

PRINCIPLES OF PARTNERSHIP

A Working Framework
for BEST PRACTICE
Participatory Health Programs
in Pacific Island Nations



Prepared by

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SYDNEY



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About the authors

The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) works collaboratively to strengthen nursing and midwifery provision to improve Pacific health in an equitable and sustainable manner, by raising the quality and relevance of nursing, midwifery and health leadership in health services, as well as nursing and midwifery education.

The World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development (WHO CCNMH UTS) is an interdisciplinary research and consulting organisation in the Faculty of Health at the University of Technology Sydney. WHO CCNMH UTS forms part of an international collaborative network that supports and undertakes projects in support of WHO's program at national, regional and international levels.

UTS acknowledges and respects the Aboriginal and Torres Strait Islander custodians of Australia and the Gadigal peoples upon whose ancestral lands the UTS City Campus now stands. We continue to value the generations of knowledge Aboriginal and Torres Strait Islander peoples embed within our University and we pay our respects to their Elders past, present and emerging.

For further information visit: <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre>
<https://www.uts.edu.au/research/centres/who-collaborating-centre/what-we-do/leadership/south-pacific-chief-nursing-and-midwifery-officers-alliance>



Dedicated to

Fiona Brooks



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Context

Pacific island nations have unique strengths in their tight-knit communities and cultural resilience. While geographically isolated and environmentally vulnerable, they often exhibit remarkable adaptability and resourcefulness in the face of challenges. Although health issues exist (1), communities are deeply committed to improving well-being, and there is a growing understanding of the need to strengthen healthcare infrastructure.

Opportunities for growth lie in redistributing and upskilling the health workforce and increasing access to resources. This is a prerequisite to addressing some of the critical health challenges in the region including;

- Significant burden of infectious diseases (2)
- Increasing non-communicable diseases, including diabetes, heart disease and obesity (2)
- Serious and worsening anti-microbial resistance (3)
- Additional health impacts of climate change and natural disasters (2)
- High rates of tuberculosis in some areas complicated by growing drug resistance (2)
- Lack of relevant surveillance data at regional and local levels (4).

Opportunities exist to enhance the training and education of the health workforce to better align skills with the specific needs of local populations. Efforts to strengthen the distribution of qualified health workers and improve financial support for the health sector are needed to ensure greater workforce motivation and retention, fostering sustainable healthcare solutions. (5, 6). Nurses and midwives constitute around 74% of the regulated workforce in many Pacific Island countries (7) and play a central role in improving healthcare, particularly in remote and rural areas (8).

Abbreviations

ACFID
Australian Council for International Development

ADB
Asian Development Bank

CSO
Civil society organisations

DFAT
Department of Foreign Affairs and Trade
(Australian government)

GEDSI
Gender equality, disability and social inclusion

NGO
Non-government organisation

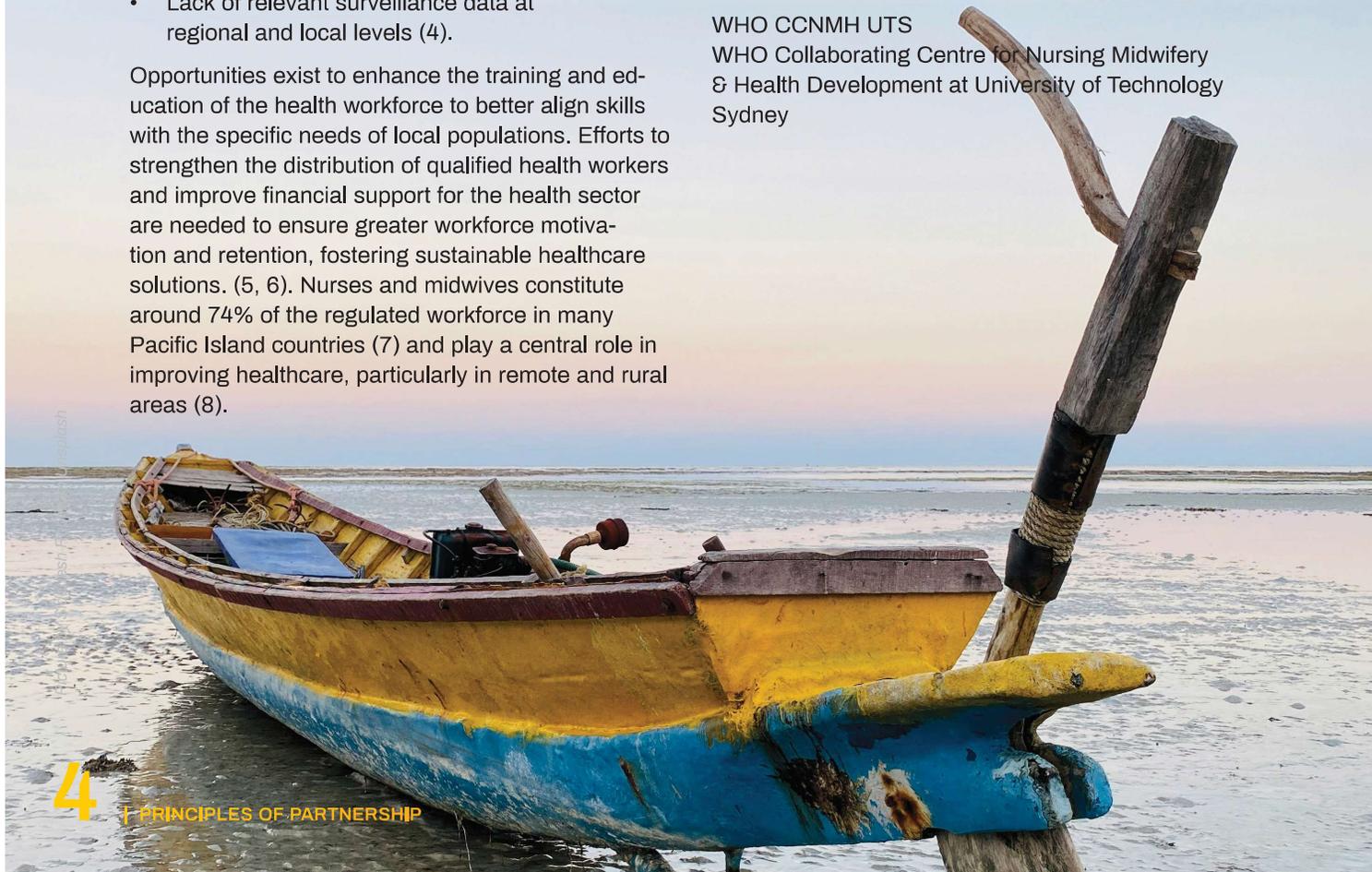
PAR
Participatory action research

RDI
Research for Development Impact

SPCNMOA
South Pacific Chief Nursing & Midwifery
Officers Alliance

WHO
World Health Organization

WHO CCNMH UTS
WHO Collaborating Centre for Nursing Midwifery
& Health Development at University of Technology
Sydney



Why a specific methodology for the Pacific?

