



LINKS

NURSING & MIDWIFERY



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VOLUME 21

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



UTS

UNIVERSITY
OF TECHNOLOGY
SYDNEY



DR CONGO: Polio Vaccination
Campaign Door-to-door vaccination
campaign

WHO office
Democratic Republic of the Congo
Goma - North Kivu

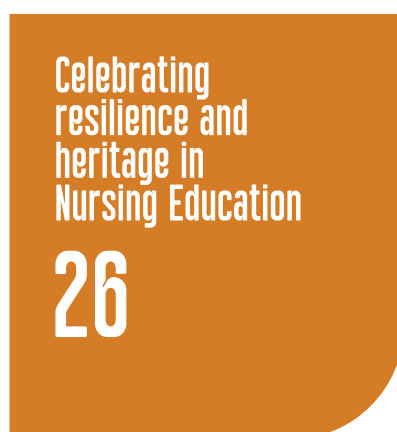
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Faith Gombeni Enokh at Kilifi Central
Beach Management Unit fish market
in Kenya, where she works as
chair of the community.

Faith uses her position and her
experience as a cervical cancer
survivor to educate community
members about cancer prevention
and the importance of HPV
vaccination. In November 2025,
Kenya transitioned from a two-dose
to a single-dose HPV vaccination
schedule, following WHO SAGE
recommendations.



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As GNWHOCCNM Secretariat 2022-2026, The WHO Collaborating Centre for Nursing, Midwifery, and Health Development at the University of Technology, Sydney (WHO CCNMH UTS) has been supporting the vital and ongoing activities of Network partners, institutions, and Collaborating Centres around the world to improve lives and make positive and lasting change by strengthening connections, partnerships, collaboration and

communication between Collaborating Centres and key institutional stakeholders. It has been an honour to work alongside the global network of Nursing and Midwifery Collaborating Centres, supporting strategic collaboration and collective action to advance nursing and midwifery worldwide.

Thank you!
- WHO CCNMH UTS Secretariat

MEET the SECRETARIAT



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Editorial

Welcome to Volume 21 of LINKS Magazine 2026

The Secretariat extends its sincere gratitude to the WHO Collaborating Centres for Nursing and Midwifery. Your collective dedication contributes monumentally to the global impact, collaboration, and visibility of our nursing and midwifery workforces

Throughout the first half of 2026, our Global Network has continued to build momentum through key engagements. A significant milestone has been marked with GNWHOCNM General Meeting on June 10th at Mahidol University, the first in-person General Meeting since 2018 at James Cook University in Cairns. Many side meetings have also been held in the past few years, to further recommendations from the Executive Committee. The General Meeting also saw the formal handover of the Secretariat position to the WHO Collaborating Centre at Mahidol University Faculty of Nursing and the co-chair position to Collaborating Centre at the Catholic University of Leuven, Belgium. This transition sustains existing momentum whilst welcoming new leadership, and we have confidence that the team at Mahidol University will continue to strengthen collaboration, visibility, and impact across the Network.

Alongside new leadership, this year we will also welcome new regional representatives from WHOCCs from AFRO, EMRO, SEARO and WPRO to the GNWHOCNM Executive Committee.

We also recognise the importance of the first-ever Global Forum for WHO Collaborating Centres, held in Lyon in April, which was attended by representatives from over eight hundred centres across eighty countries.

This event marked an important step in elevating the visibility and collective voice of Collaborating Centres at a time when collaborative and coordinated responses are essential to address ongoing and emerging global health challenges.

As this is the final edition of LINKS with the WHO CCNMH UTS as the Secretariat, we reflect with great appreciation over the last four years. We would like to extend our deepest gratitude for the continued engagement and commitment of every Collaborating Centre and partner we have worked with throughout our tenure, as well as the many friendships we have made. Your work embodies the leadership and collaboration at the heart of our Network's mission to achieve Health for All through nursing and midwifery excellence.

We warmly congratulate the team at Mahidol University as they take on the role of Secretariat and look forward to supporting them during their transition and are excited to see what they achieve during their term.

We would also like to acknowledge that none of this work is achieved alone and extend our sincere thanks to the team at WHO CCNMH UTS, whose dedication and support have been instrumental throughout our term as Secretariat. Our sincere thanks go to Tasmin Goldsmith, Kerri Giancesi, Ella Bicego, Saranya Sachdev, Chris Rossiter and Sofie Blinkenberg, as well as the Faculty of Health and School of Nursing and Midwifery at UTS, for their contributions and dedication to the Global Network.

With thanks and kind regards,

Prof Kathleen Baird, Head of School, Nursing and Midwifery, UTS and **Prof Michele Rumsey**, Director, WHO Collaborating Centre for Nursing, Midwifery and Health Development UTS.



