75 Years of Improving Public Health**  
1 January 2023 - 7 April 2024  
WHO



### MARCH

**Creating Healthy Work Environments**  
8-10 March 2024  
Washington, DC, USA  
or  
14-15 March 2024  
Virtual  
SIGMA



### APRIL

**World Health Day**  
7 April 2024  
WHO

### MAY

**77th World Health Assembly 2024**  
May 2024 (exact dates not released yet)  
WHO



### JULY

**International Nursing**  
25-28 July 2024  
Singapore  
or  
6-8 August 2024  
Virtual  
SIGMA





World Health Organization

# Nursing and Midwifery

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

## Join in 2 easy steps:

### 1. SIGN UP to NMGCOP



### 2. LOGIN to NMGCOP



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

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

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

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

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

Photo by Ilyas Ahmed



## Advancing interprofessional excellence in health professions education, research, and service for Africa.

The African Forum for Research and Education in Health (AFREhealth) is an interdisciplinary health professional grouping that seeks to work with Ministries of Health, training institutions and other stakeholders to improve the quality of health care in Africa through research, education and capacity building. It is a conglomerate of individuals, institutions, associations and networks from all the geographic and linguistic regions of Africa namely Anglophone, Franco-phone, Lusophone and Arabophone. Membership is open to African and external stakeholders committed to an Africa with strong, self-sustaining and robust health systems.

#### Vision:

To be a responsive and leading African forum in the pursuit of excellence in health research education and service provision

#### Mission:

To provide African leadership for responsive health professions education, training, research and service delivery through:

- (a) Partnership/Collaboration,
- (b) Networking,
- (c) Advocacy,
- (d) Resource mobilization,
- (e) Strategic communication,
- (f) Sharing best practices,
- (g) capacity building, and
- (h) Transformation of responsive health professions education.

#### Value Proposition:

Working in Africa to achieve excellence in health professions' education, research and service by influencing a new interprofessional narrative that will result in sustainable and continuous quality improvement for the populations we serve

AFREhealth Newsletters:



2023 6th AFREhealth 1-3 August AFREhealth 6th Annual Symposium



#### VALUES

- a. Professionalism
- b. Accountability
- c. Mutual respect
- d. Team spirit
- e. Gender sensitivity
- f. Excellence
- g. Equity
- h. Inclusiveness

A section of the 11 midwives that received initial training



# ConvoCare... Zomunchi!

*Zomunchi means 'Togetherness' in Hausa*

## Building the Mental Health Resiliency of Midwives through Midwives' Social Clubs – the ConvoCare Activity in Ghana

Midwives play a crucial role in the healthcare system, providing essential care and support to expectant mothers during one of the most important phases of their lives. However, the demanding and emotionally challenging nature of their work often takes a toll on their mental health and overall well-being. Recognizing the need to address this issue, an innovative initiative called ConvoCare (Converging to Care) was introduced in Ghana. This article highlights the importance of prioritizing the well-being of midwives and how the ConvoCare activity is making a significant impact on their mental health resiliency.

### Understanding the Challenges

Midwives around the globe face tremendous stress, burnout, and secondary trauma as a result of their work. They are exposed to the joyous beginnings of life and the heartbreaking endings, often with limited availability of resources and encounters with difficult situations. Additionally, midwives frequently experience being

undervalued by health systems, limited professional autonomy, demanding shift and call schedules, inadequate wages and benefits, and limited opportunities for professional growth. These factors contribute to a cycle of mistreatment among midwives and clients, ultimately affecting the quality of care provided. The stressful and traumatic experiences midwives go through can perpetuate a cycle of mistreatment, leading to suboptimal care for pregnant women.

### The Role of Gender Inequality

Midwifery is a predominantly female profession, serving predominantly female clients. Unfortunately, gender inequality plays a significant role in perpetuating the cycle of poor outcomes for both midwives and birthing women. The low value placed on women's lives and well-being by society contributes to the neglect of midwives' mental health. The underappreciation of women's roles and contributions likely serves as a key driver of the mistreatment and lack of support experienced by midwives. It is crucial to recognize this systemic issue and address it to improve overall health outcomes and advance gender equality.