The rich diversity of Pacific cultures and deeply embedded local knowledge systems combined with urgent health needs mean a specific approach is essential to improve health outcomes in the region (9).

Traditional Western approaches to health research and development are not appropriate in Pacific island settings, as top-down programs can alienate partners and member countries (11, 12). The top-down approach also places the locus of control with program donors rather than with the broader Pacific community (11). In challenging environments with low resources, an estimated 60-70% of all organisational change initiatives fail to deliver sustainable outcomes (13).

In the region, it is important to spend time building trust and understanding local priorities to ensure local ownership and buy-in. Conventional Western research methods, for example, tend to be outcome-driven (14) and prioritise collecting data quickly, without developing relationships with participants and partners, or negotiating cultural differences. Local stakeholders also indicate that development programs often assume high levels of confidence and competence in Western methodologies, overlooking local expertise and limiting the sustainability of programs.

Linda Tuhiwai Smith's foundational work on Māori research describes how conventional Western research methodologies are problematic because they are linked to imperial and colonial paradigms, and based on Eurocentric concepts, motivations and assumptions (15). Western approaches fail to acknowledge the complexity and diversity of Pacific societies and the deep values that underpin them.

Culturally appropriate methodologies should:

- Be built on trust and relationships
- Reflect the values and traditions of Pacific peoples (16)
- Be co-designed to facilitate researchers to support Pacific community leadership to plan, design, deliver or evaluate the problem and solution (17, 18)
- Prioritise motivation and buy-in
- Be inclusive, culturally relevant and useful (19, 20)
- Use language that is appropriate for local audiences and contexts (9)

This document proposes an approach to guide individuals and organisations working in health development and research in the region. It aims to promote principled, respectful and collaborative practice. This approach covers individual projects, programs and research.



“A future Pacific model needs to focus on building trust across the broader Pacific region” (11)



“Pacific approaches to research should be responsive to changing Pacific contexts. Pacific research should be underpinned by Pacific cultural values and beliefs, and conducted in accordance with relevant ethical standards, values, and aspirations... Framing health research in the context of cultural values is important to ensure that the people studied are treated with respect and protected from exploitation. These cultural values are inseparably linked to each other and they contribute in various ways to the sustenance of people’s health and wellbeing.” ⁽²¹⁾



Culture in Pacific Island Nations

United by their stewardship of the Pacific Ocean, the Pacific Islands are an incredibly complex region culturally, linguistically, economically and politically (12). The region encompasses 22,000 islands scattered over almost one third of the earth's surface. Pacific nations are very culturally heterogeneous and have varied histories and experiences of colonisation and decolonisation.

Although it is a simplification given the cultural diversity of the region, Pacific nations are largely collective in nature, while Western culture can be regarded as broadly individualistic. Briefly, in collectivist cultures, people tend to prioritise the group's shared or communal goals, attitudes, beliefs and place emphasis on a sense of cohesiveness. Alternately, individualistic cultures (typical in white Australia) often emphasise personal goals, attitudes and identity. Important values in Pacific cultures include communal relationships, reciprocity, holism and respect (21).

Figure 1 outlines differences between these two underlying cultural mindsets (22). It highlights the complexity of building the trusting relationships necessary for successful research and program development.

MODEL TO UNDERSTAND CULTURAL DIFFERENCES

COUNTRY CONTEXT	+5	+4	+3	+2	+1	0	-1	-2	-3	-4	-5	
Individualistic												Collective
Hierarchy Low - power distance												Hierarchy high - power distance
Children treated as equals												Parents teach children obedience children treat parents with respect
Ideal boss is resourceful democrat												The ideal boss is a benevolent autocrat or good father
Task - Donors												Relationships - partners
Do what's required avoid uncertainty												Wouldn't start task until relationship established, trust first
Low consultative												High consultative
Speaks ones mind is characteristic of an honest person												Harmony should always be maintained and direct confrontations avoided
Work out as go, confront uncertainty												If don't know answer don't say
Want people to take initiatives												Want to be given framework
Whar do you think will work?												What has worked ?
Low uncertainty avoidance												High uncertainty avoidance
What is different is curious												What is different is dangerous

Hofstede, G. and G.J. Hofstede, 2005 Cultures and organizations: Software of the mind. McGraw Hill.

Working collaboratively, using an iterative co-design process with health leaders from Pacific nations, the South Pacific Chief Nursing & Midwifery Officers Alliance (SPCNMOA) and the WHO Collaborating Centre on Nursing Midwifery & Health Development at University of Technology Sydney (WHO CCNMH UTS) developed a methodology for working cross-culturally.

The PARcific approach combines traditional Pacific methodologies, especially Talanoa and Kakala frameworks, with Participatory Action Research (PAR) methods. Our PARcific approach aims to address power imbalances, to ensure that Pacific voices are heard, especially members of communities affected by programs and research (9).

This approach governs all WHO CCNMH UTS work globally: education, training, research, policy, evaluation and learning.

Synthesising KAKALA, TALANOA and P.A.R. approaches

The PARcific methodology brings together Pacific ways of knowing and being with the community-based Participatory Action Research approach familiar to Western researchers. The key elements are summarised here.

Kakala

Kakala is derived from matriarchal Tonga and refers to the communal practice of older women sitting on a mat under a tree, meticulously selecting flowers and carefully threading them together to craft a Kakala or garland for a specific person. Kakala is considered an organic 'teaching and learning' practice, a collaborative process of sharing skills which are then passed onto the next generation (23).

Inherent in Kakala are several underlying structures, or Pacific principles, which form the backbone of its research framework:

- **Teu** – the conceptualisation phase dealing with project design, its purpose and who will benefit.
- **Toli** – reflects the selection of flowers and symbolises the data collection phase. Toli stresses the importance of selecting the appropriate approach/design and methods for acquiring authentic and meaningful data.
- **Tui** – the analysis phase, used to identify patterns and draw connections, and ask the question, does the information make sense?
- **Luva** – giving the gift symbolises reporting and disseminating information and insights. Central to Kakala is returning information to the participants for their benefit.
- **Malie** – refers to appreciation and relates to continuous evaluation of the value of the research. It involves asking questions such as 'Was this project useful?' and 'Who does it benefit?' and allows the project to be redirected if necessary.
- **Mafana** – refers to the moment of transformation, where the participants take ownership of the research findings and make use of them (23).