GNWHOCCNM 2022-2026

Global Network of WHO Collaborating Centres for Nursing and Midwifery

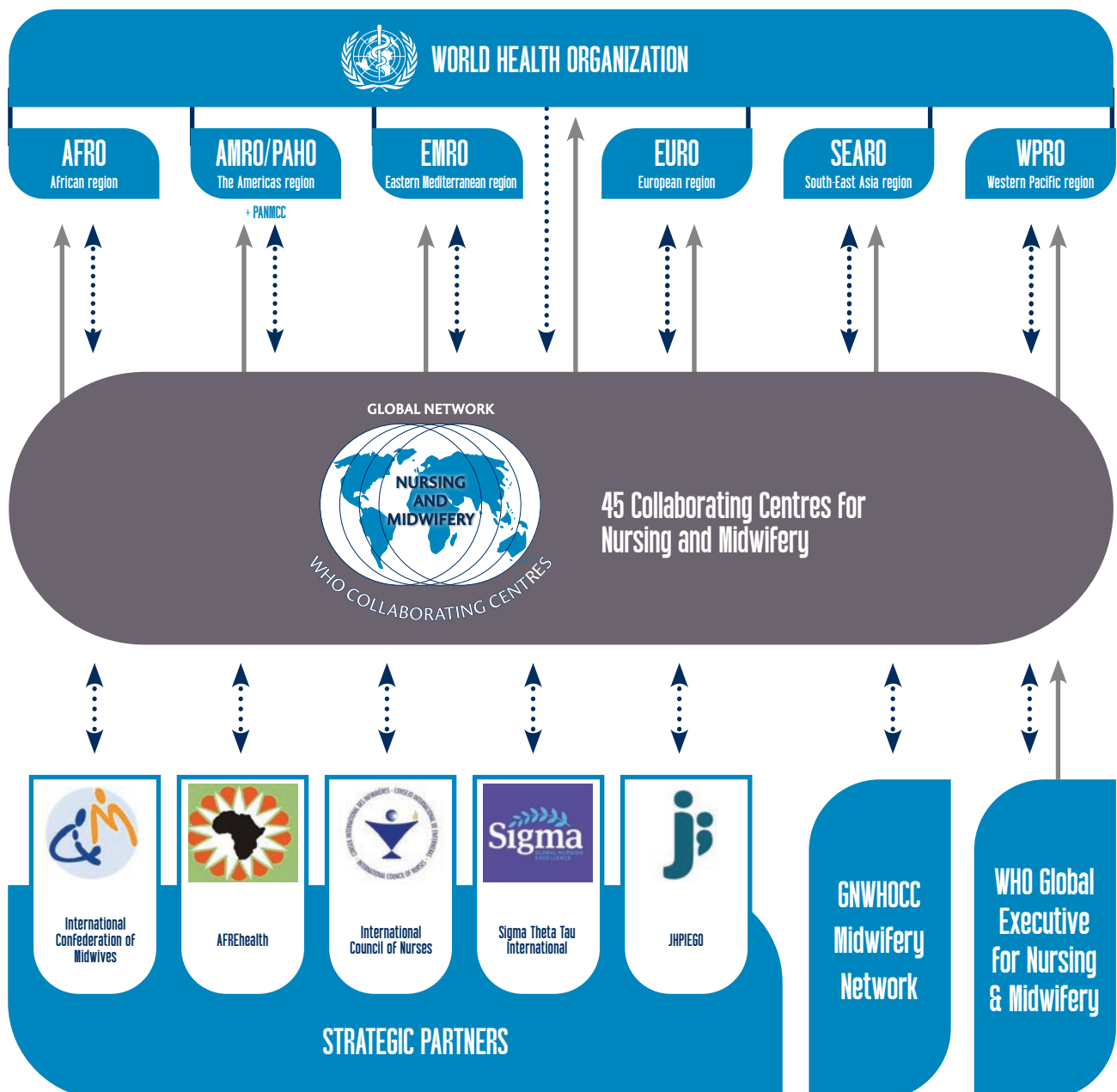
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) was first formed between 1987-1988. It is an independent, international, not-for-profit, voluntary organization comprising WHO CCs across all six WHO Regions. For 35 years, the network has worked to strengthen and promote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