### The ConvoCare Initiative

The initiative, ConvoCare, which is a hybrid term standing for "converging to care," was originally piloted in Mali under the name "Club Courage" and later introduced in Ghana. Established in January 2023, the primary goal of this initiative is to enhance the well-being of midwives by addressing chronic trauma and stress, ultimately improving the experience of pregnant women receiving maternal health care services. The implementation of the initiative involved

the formation of midwifery clubs in pilot health facilities across the country. These clubs consist of approximately 10-15 midwives who meet at least once every month. The venue for the meetings is decided by the club members, and their discussions and activities are independent of facility authorities. The members utilize their resources to ensure the success of the meetings.

During club meetings, discussions are guided by toolkits which focus on four thematic areas: self-care, care for family, care for colleagues, and care for clients. From time to time, club members utilize the Professional Quality of Life scale for health workers (ProQoL) to assess the impact of their compassionate work on their well-being. By regularly evaluating their levels of compassion fatigue and burnout, midwives could identify areas for improvement and take necessary steps to prioritize self-care.

ConvoCare, which has the slogan "zomunchi" meaning togetherness in Hausa, has provided a safe social space for midwives to share and receive social and emotional support for the challenges they face in their daily work. In collaboration with the Ghana Health Service and the midwifery associations, eleven midwives were selected from different health facilities, with ten in the Greater Accra region and one in the Central region in Ghana. These midwives were trained to lead the formation of midwifery clubs in their respective facilities and orient club members about the initiative. To ensure cultural appropriateness, a club toolkit, originally developed in French, was translated and revised to suit the Ghanaian context.

### Results and Benefits

The ConvoCare initiative has already shown promising results in improving the mental health resiliency of midwives. By providing a platform for open discussions and sharing experiences, midwives can support and uplift one another, reducing feelings of isolation and burnout. Moreover, the initiative empowers midwives to advocate for their well-being and demand the necessary support from health systems and policymakers.

Rabiatu, a midwife and participant in the ConvoCare activity, shares her experience: "Being part of the ConvoCare club has been immensely beneficial for me and my colleagues. We finally have a safe space to discuss our challenges, share our experiences, and support each other. The club has helped us develop coping strategies and prioritize self-care, making us more effective in our work. It's amazing to see how this initiative has positively impacted not only our mental well-being but also the quality of care we provide to pregnant women."

### Conclusion

The ConvoCare activity in Ghana is an essential step towards building the mental health resiliency of midwives. By prioritizing the well-being of these healthcare professionals, the quality of care provided to expectant mothers will be enhanced. Together, we can build a healthcare system that values and uplifts the mental health of midwives, ultimately leading to improved outcomes for both caregivers and those they serve.