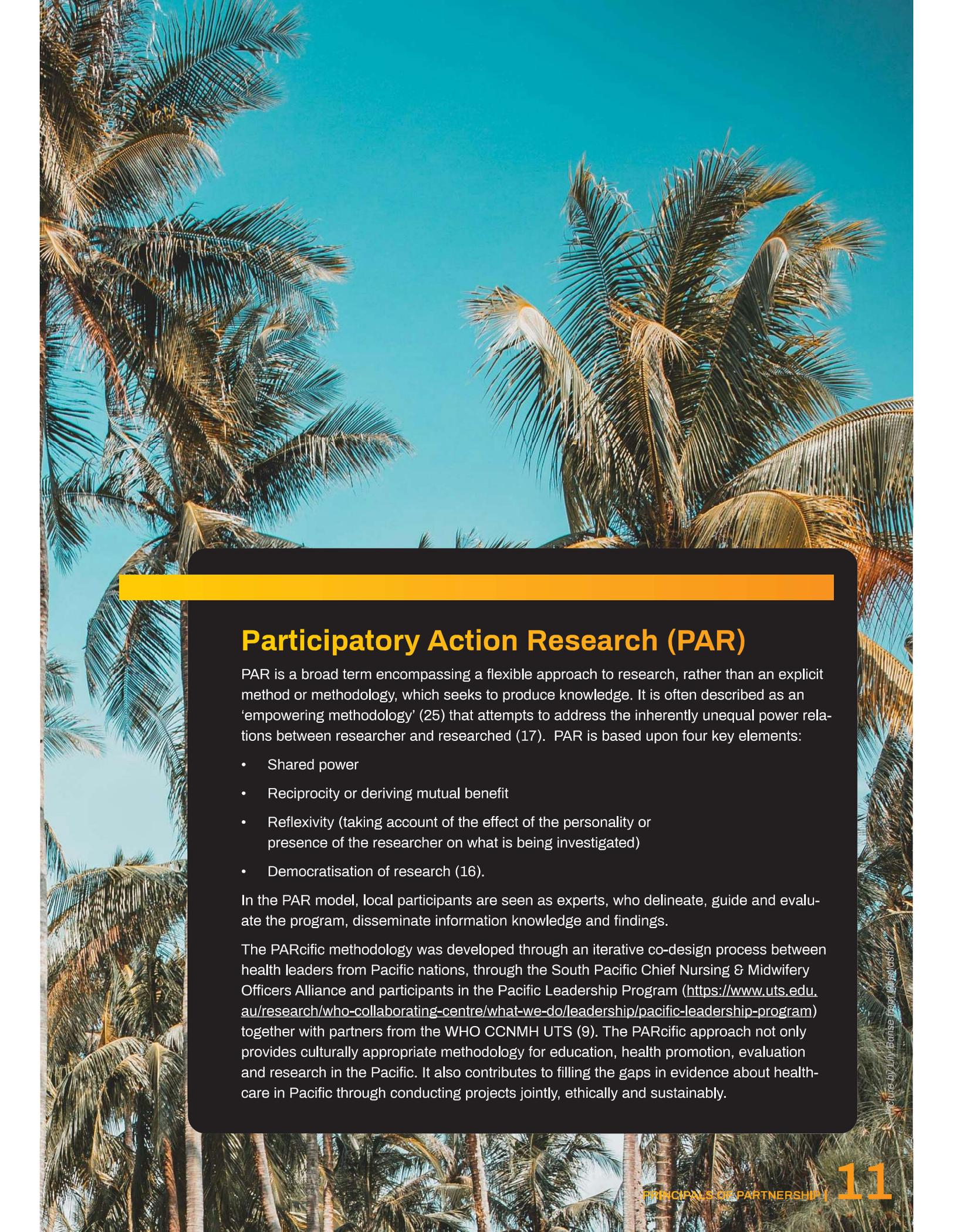


Talanoa and Mo'oni (authentic) dialogue

Pacific cultures are rich in protocols. Relationships form the most fundamental social fabric, so behaving appropriately is most critical in gaining the trust of people and gaining access to places. The language of Talanoa should therefore be the language of the participants. In several Pacific nations, Talanoa describes a conversation or chat amongst friends in a Fale (traditional dwelling). Traditionally, it has been used as a loose decision-making forum where several families might come together to discuss an issue, share ideas, resolve problems and gather information. But the primary aim is to build a relationship between listener and storyteller (20). This relationship then provides the foundation for reaching collective solutions to problems (16). As a form of oral communication, Talanoa is allowed to unfold naturally without a predetermined agenda (24) but guided by several protocols:

- **Faka 'apa'apa** – being respectful and humble to allow credible exchanges and ensure validity of responses
- **Mateueu** – showing you are well prepared and understand the status of the participant, and respect their contribution
- **Ou e fet poto** – not being over-smart
- **Poto he Anga** – knowing what you are doing and maintaining engagement
- **Tauhieraa** – gifting the information, valuing reciprocity, protecting the participants' interests before and after the interaction
- **Ofa Fe'unga** – maintaining integrity and good relationships (16, 20, 24).

These principles require attention before commencing the project, and investment of additional time to ensure that all areas have been considered.



Participatory Action Research (PAR)

PAR is a broad term encompassing a flexible approach to research, rather than an explicit method or methodology, which seeks to produce knowledge. It is often described as an 'empowering methodology' (25) that attempts to address the inherently unequal power relations between researcher and researched (17). PAR is based upon four key elements:

- Shared power
- Reciprocity or deriving mutual benefit
- Reflexivity (taking account of the effect of the personality or presence of the researcher on what is being investigated)
- Democratisation of research (16).

In the PAR model, local participants are seen as experts, who delineate, guide and evaluate the program, disseminate information knowledge and findings.

The PARcific methodology was developed through an iterative co-design process between health leaders from Pacific nations, through the South Pacific Chief Nursing & Midwifery Officers Alliance and participants in the Pacific Leadership Program (<https://www.uts.edu.au/research/who-collaborating-centre/what-we-do/leadership/pacific-leadership-program>) together with partners from the WHO CCNMH UTS (9). The PARcific approach not only provides culturally appropriate methodology for education, health promotion, evaluation and research in the Pacific. It also contributes to filling the gaps in evidence about health-care in Pacific through conducting projects jointly, ethically and sustainably.

Principles of Partnership

Although not prescriptive, the PARcific approach follows several main principles in promoting genuine partnership: safety, respect, collaboration, beneficence and reciprocity, relationships and justice. Figure 2 illustrates the co-designed process of marrying PAR with Kakala and Talanoa to generate the PARcific methodology to generate principles for culturally appropriate research, projects and programs.