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

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

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

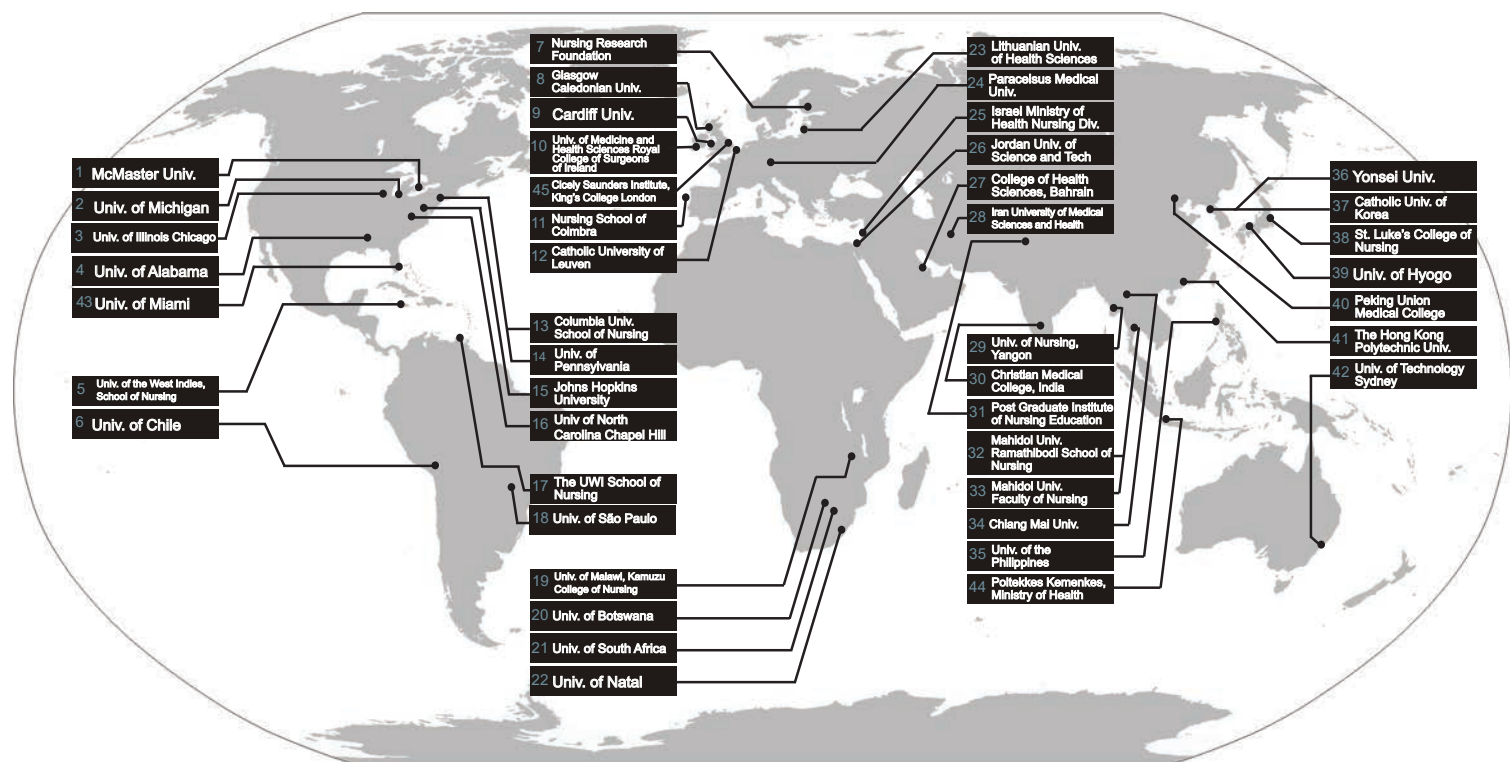
The relationship of the GNWHOCCNM with WHO, WHO Regional Offices, and key strategic partners is illustrated below:





Global Network of WHO Collaborating Centers

The Global Network is Currently Comprised of 45 Collaborating Centres for Nursing and Midwifery.



1. McMaster University, Hamilton, Canada (CAN39)
2. University of Michigan, School of Nursing, Office of International Affairs, Ann Arbor, USA (USA283)
3. University of Illinois at Chicago, Chicago, USA (USA193)
4. University of Alabama at Birmingham, School of Nursing, Birmingham, USA (USA241)
5. University of the West Indies, School of Nursing Mona, Kingston, Jamaica (JAM15)
6. University of Chile, Santiago, Chile (CHI18)
7. Nursing Research Foundation, Helsinki, Finland (FIN19)
8. Glasgow Caledonian University, Department of Nursing and Community Health, Glasgow, Scotland (UNK160)
9. Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences, Cardiff, Wales (UNK276)
10. University of Medicine and Health Sciences Royal College of Surgeons of Ireland (IRE12)
11. Nursing School of Coimbra, Coimbra, Portugal (POR14)
12. Catholic University of Leuven, Leuven, Belgium (BEL51)
13. Columbia University, School of Nursing, New York, USA (USA272)
14. University of Pennsylvania, School of Nursing, Philadelphia, USA (USA206)
15. Johns Hopkins University, School of Nursing, Baltimore, USA (USA297)
16. University of North Carolina at Chapel Hill, School of Nursing, Chapel Hill, USA (USA461)
17. University of the West Indies at St. Augustine, School of Nursing, St. Augustine, Trinidad and Tobago (TRT1)
18. University of São Paulo, College of Nursing at Ribeirão Preto, São Paulo, Brazil (BRA32)
19. University of Malawi, Kamuzu College of Nursing, Lilongwe, Malawi (MAL3)
20. University of Botswana, Gaborone, Botswana (BOT3)
21. University of South Africa, Department of Health Studies, Pretoria, South Africa (SOA14)
22. University of Natal, School of Nursing, Durban, South Africa (SOA13)
23. Lithuanian University of Health Sciences, Kaunas, Lithuania (LTU4)
24. Paracelsus Medical University, Institute of Nursing Science and Practice, Salzburg, Austria (AUT15)
25. Israeli Ministry of Health, Nursing Division, Jerusalem, Israel (ISR32)
26. Jordan University of Science and Technology, Irbid, Jordan (JOR16)
27. University of Bahrain, College of Health and Sport Sciences, Manama, Bahrain (BAA1)
28. Iran University of Medical Sciences and Health (IRA58)
29. University of Nursing Yangon, Yangon, Myanmar (MMR4)
30. Christian Medical College and Hospital, Vellore, India (IND138)
31. National Institute of Nursing Education, Postgraduate Institute of Medical Education and Research, Chandigarh, India (IND140)
32. Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand (THA35)
33. Mahidol University, Faculty of Nursing, Bangkok, Thailand (THA34)
34. Chiang Mai University, Faculty of Nursing, Chiang Mai, Thailand (THA43)
35. University of the Philippines Manila, Manila, Philippines (PHL13)
36. Yonsei University, College of Nursing, Seoul, Republic of Korea (KOR16)
37. Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care, Seoul, Republic of Korea (KOR104)
38. St. Luke's International University, College of Nursing, Tokyo, Japan (JPN58)
39. University of Hyogo, Research Institute of Nursing Care for People and Community, Kobe, Japan (JPN77)
40. Peking Union Medical College, School of Nursing, Beijing, China (CHN129)
41. The Hong Kong Polytechnic University, Faculty of Health and Social Sciences, School of Nursing, Hong Kong, China (CHN89)
42. University of Technology Sydney, Sydney, Australia (AUS93)
43. University of Miami, School of Nursing and Health Studies, Miami, USA (USA349)
44. Poltekkes Kemenkes, Ministry of Health, Directorate General of Health Workforce Jakarta, Indonesia (INO24)
45. Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation at King's College London, England (UNK346)