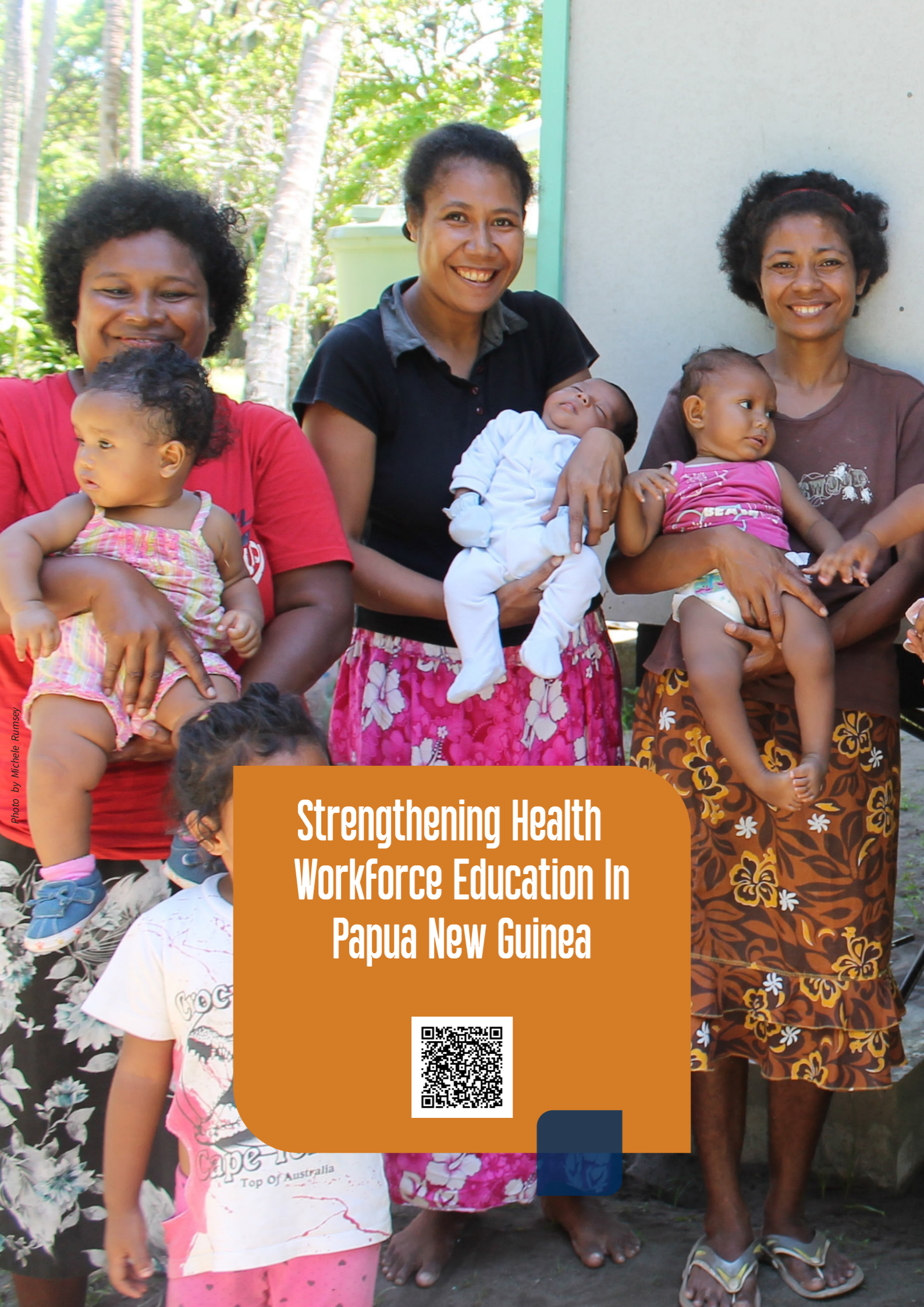
Wives using ProQoL to assess themselves individually



Midwives training at the facility level







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Caroline in front of GCU Library

## Strengthening Partnerships to Facilitate Collaborative Nurse-Led Research Projects on Antimicrobial Resistance in Brazil

By Arancha De La Horra, Caroline Lopes Ciofi Silva, Zainab Al-Rawni, and Professor Trudie Lang

On 8th October 2022, Caroline Lopes Ciofi Silva, an Intensive Care Unit Nurse and Researcher, travelled from Sao Paulo, Brazil to Glasgow, Scotland for an exchange visit. The main goal of the visit was to strengthen the partnership and network between the Safeguarding Health through Infection Prevention (SHIP) research group at Glasgow Caledonian University and the Universities of Sao Paulo & Campinas. Therefore, building synergy to improve research skills and facilitate the development of future collaborative projects on antimicrobial resistance.