Safety

Projects maintain the cultural safety of participants, researchers and the wider community. Data are collected in partnerships with stakeholders using appropriate language and methods for the specific country's context. All stakeholders in a project feel free to speak up if they have any concerns. In keeping with Poto He Anga (20), participants' interests are protected before, during and after the project, which involves ensuring confidentiality and preventing embarrassment and harm.

Respect

Established partnerships, listening to and acknowledging non-verbal communication set the groundwork for the project. All participants' knowledge is valued and respected. Researchers adhere to local customs and protocols (including appropriate dress code and relevant body language and behaviour around individuals of a certain social status) and take account of collective norms and expectations (21).

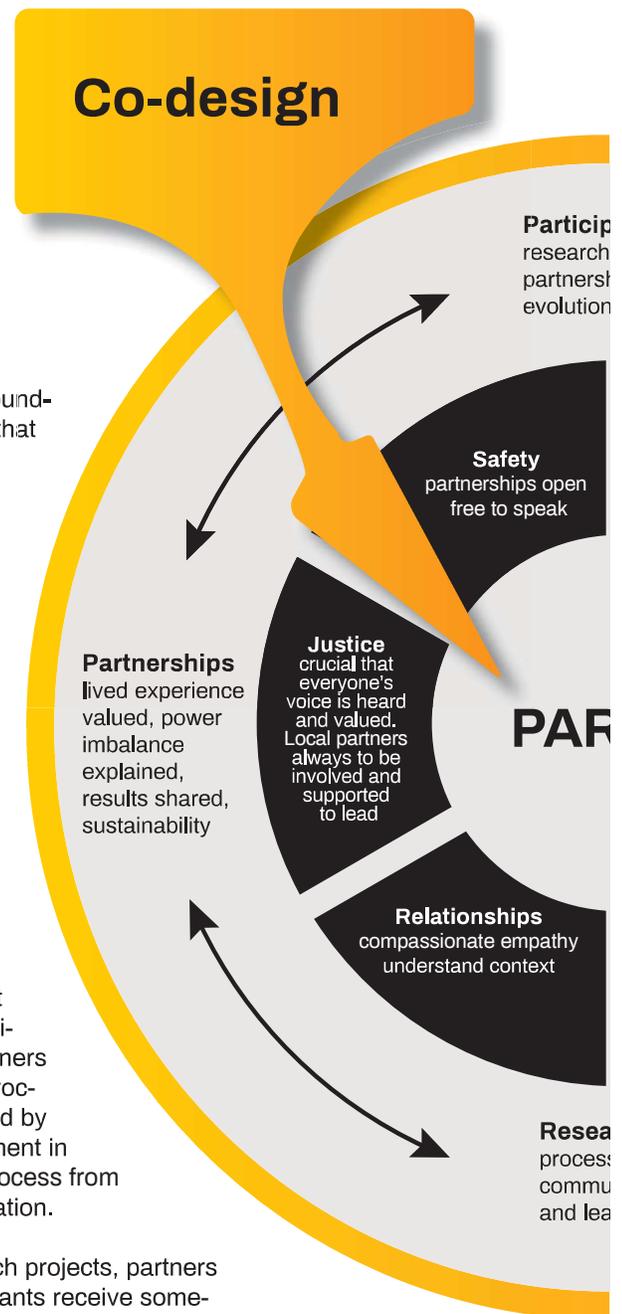
Collaboration

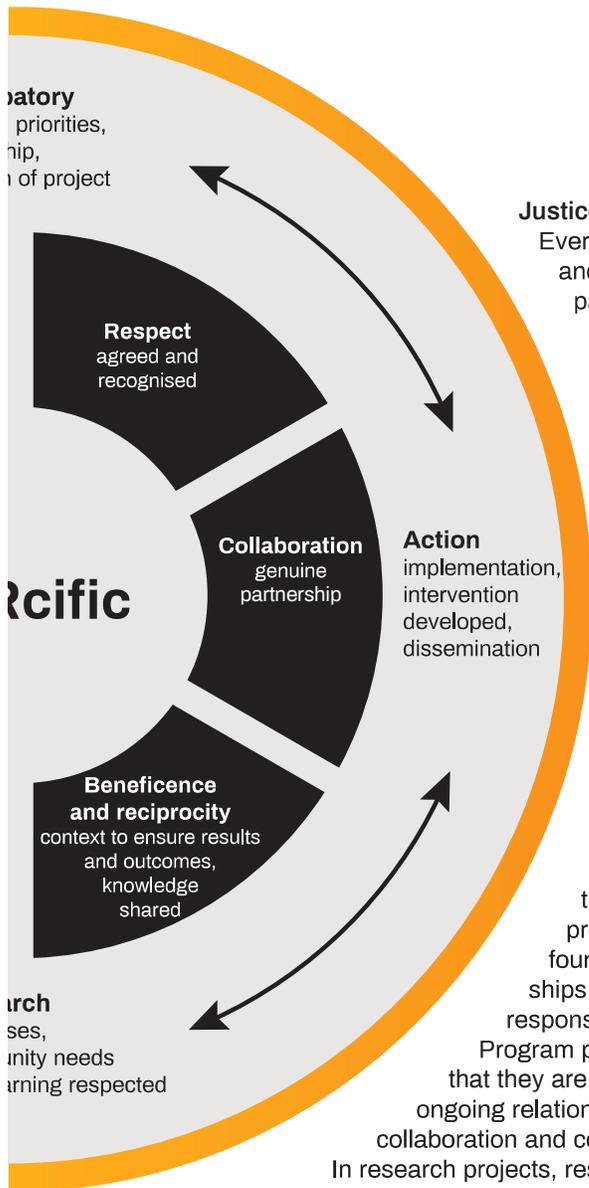
All stages of a project are planned, designed, implemented and evaluated in partnership with a local team. This local team is supported to take leadership of the project. This ensures ownership of the project, sustainability and successful dissemination of results. Partners' knowledge and time are valued and respected. The resources and information shared are appropriate.

Beneficence and Reciprocity

Collaboration is grounded in relationships that have been developed over time to enable generous, fruitful exchange of ideas, information, trust, loyalty and goodwill throughout the project process. Genuine co-design, reciprocity and sharing of knowledge enables mutual learning and ownership of the results and outcomes. Program partners must acknowledge participants as equal partners and embrace reciprocity which is achieved by participant involvement in all phases of the process from design to dissemination.

Throughout research projects, partners ensure that participants receive something of value in return for their time and knowledge. "What is taken out should be balanced with what is given back to the community" (21). Researchers must be helpful, generous, positive, warm and kind. This involves flexibility and openness to engaging in participants' activities beyond what might be considered relevant to the research project by the researchers. It is the researchers' duty to ensure participants feel, and know, that their contribution is meaningful and worthwhile (9).