A new strategy to enhance Africa's health workforce: **PLAN. TRAIN. RETAIN**

By Dr Champion Nyoni, Technical Officer for Education and Training, Health Workforce Unit, WHO Regional Office for Africa in conversation with Chris Rossiter, Project Officer, WHO CCNMH UTS.

The World Health Organization's Regional Office for Africa (AFRO) covers 47 countries, nearly one quarter of the world's nations, and has a population of 1.2 billion people. Recent estimates suggest there are 1.7 million nurses and nearly 400,000 midwives serving the region.

More broadly, the overall health workforce across the Region (comprising 27 occupational groups including 1.15 million community health workers) has expanded considerably from 4.35 million in 2018 to 5.72 million. Nevertheless, the recent report on the state of the health workforce in Africa states that the Region has less than half the health workforce it needs, including a severe shortage of nursing and midwifery professionals to meet increasingly complex health challenges. The report indicates that 'the availability of practising nursing personnel has stagnated at nearly 15 nurses per 10,000 people' (WHO Regional Office for Africa, 2026b) as the modest growth in nursing numbers has not matched the rate of population increase. This is well below the recommended needs-based density of 56.73 per 10,000 across the AFRO Region. Similarly, the current provision of 3.9 midwives per 10,000 population, although rising, is also short of the recommended threshold of 9.2 required for effective delivery of sexual, reproductive and maternal health services (WHO Regional Office for Africa, 2026b). These region-wide figures mask large disparities between different areas of Africa, between nations, and between urban and rural communities, meaning that access to qualified health professionals is often unequal and remains extremely limited in some locations.

The report highlights the recent rapid expansion in education capacity across the Region. Governments have invested in health workforce education through scholarships and hospital-based programs and the



Dr Champion Nyoni

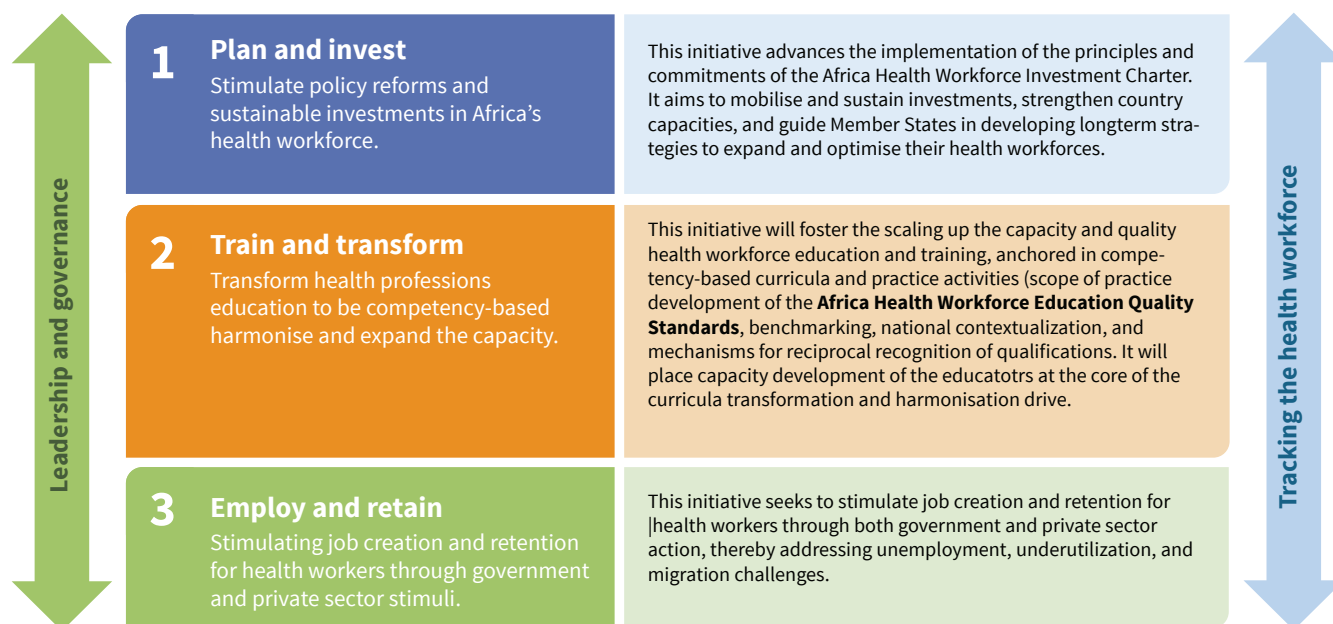
number of health worker graduates increased 27.8% in the two years between 2022 and 2024. Nurses make up the largest share of new graduates, over 137,000 in 2024, with another 41,000 midwifery graduates (WHO Regional Office for Africa, 2026b). Nursing education programs are vital to achieving UHC and increasing quality health care delivery and institutional capacity in Africa and other low- and middle-income countries (Gasaba et al., 2026).