The exchange visit was supported by The Global Health Network and Global Research Nurses Pump-Priming Grant Travel Award. Global Research Nurses funded by the Burdett Trust for Nursing is a network developed by nurses for nurses. The

prime focus is to help nurses and midwives engage, learn and seek opportunities to work in clinical research, and ultimately develop and lead their own studies. The ultimate goal is to foster nursing and midwifery research leadership in low- and middle-income countries (LMICs).

As part of the exchange visit, Dr Valerie Ness who leads public engagement and involvement at SHIP organised a visit to the Queen Elizabeth University Hospital with Ph. D. student, Ayodeji Matuluko. They joined Dr Andrew Seaton, Consultant in Infectious Diseases and General Medicine and Chair of the Scottish Antimicrobial Prescribing Group – SAPG, on an antimicrobial ward round and were introduced to the Outpatient Parenteral Antibiotic Therapy (OPAT) service.

Caroline met Professor Jacqui Reilly to discuss how she has been involved at a national level in developing and managing infection prevention and control over the years and continues to do so as part of her role in National Services Scotland (NSS). She learnt about the nationally held database on nurses' prescribing, national surveillance system for healthcare associated infection, and efforts to improve cleaning practices in healthcare facilities in Scotland.

Discussions also took place on future research projects that could flourish from the partnership between the Brazilian Universities and Glasgow Caledonian University. In the first instance, plans were made to share their experiences by publishing a paper on how the experiences of Scottish nurses in AMS can contribute to the fight against antimicrobial resistance in Brazil.

Now, Professor Valerie Ness and Caroline Lopes Ciofi Silva are working together on a research project about the role of nurses in antimicrobial stewardship programs in Brazil. This demonstrates the far-reaching impact of small pump-priming grants to connect excellence, transfer knowledge, build capacity and foster exchanges in health research between and across diseases, regions and organisations. This works towards The Global Health Network's vision to enable research in every healthcare setting - driving equity in where research happens, who leads and who benefits.

Prof. Caroline Lopes Ciofi Silva, Nursing School of the University of Campinas, Brazil (UNICAMP), Intensive Care Unit Nurse and Researcher, Winner of the Global Research Nurses Pump-priming Grant Travel Award 2021

"I had the opportunity to travel and gain a better understanding of the activities performed by the SHIP team, as well as a greater insight into the role of Scottish nurses in Antimicrobial Stewardship (AMS). This is important because in Brazil, there is a lack of awareness concerning the importance of nurses' role in AMS and the Brazilian research team intend to address this issue through implementation research.

At Queen Elizabeth University Hospital, Glasgow, I hoped to understand more about how nurses' work with AMS in Scotland. It was fascinating to notice how much autonomy the nurses in this service had, how they work collaboratively with the inter-professional team, as well as understanding the attributions of nurse prescribers and what the requirements are to become one in Scotland.

I also had the opportunity to attend two undergraduate classes: one of them on research methods and planning a research project, and the other about public health policies in Scotland. It was riveting to observe the educational strategies used by the lecturers aiming to foster the development of critical thinking among the students.

It was amazing to see how everyone went out of their way to make me feel at ease and were always available to answer my every question. I am confident that the invaluable opportunity in observing and Scottish nurses' working in AMS, in understanding the enablers and challenges they encounter, and in talking face-to-face with the stakeholders in Scotland, will motivate me to continue working to expand AMS in Brazilian nursing. I am forever grateful for the amazing reception of Dr Valerie Ness and all of the SHIP research group.

## Applications are open for Global Research Nurses Pump-priming Grants 2023: Research Project Award

The Global Research Nurses and The Global Health Network are offering £30,000 in small pump-priming grants ranging from £2,000 to £10,000 for nursing and midwifery-led research projects in low- and middle-income countries. These pump-priming grants are intended to cover the costs of conducting small new research projects, such as proof-of-principle studies, and aim to empower nurses and midwives to assume research leadership positions within their institutions and communities.

Funds for the scheme are limited and will be awarded competitively. Apply before midnight (BST) 30 September 2023 for a chance



to be awarded funding for your project.





# LINKS

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

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

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