Justice

Everyone's voice is heard and valued, and local partners should always be involved in design and supported to lead from the outset. All team members have opportunity to work jointly on project publications, to build evidence and to ensure results are ethical, sustainable and relevant to local and national needs.

Relationship-based

Compassion, empathy, and showing appreciation for the context in which a project is carried out are foundational to relationships and to genuine response to questions.

Program partners acknowledge that they are committing to an ongoing relationship which requires collaboration and continued engagement.

In research projects, researchers are generous of spirit and forthcoming with information about themselves in order to develop a relationship of mutual trust and respect with participants. In Pacific culture, good relationships are the foundation upon which everything else is built.

These principles should underpin all stages of a research or development project or program, from formulating key research questions through data collection and analysis, to evaluation and dissemination of the results.

SOURCE: Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. (2022). Development of PARcific approach: participatory action research methodology for collectivist health research. *Qualitative Health Research*, 10497323221092350. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350>

“

“Meaningful engagement involves forming a relationship that is sustained and maintained... a sense of deep connection needs to be maintained throughout the research process and should involve a two-way reciprocal process... The dialogue and mutual relationship between both parties should continue at every stage of the research process; from pre-research preparation, fieldwork, and data analysis to report writing, publication, and application of the report recommendations.” (21)

”

Sustainability

The PARcific approach to engagement aims to support transformational and sustainable change in the health status of communities across the Pacific. Rather than transactional processes with brief consultation and data collection focused on fixing a specific problem, transformation requires planning, collaboration, partnership and time.

SPCNMOA and WHO CCNMH UTS UTS aim to bring about sustainable change through development of a regional approach to policy and practice in regulation, nursing and midwifery education, program accreditation, and workforce management through a range of research and development projects across the Pacific. It is therefore essential that key stakeholders are consulted and involved in all stages of every project and that local leadership is supported. Our projects are guided by the Sustainable Change Framework (26), adapted to working with stakeholders throughout the Pacific region. The framework acronym is SUSTAIN.

S

Support from key stakeholders –

Sustainable change cannot occur without support and involvement of key stakeholders, not only leaders and decision-makers, but also the people expected to implement the changes. Programs must therefore be locally led and involve stakeholders from multiple levels.

U

Use well developed and culturally appropriate change strategies –

Communication strategies must be respectful, appropriate and relevant for all participants. Participating countries are the arbiters of what is culturally appropriate change as the project progresses. Non-Island partners must learn and understand appropriate ways to participate in projects sensitively and respectfully

S

Shift thinking –

Projects should focus on regionally applicable processes, taking account of existing resources. Collaboration can help shift local partners' thinking so they are not faced with the daunting prospect of implementing change on their own.

T

Talanoa (communicate) and Kakala (collaborate) –

Talanoa refers to inclusive, participatory and transparent dialogue. Kakala is a Pacific concept of collaboration. Providing space for deep discussion is essential to ensuring all voices are heard – through regular and frequent stakeholder meetings with individuals in each participating country to discuss their particular circumstances and voice the changes they would like to see.

A

Assimilate and integrate –

Change is a process of assimilation of new ideas and their integration into current 'ways of doing'. Successful change involves adjustments in thinking, understanding and practices, which takes time and is impossible to achieve by simply providing one-off information and instructions.

I

Invest and Involve –

For change to be sustainable there must be succession planning for leadership in the region. WHO CCNMH UTS has invested in facilitating a Pacific Leadership Program (<https://www.uts.edu.au/research/who-collaborating-centre/what-we-do/leadership/pacific-leadership-program>) with workshops to support the growth and capacity of current and future leaders.

N

Negotiate and assess readiness –

Building capacity and developing relationships are crucial factors in ensuring the success of change initiatives. It is important to understand participants' readiness for change through stakeholder engagement, regular communication and ongoing monitoring and evaluation. Stakeholders' feedback must inform the implementation of project actions.

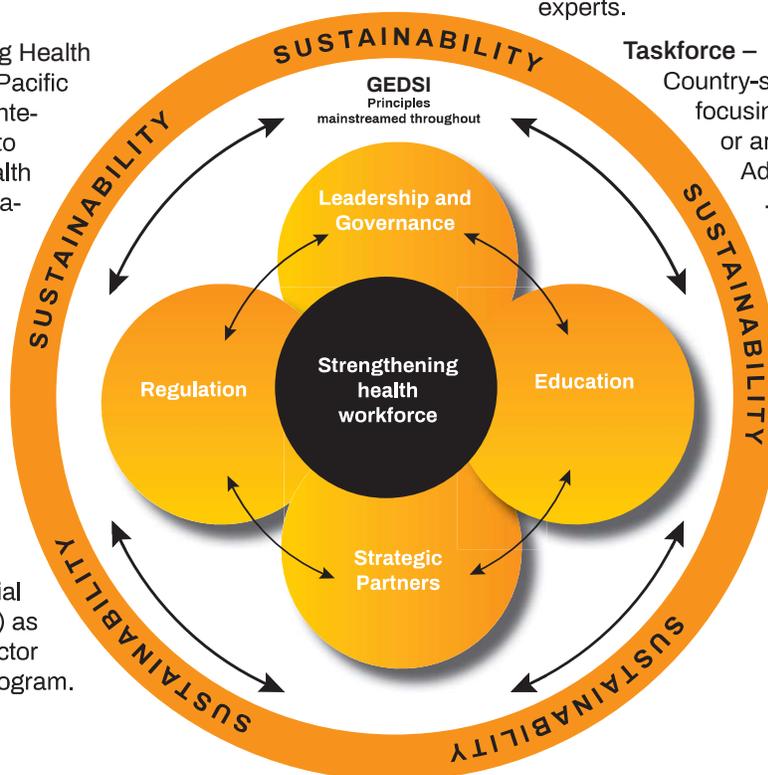
Stakeholders

In developing projects, partners should undertake stakeholder mapping to ensure involvement of relevant individuals and organisations with influence and engagement in the project. Stakeholder mapping also ensures that the project engages with strategic partners and key institutions and organisations involved in each area of the project's focus.

Our stakeholder mapping uses the Research for Development Impact (RDI) mapping and analysis tool (27) to ensure appropriate stakeholders in the country/region are identified and to gauge their level of interest in (or opposition to) the project. This approach follows Reed's advice (28) on identifying groups that could be interested, their level of interest in specific aspects of the project and their ability to influence its development.

We also use snowball sampling techniques (29) during in-country visits to widen the networks of individuals and groups involved, and to ensure that country-specific nuances are captured. Other mapping tools include the Overseas Development Institute Stakeholder Analysis toolkit (30) and the Research and Policy in International Development (RAPID) framework (31). A recent WHO CCNMH UTS project ascertained four determinants that influence the development of health leadership capacity: external influences, institutional architecture, individual knowledge and understanding, and personal agency (32). We then used the RDI and RAPID frameworks to identify key individuals and organisations in each of these areas.