However, this substantial growth in education capacity and graduate numbers has not in itself been sufficient to boost the health workforce to meet health needs in several African countries. Human resources for health in the African Region exist within a wider context of financial constraints and labour market problems, limiting health systems' ability to absorb, employ and retain qualified health professionals. Paradoxically, the well-established shortages of health workers across the Region occur alongside high unemployment: 34% among midwives and 26% among nurses, with even higher levels among new graduates (WHO Regional Office for Africa, 2026b). Labour market pressures are further exacerbated by migration of health professionals to higher-income countries. The WHO Health Workforce Support and Safeguards list indicates that two-thirds of countries with the most pressing workforce challenges related to achieving UHC are in the African region (WHO 2023).

In response to the shortages in the current health workforce and its misalignment with Regional health system needs, WHO AFRO has developed an integrated strategy through the Africa Health Workforce Agenda 2026-2035 (WHO Regional Office for Africa, 2026a). The Agenda outlines ways to strengthen health systems and enhance the quality of nurses and other health workers, by supporting curricula, developing quality standards and benchmarking, recognising qualifications and focusing on strategies for retention.

Flagship initiative to implement the Africa Health Workforce Agenda 2035

At least 3 million additional health workers educated, employed and retained in Africa by 2035



Under the banner 'Plan. Train. Retain', the Agenda focuses on five key strategic recommendations:

1. Strengthen leadership, planning and coordination, including costed national workforce investment plans and stronger data systems.
2. Close the gap between education and employment to enhance absorption of graduates, align training with labour market demand, and prioritise deployment to primary health care and underserved areas.
3. Transform educational systems for health professions to deliver competent health workers
4. Expand and optimise investment in the health workforce, leveraging external financing, private sector engagement and diaspora contributions to create up to 1 million jobs.
5. Strengthen retention, performance and sustainability through improved working conditions, remuneration and career pathways.

This focus will build on existing initiatives to strengthen health systems and transform public health, in areas such as disease control and elimination, and emergency response. Programs such as the Pathways to Leadership for Health Transformation boost the proficiency of health leaders across Africa to meet complex health challenges (WHO Regional Office for Africa, 2025).

continued next page...

**Investment in the health
workforce yields exceptional
returns ...**

**On average, for every dollar
invested, there is an average
return of seven or 10 times the
value across different scenarios**

PLAN. TRAIN. RETAIN

continued ...

To date, there are 27 WHO Collaborating Centres (WHO CCs) based in the African region, working to help achieve Universal Health Coverage. Four of these have a specific nursing focus, based in Botswana, Malawi and two in South Africa. Dr Champion Nyoni, Technical Officer for Education and Training in the WHO AFRO Health Workforce Unit, acknowledges that this is a small number compared to other WHO regions and in relation to the scale of Region's health challenges. He also notes that they are concentrated in southern Africa. The WHO CCs for nursing are well established



and have a strong focus on issues vital to the African Region, including interprofessional education, primary health care, postgraduate nursing and midwifery education, and the integration of community-based nursing with hospital care. Their terms of reference align with and contribute to WHO strategy including the current General Program of Work to advance health equity and build resilience.

The four nursing-focussed WHO CCs in AFRO support nurses and nursing practice in response to national and regional priorities. The WHO CC at the University of Botswana School of Nursing, for instance, has developed a strong relationship with their Ministry of Health, to support the Ministry's decentralisation of nursing, by strengthening continuing professional development (CPD) in nursing and primary care, and making it accessible to nurses across the sparsely populated country. This model can then be replicated in nations with similarly dispersed populations. At the University of Malawi, the WHO CC is working to test culturally appropriate approaches to interprofessional education in maternity care, addressing relationships between nurses, midwives and doctors in communities.

WHO AFRO is currently engaging with several other academic institutions and professional associations from different areas across Africa whose aims are aligned with WHO agenda and who form part of the Network of Partner Institutions. These institutions work collaboratively with the WHO in various projects related to health workforce data, health workforce education and training and sexual reproductive health and rights. Through the Network, WHO AFRO is assessing institutions' capacity to work collaboratively with WHO workplans and priorities, and to develop the necessary terms of reference to be designated as WHO CCs. Nurturing future WHO CCs will strengthen the capacity and resilience of health systems across the Region.

As nurses constitute around 66% of the health workforce in the African region, they form the largest cadre of health professionals. Dr Nyoni describes how nurses are the first health workers people encounter in health facilities, and frequently the last, representing a lifeline especially in rural settings. Nurses' presence and their ability to 'get things done' is highly valued in many communities. However, some people struggle to see the distinction between the nurse and the wider health system in the sense that when the hospital has no resources, it is seen as the nurse's problem. 'So, if I have a headache, and I go to a hospital, and the nurse says there is no paracetamol, the perception is that this nurse does not want to treat me. It's not seen as a health systems failure that there is no medicine.' This creates difficult experiences for nurses who may be blamed or victimised because they are working in resource-poor settings.

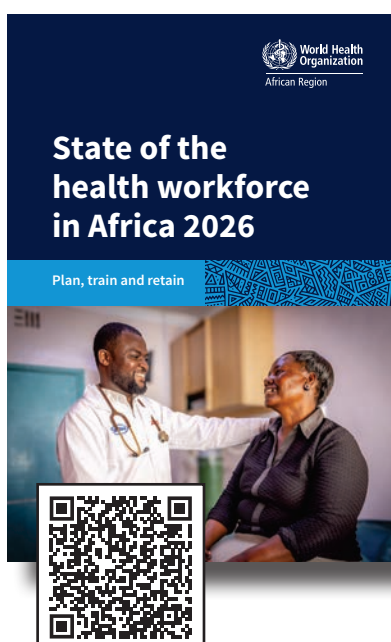
Dr Nyoni discusses the challenges for nurses working in the African region. Because many nurses have diploma qualifications, they are viewed as technicians rather than professionals. Conversely, those who do have university degrees face different problems in practice, as they are told ‘you’re too theoretical, you never fit into the space’. Paradoxically, the Region also experiences problems of widespread migration of qualified nurses to wealthier countries at the same time as high unemployment levels. ‘The continent is facing almost 30-40% unemployment of trained health workers, and that includes nurses... So it’s a labour market failure issue. It’s not really that the nurse does not entirely want to go and work for their country.’

Following WHO influence, over 60% of African nations have establishing Chief Nursing Officer (CNO) positions to enhance leadership in nursing (WHO Regional Office for Africa, 2023). An associated challenge is to resource CNOs by ensuring they have proper directorates, staffing and technical support to get a voice at the table, and to influence policy making to ensure a nursing influence in critical health issues. WHO AFRO has continued to support nursing leaders by providing opportunities to celebrate the vital role of nurses in the Region and acknowledge their experiences and realities working in often challenging circumstances.

In considering the role of WHO CCs in building stronger and more resilient health systems, Dr Nyoni highlights the pressing challenge of using evidence in regions where there is widespread mistrust of science, making people unwilling to accept important health interventions including vaccination or measures to control coronavirus disease or the current Ebola outbreak. He stresses WHO CCs’ role not only in generating scientific evidence but also in translating research outcomes in a way that is meaningful and empowering for communities who are the end users.



‘It’s great to publish [research] in the New England Journal but the very beneficiaries that are sitting in the communities would never understand what is the p-value or the statistical significance. The question they want to know is: how does this affect my livelihood? Where is this coming from? Nurses speak the language of the people, they engage with the people, and how do we amplify that role? So, there’s massive opportunities for nursing, and there’s massive opportunities for collaboration at ground level with the CCs in translating the CC’s science. How do we leverage on the existence of CCs, not only as generators of science, but also as translators of their science into the beneficiaries, moving away from academic journals into something that can be shared in a pub, or in a bar, or in a hair salon. I think that’s the next challenge for CCs globally, and even in Africa.’



Community Health Promoter checks the blood pressure of a 100-year-old man in a remote village in Laikipia County, Kenya.

The initiative is part of Kenya's expanded community health program, which focuses on bringing essential healthcare services directly to rural populations.





The Kenyan government is distributing 100,000 Community Health Promoter kits and 110,000 smartphones as part of its digital health initiative, with a focus on improving real-time health data collection and enhancing healthcare delivery efficiency. This distribution is tied to the broader rollout of the e-Community Health Information System (eCHIS), which is operational in 31 counties

Spotlight on Rwanda

From May 28th - 2nd June, Prof Jacqui Webster, Deputy Director, WHO CCNMH, UTS, visited Rwanda to scope out existing programs, build relationships and identify potential opportunities for collaboration in relation to maternal and child health. Meetings were held with Virridy Rwanda (Rwanda Schools Program), the Centre for One Health and the Centre for Nursing and Midwifery at the University of Global Health Equity; and the Ministry of Health.

The following eight pages highlight the programs discussed and outline opportunities for collaboration...



Young school aged girl collecting water for family, Village near Musanze, Rwanda, 30th June 2026.

Safe Water for Growth: Rwanda's Amazi Meza Programme and Its Impact on Child Health and Nutrition

By Lambert Mugabo

The Amazi Meza programme, implemented by Virridy Rwanda in partnership with the Government of Rwanda, represents a new generation of drinking water interventions that integrate service delivery with innovative carbon financing. Building on Rwanda's strong policy commitment to environmental health, the programme provides safe drinking water to schoolchildren through decentralised treatment systems installed in schools.