The Strengthening Health Workforce in the Pacific project takes an integrated approach to improving the health workforce in 13 Pacific nations. The project identified key stakeholders in each of the key program outcome areas, addressing governance, education, association and regulation, with gender equality, disability and social inclusion (GEDSI) as a cross-cutting factor throughout the program.



To achieve stakeholder support and participation in setting up and maintaining a program, it is important to establish a national working committee or implementation taskforce, which will represent a broad range of necessary expertise and relevant stakeholders. This early "buy-in" will help to involve and commit all interested parties for the duration of the project.

Possible stakeholders may include representatives from the country's or region's ministry of health, public service commission, or ministry of finance. They may also include local non-government organisations (NGOs), representatives of hospital and health facility management, health professional associations, advocacy groups, community health management committees, and external agencies, such as WHO or other international NGOs.

For all major projects, WHO CCNMH UTS establishes an Advisory Board, an overarching governance body with high-level representation from partner organisations, funding bodies, and where relevant regional NGOs and UN agencies. The Advisory Board's terms of reference address governance structures, roles and membership.

Other key groups can involve a range of stakeholders relevant to the purpose and context:

Steering Committee –
Country-based governance organisation responsible for regular oversight and direction of a project, comprising partner organisations, and subject-matter experts.

Taskforce –
Country-specific organisation focusing on a specific issue or area highlighted by the Advisory Board.

Technical Working Group –
A time-limited group of experts working on a specific issue.

SOURCE:
Rumsey, M. (2020). Global Health and Nursing. In J. Daly & D. Jackson (Eds.), Contexts of Nursing (6th Edition.). Australia: Elsevier.

Dissemination and translation

In keeping with these principles of partnership, SPCNMOA and WHO CCNMH UTS ensure that local partners are actively involved in disseminating and promoting the outcomes of research and other projects jointly undertaken in their countries.

Conventional methods of disseminating project outcomes are not always appropriate. This sometimes means translating research into more suitable models or PowerPoint presentations to ensure that findings make sense locally. We regularly produce illustrated briefs to communicate promptly to stakeholders the purpose and outcomes of initiatives, policy developments or in-country consultations. Findings from research, MERL or other project activities provide evidence to help us work with colleagues to disseminate results to the people involved in meaningful ways, such as tools or posters.

As part of data collection and analysis, we regularly conduct workshops of key stakeholders to review and reflect on findings to date. This facilitates critical reflection on findings and interpretation of their meaning and significance in specific contexts. It also ensures that results and recommendations are relevant to local circumstances, needs, priorities and cultural mores.

Through membership of SPCNMOA and other regional forums, Chief Nursing and Midwifery Officers present research findings to highlight local needs and showcase national achievements to a global audience.

Local partners are actively involved in preparing reports and articles presenting results from collaborative projects. This is a mutually beneficial process. Visiting researchers and policy advisers receive valuable insights to improve their understanding of local issues and contexts, ensuring that recommendations are relevant and feasible. Meanwhile, health professionals, regional government officials and academics from Pacific Island Nations receive support to further their expertise and standing while promoting knowledge about their countries.

Please see examples of some recent academic articles co-produced by WHO CCNMH UTS and SPCNMOA (7 Chief Nursing or Midwifery Officers) or regional partners from the United Nations, WHO or other local organisations.

THE EUROPEAN SOCIETY OF MEDICINE
Overcoming Barriers to Nursing and Community Health Worker Education in Pacific Island Countries: Challenges and Strategies
Makela-Korhonen, M. (2018). *Overcoming Barriers to Nursing and Community Health Worker Education in Pacific Island Countries: Challenges and Strategies*. *Journal of Nursing and Healthcare*, 3(1), 1-10.

Medical Research Archives



International Nursing Review



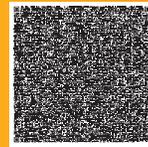
Leadership and inhibitors of nursing and midwifery leadership in Pacific Island collectivist cultures
Makela-Korhonen, M., Pihl, E., & ... (2018). *Leadership and inhibitors of nursing and midwifery leadership in Pacific Island collectivist cultures*. *Journal of Nursing and Healthcare*, 3(1), 1-10.

Lancet Regional Health



Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership
Makela-Korhonen, M., Pihl, E., & ... (2018). *Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership*. *Lancet Regional Health*, 3(1), 1-10.

International Emergency Nursing



Support of COVID-19 public health districts requires to secure readiness in a future emergency: Singapore
Makela-Korhonen, M., Pihl, E., & ... (2020). *Support of COVID-19 public health districts requires to secure readiness in a future emergency: Singapore*. *International Emergency Nursing*, 3(1), 1-10.

Pacific Journal of Health
Preparedness for Practice of Health Professionals in Papua New Guinea: A Cross-sectional Survey of Nurses and Community Health Workers
Makela-Korhonen, M., Pihl, E., & ... (2018). *Preparedness for Practice of Health Professionals in Papua New Guinea: A Cross-sectional Survey of Nurses and Community Health Workers*. *Pacific Journal of Health*, 3(1), 1-10.

Pacific Journal of Health



Qualitative Health Research



Development of Public Approach Participatory Action Research Methodology for Collective Health Research
Makela-Korhonen, M., Pihl, E., & ... (2018). *Development of Public Approach Participatory Action Research Methodology for Collective Health Research*. *Qualitative Health Research*, 3(1), 1-10.

Policy, Politics and Nursing Practice
Makela-Korhonen, M., Pihl, E., & ... (2018). *Policy, Politics and Nursing Practice*. *Policy, Politics and Nursing Practice*, 3(1), 1-10.

Policy, Politics and Nursing Practice



MERL

Monitoring, Evaluation, Research & Learning

Careful monitoring and evaluation are central to any project, to assess its implementation and impact. However, it is particularly critical in cross-cultural projects, where there is a risk of local partners or participants being over-looked. MERL (Monitoring, Evaluation, Research and Learning) is a continuous, 360° process where we can measure outcomes and impact, inform decisions, respond to local contexts and determine what is or is not working. This enables us to use evidence to make meaningful changes to programs if needed.

The MERL systems developed by SPCNMOA and WHO CCNMH UTS are implemented for all projects to track, assess and improve a program's performance over its lifetime. MERL is based on a mutually agreed Program Logic that outlines the program's aims, objectives, outcomes and outputs. This process is time-consuming, but vital to ensure that the project focuses on what is most important to local partners, and that these priorities can be assessed and measured. It also means that projects can be adapted if they are not meeting objectives.

Our MERL plans and activities are designed and carried out closely and respectfully with partners and key stakeholders, through the principles of partnership, utilising and valuing local expertise and contributing positively to health development and practice. Where possible, project design and outcomes incorporate capacity building of local partners to undertake and manage various aspects of MERL activities.

The MERL data collection, analysis and reflection on findings inform ongoing planning and future project progress and direction. This ensures that the partnership approach is being followed in the most appropriate way for each country context. It also enables partners to consider and identify ways to improve the project, including its adherence to these principles, in future.

The success of partnership projects depends on the strong relationships and trust built between partners and with participants. It also relies on the WHO CCNMH UTS team's understanding of the cultural environment in which they work. WHO CCNMH UTS is a strong advocate of applying these ethical approaches to all aspects of its work including MERL, guided by these underlying principles.



MERL is a continuous, 360° process where we can measure outcomes and impact, inform decisions, respond to local contexts and determine what is or is not working



Resources

The PARcific approach to research is consistent with the principles of key documents and guidelines for best practice in international development, research and evaluation. The following resources provide valuable guidance on undertaking ethical collaborative projects.

- Research for Development Impact (RDI) Network **Enhancing Research Impact in International Development: A Practical Guide for Practitioners and Researchers**, authored by Nichole Georgeou and Charles Hawksley (27). The RDI Network is a collaboration between ACFID and Australian universities, bringing together practitioners, researchers and evaluators working in international development with the objective of linking quality research, policy and practice for impact in international development. This emphasises that research impact depends on good will, trust and reciprocity between partners; empowering local people to implement change in their own communities; ensuring local ownership through input to project design and conduct; rigorous, policy-relevant, evidence-based research; and creativity in project outputs to engage specific audiences through appropriate media.
- Australian Council for International Development (ACFID) **Code of Conduct** (33) (<https://acfid.asn.au/code-of-conduct/>) sets out 9 Quality Principles for signatory organisations to improve development outcomes and ensure accountability, integrity and stakeholder trust:
 - Rights, Justice and Safeguarding
 - Locally-led Action and Inclusion
 - Systemic Change, Environmental Sustainability and Climate Action
 - Quality and Effectiveness
 - Collaboration
 - Communication
 - Governance
 - Resource Management
 - People and Culture
- ACFID **Good Practice Toolkit** (<https://acfid.asn.au/good-practice-toolkit/>) provides practical guidance on implementing the Code of Conduct above (33). It supports organisations to incorporate the Code's values into effective development practice: integrity, accountability, transparency, respect, effectiveness, equity and cooperation.
- The ACFID **Global Standard for CSO Accountability** outlines 12 commitments and actions to enable civil society organisations (CSO) to ensure accountability in their efforts to create just societies and a healthy planet (https://acfid.asn.au/wp-content/uploads/2022/05/2017_The-Global-Standard.pdf). The Global Standard highlights that “we need to be in constant dialogue with our stakeholders about what they want, what they have to offer and how we can work together effectively to achieve change” in order to improve performance and build trusting relationships in contributing to the Sustainable Development Goals (34).
- ACFID, Oxfam Australia & Monash University, **Research Partnerships in Practice** (35), based on a workshop on partnerships between universities and NGOs (<https://rdinetwork.org.au/wp-content/uploads/2017/01/research-partnerships-l-d-note-feb-2015.pdf>). It highlights common challenges and recommendation for successful NGO-academic partnership, through building relationships, collaborating in project design, and transparent and ethical use of project outputs.
- DFAT **Design and Monitoring, Evaluation and Learning Standards** (36) (<https://www.dfat.gov.au/sites/default/files/dfat-design-monitoring-evaluation-learning-standards.pdf>) provide a basis to support accountability, learning and improved effectiveness and efficiency in international programs. DFAT identify that developing constructive working relationships with partners and stakeholders is essential to regional programs (37). Our approach of collaborating with local partners throughout projects aligns, in particular, with several of the Standards:
 - 2.4 Clear specification of the mix of specific technical skills, and attributes required in design team including setting out clearly the role of the Team Leader and local team members, including expertise in country or regional context and local knowledge.
 - 2.5 The role of DFAT staff and any reference group is clear.
 - 2.8 The Scope specifies analysis to be conducted; stakeholders to be consulted; and design standards to be met.

Resources

- 5.10 Barriers to inclusion are assessed, and data is disaggregated by sex, disability status and other relevant aspects of social inclusion
 - 5.14 The fora for debate, analysis and interpreting program progress are clear and involve stakeholders and partners as appropriate
 - 5.16 Partner systems and official data sets are preferentially used and supported with mutual accountability built in.
- **DFAT Development Evaluation Policy 2023** (38) (<https://www.dfat.gov.au/sites/default/files/dfat-development-evaluation-policy.pdf>) also identifies the importance of engaging early with partners to the quality of evaluation processes and findings, ensuring their engagement in the design and implementation of program evaluations.
 - **Asian Development Bank (ADB) Participation Tools for the Pacific** (<https://development.asia/explainer/participation-tools-pacific-part-1-engaging-pacific-civil-society-organizations>) highlights the close connection between engagement of local citizens and civil society in policymaking to good governance and effective development, illustrated.



Provision of information and capacity development support to citizens and civil society leads to ...

... Increased citizens' and civil society awareness, capability, and willingness to participate. This enables the ...

... Citizens and civil society voices and monitoring results are shared with authorities, media, and general public. This leads to ...

... Increased public pressure on authorities to respond, change behavior, and reduce corruption. Authorities' response leads to ...

... Improved governance outcomes and development effectiveness.

SOURCE: Bhargava V. *Engaging Citizens and Civil Society to Promote Good Governance and Development Effectiveness*. ADB Governance Brief. 2015

Similar principles can apply to stakeholder engagement in research and development programs. ADB note that it is essential to take time to work through and with local power structures, such as chiefly or traditional systems to gain traction and wider community support for projects in many Pacific island countries (39). The authors also recognise the limited capacity of many CSOs due to lack of funding, reliance on donations and volunteers, difficulty retaining qualified staff, restricted internet connectivity and information and communications technology. Organisations from better resourced countries must therefore tailor their expectations about CSOs' ability to respond quickly to requests for information, collaboration or representation; they must recognise the importance of reciprocity and sustained two-way engagement (39, 40).

- **ODI Stakeholder Analysis** toolkit (<https://odi.org/en/publications/planning-tools-stakeholder-analysis/>) groups stakeholders into three categories: private, public and civil society and determines their level of interest in a research project combined with the influence they have over the project or policy, and their ability to facilitate (or block) it (30).
- **Pacific Health Research Guidelines** from the Health Research Council of New Zealand (21) further articulate meaningful and reciprocal engagement and consultation, incorporating Indigenous Pacific cultures and knowledge into research. This approach to health research includes valuing communal relationships, reciprocity, holism and respect for other community members throughout the process, reflecting that "Pacific knowledge is part of the living being, providing some insight of the complex relationships within the kinship group, and the means by which people transform their world" (21).
- **Principles for knowledge co-production in sustainability research** by Norström et al. (41) (<https://www.nature.com/articles/s41893-019-0448-2>) outlines four general principles for knowledge co-production between academics and non-academics, notably that processes should be: context-based, pluralistic, goal-oriented and interactive. Pluralism explicitly recognises that there are multiple ways of knowing and doing, contributing to successful project outcomes.