Prof Jacqui Webster meeting with Lambert Mugabo, Rwanda Schools Program, Virridy Rwanda, Kigali, 28th May 2026

Unsafe drinking water remains a major contributor to diarrhoeal disease in Rwanda, particularly among children. Amazi Meza addresses this by deploying high-performance filtration systems that deliver microbiologically safe water at the point of use. **The programme currently serves more than 500 schools and approximately 600,000 students, with plans to reach over 1.5 million by 2028.** In addition to improving water quality and health outcomes, the intervention reduces reliance on boiling water using biomass fuels, generating verifiable emissions reductions that are financed through high-integrity carbon markets.

A key strength of the programme is its emphasis on monitoring, evaluation, and accountability. Real-time sensor technologies, combined with routine field testing, are used to verify water quality and quantify impacts. This approach supports both continuous quality assurance and the generation of verified carbon credits, while strengthening the evidence base for safe water delivery at scale.

Diarrhoeal disease remains a leading cause of morbidity in young children and contributes to undernutrition, growth faltering, and impaired development. By ensuring access to safe drinking water in schools, **the programme reduces exposure to enteric pathogens during a critical period of daily life, supporting child health and school attendance.** Indirectly, it reduces caregiving burden and health-related costs for families, with important benefits for maternal wellbeing.

Together, these pathways highlight the potential of integrated water, health, and climate interventions to address multiple risk factors simultaneously, and position Amazi Meza as a scalable model for improving maternal and child health in resource-constrained settings.

A large photograph of a modern building with a glass facade, partially obscured by lush green trees and foliage. In the foreground, the word 'karibuni' is written in large, white, 3D block letters. The 'U' and 'N' are blue. A small circular logo is visible on the 'i'.

Advancing Global Nursing and Midwifery For underserved populations



*By Dr Augustine Ndaimani
Assistant Professor
and Acting Chair
at the University
of Global Health
Equity, Centre
for Nursing and
Midwifery, Kigali,
Rwanda*

At a time when there is a global Nursing and Midwifery Leadership crisis, with leadership development programs missing in 75% of countries, workforce shortages are harming every aspect of care quality. In response, the University of Global Health Equity (UGHE) Centre for Nursing and Midwifery (CNM) is committed to closing the global health equity gaps. Based in Kigali, Rwanda, the CNM is developing the next generation of transformative nursing and midwifery leaders to drive sustainable, transformative service in underserved communities.

Alignment with Global Priorities

The CNM operationalises the four strategic pillars of the global nursing and midwifery agenda: education, employment, leadership, and service delivery. Our tiered curriculum portfolio of programmes delivers impact at every in-service career stage. Rapid-cycle short courses strengthen frontline clinical competencies. The flagship nine-month leadership fellowship program builds transformational capacity among mid-career professionals, and the Master's program develops policy-informed, research-literate leaders ready to engage at local, regional and international levels. Since its inception in 2020, the CNM has already trained more than 450 nursing and midwifery leaders from 24 countries across Africa, Asia, and the Americas. These professionals have translated learning into action, implementing 139 quality improvement initiatives that have directly benefited over 4,500 individuals.

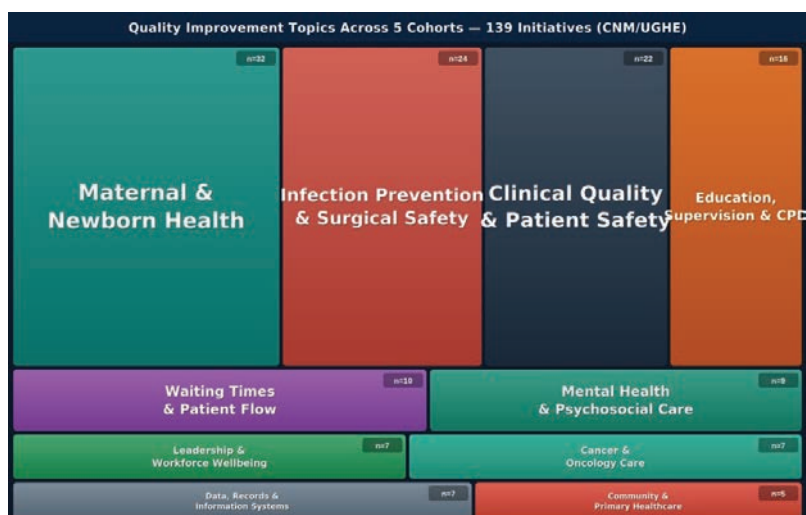
Driving Measurable Quality Improvements

The quality improvement projects for the leadership training span ten critical thematic domains, demonstrating the CNM's focus on the most pressing challenges in resource-constrained settings. Most projects addressed maternal and newborn health (n=32, 23%), infection prevention and surgical safety (n=24, 17%) and broader clinical quality and patient safety (n=22, 16%). These projects underscore the profession's determination to tackle the root causes of patient harm and elevate standards of care.