- Commissioned by the RDI Network, **How to Partner for Development Research** by Winterford (42) https://rdinetwork.org.au/wp-content/uploads/2017/01/How-to-Partner-for-Development-Research_fv_Web.pdf provides a practical guide to good practice for Australian-based researchers and NGOs working in partnerships on international development projects.
- Rumsey, M., Leong, M., Brown, D., Larui, M., Capelle, M., & Rodrigues, N. (2022). Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. *The Lancet Regional Health – Western Pacific*, 19. doi: 10.1016/j.lanwpc.2021.100340 [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00249-2/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00249-2/fulltext) (10)

Several academic articles by WHO CCNMH UTS staff and SPCNMOA members outline the background and context for these Principles of Partnership.

- Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. (2022) Development of PARcific approach: participatory action research methodology for collectivist health research. <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350> (9)
- Rumsey, M., Iro, E., Brown, D., Larui, M., Sam, H., & Brooks, F. (2022). Development Practices in Senior Nursing and Midwifery Leadership: Pathways to Improvement in South Pacific Health Policy. *Policy, Politics, & Nursing Practice*, doi:10.1177/15271544221095768 <https://journals.sagepub.com/doi/abs/10.1177/15271544221095768> (6)
- Rumsey, M., Thoms, D., Deki, Leong, M., Wilson, C. T., Filise, M. S. I., Tuipulotu A.L., Rossiter, C. (2025). Enablers and inhibitors of nursing and midwifery leadership in Pacific Island collectivist cultures. *International Nursing Review*, 72(1), e13092. <https://onlinelibrary.wiley.com/doi/10.1111/inr.13092> (32)

References on working through a strength-based focus include:

- Gero A, Winterford K, Davila F. (2024) A Pacific community resilience framework: Exploring a holistic perspective through a strengths-based approach and systems thinking. *Asia Pacific Viewpoint*, 65(3):308-22 (43)
- Bryant J, Bolt R, Botfield JR, Martin K, Doyle M, Murphy D, et al. (2021) Beyond deficit: 'strengths-based approaches' in Indigenous health research. *Sociology of Health & Illness*, 43(6):1405-21 (44).



This approach has been built on a body of evidence and programs developed with our regional partners SPCNMOA ... it is so rewarding to have achieved so much together and to see so many Pacific CNMOs involved in publications and research, reflecting the way we have worked together for many years.



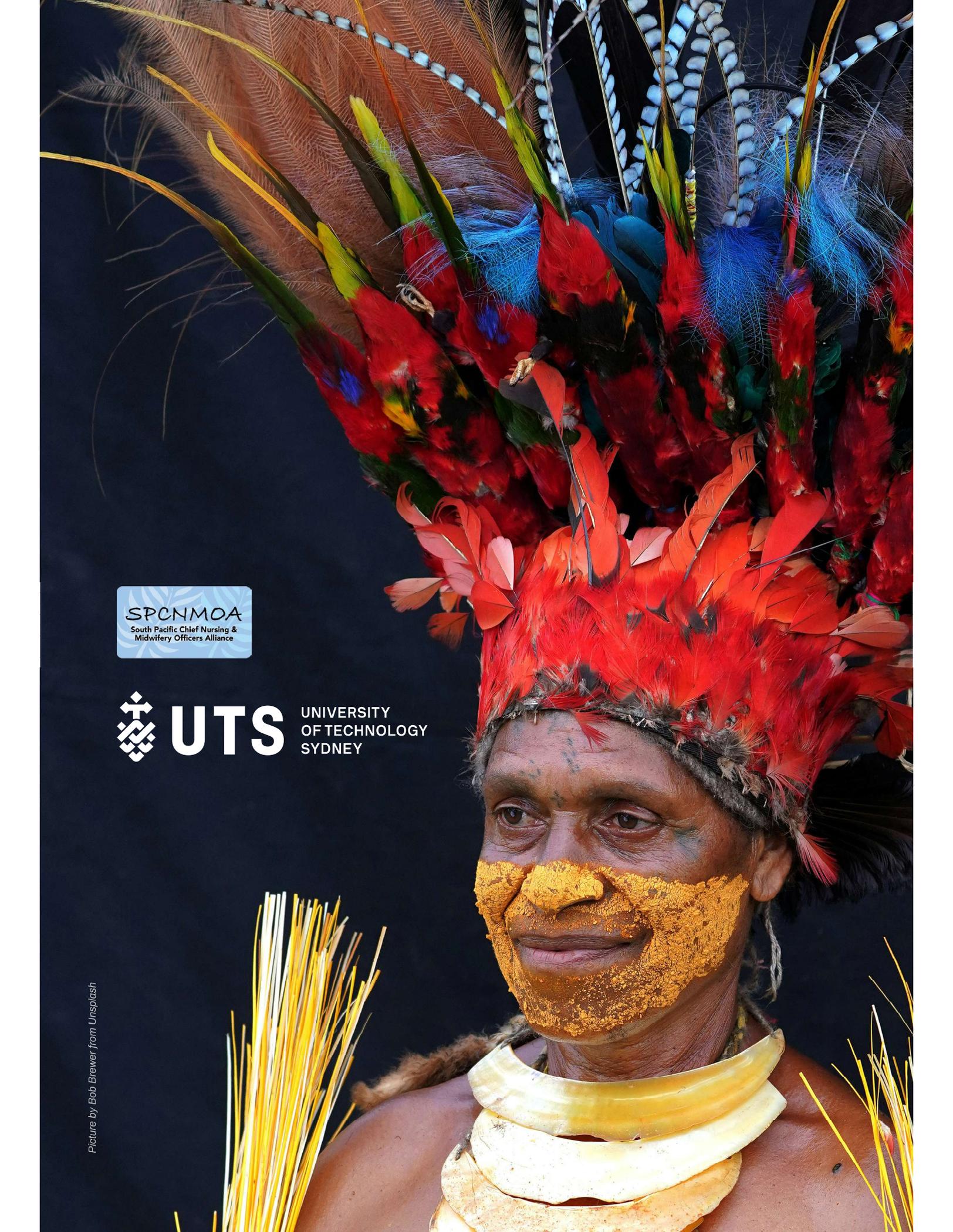
Mr Michael Larui,
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