A Call for Global Collaboration

The momentum generated by the CNM is undeniable, yet its full potential can only be realised through deeper global partnerships. The CNM is engaging with the WHO Regional Office for Africa to consider how it can best support wider implementation of its innovative curricula, scaling of quality-improvement methodologies, and expansion of community-empowering initiatives that advance health equity.

On 1st June, we met with Professor Jacqui Webster, Deputy Director of the WHO Collaborating Centre on Nursing, Midwifery and Health Development at the University of Technology Sydney (UTS), to discuss opportunities for collaboration. Key opportunities identified include exchanging expertise in relation to strengthening nursing and midwifery leadership development, enhancing in-service training and continuous professional development, and pioneering robust health equity measurement in underserved communities. Levels of stunting remain a key challenge in Rwanda despite successive nutrition interventions. Recognizing the interconnected influences of nutrition, access to animal-source foods, water security, environmental conditions, and human health, we are keen to partner with the UGHE Centre for One Health team and UTS to explore the potential of experiential measures such as the Water Insecurity Experiences Scales (WISE) scales to better understand the extent to which people's experiences of food and water security are contributing to this and how best to address.





The Path Forward

Collaboration with WHO and existing WHO Collaborating Centres by UGHE is a strategic investment in resilient health systems, empowered frontline leaders, and a more equitable future. Through this collaboration, the WHO and its global network can accelerate the development of pro-equity, compassionate, and courageous nursing and midwifery leaders who will deliver on the promise of universal health coverage and sustainable, transformative health impact.



Prof Jacqui Webster meeting with Anselme Shyaka, Chair of the Centre for One Health, Kigali, Rwanda, 29th May 2026.

From left to right Ms Catherine Uwimana, Dr Ngwibete Atenchong, Ms Ester Gaga, Prof Jacqui Webster, Dr Augustine Ndaimani, Kigali, Rwanda, 1st June 2026

Rwanda's 4x4 Reform: Building a Sustainable Health Workforce

By Prof Jacqui Webster

On Thursday 28th May, I had the pleasure of meeting with Thierry Sebakunzi, Technical Advisor to the Permanent Secretary in the Ministry of Health in Rwanda. We discussed emerging policy and research gaps, and I was particularly encouraged to learn that Rwanda's 4x4 program explicitly includes allied health professionals, including public health nutritionists and dietitians. Thierry provided a valuable overview of the program and highlighted that childhood stunting remains a significant challenge in Rwanda, despite a strong foundation of evidence-based nutrition interventions.

Rwanda's 4x4 reform represents one of the most ambitious and clearly articulated health workforce strategies in the region. Launched in July 2023, the program sets out to **quadruple the number of health professionals within four years and progress toward at least four practitioners per 1,000 population**, in line with global benchmarks for universal health coverage. Importantly, it builds on a strong foundation of prior investment, including the National Strategy for Health Professions Development (2020–2030) and the current Health Sector Strategic Plan, both of which place workforce strengthening at the centre of health system transformation.

What is particularly striking about the 4x4 reform is the clarity of purpose and the pace of early implementation. Rwanda began from a position of significant constraint, with workforce density at approximately **one health professional per 1,000 population**, well below the WHO benchmark. Recognising that this gap would increasingly limit service delivery—especially in the context of rising non-communicable diseases—the Government moved decisively to expand training capacity at scale.

Encouraging progress is already evident. Enrolments across key training programmes, including nursing, midwifery, and medicine, have increased substantially, in some cases more than doubling pre-reform levels. These gains reflect coordinated investments in faculty, infrastructure, and partnerships with both national and international institutions. Complementary initiatives, including scholarship schemes and expanded training pathways, are further strengthening the pipeline of future health professionals.

Early results suggest that Rwanda is beginning to realise the intended acceleration in workforce production, with a marked increase in the number of graduates entering the system. While it remains early in the implementation period, these trends demonstrate what is possible when policy, financing, and institutional alignment come together behind a shared national goal.

At the same time, Rwanda's experience highlights the complexity of health workforce reform. Increasing numbers alone will not be sufficient. Persistent challenges related to **equitable distribution, retention, and working conditions**—particularly in rural and underserved areas—require sustained and deliberate attention.

Critically, strengthening the workforce must also be linked to addressing the underlying drivers of poor health outcomes. As highlighted in my discussion with Thierry, **childhood stunting remains stubbornly high**, reflecting a complex interplay of factors that extend beyond the health system. In particular, there is growing recognition

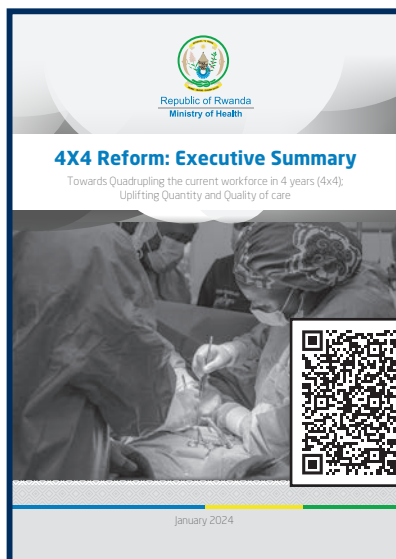
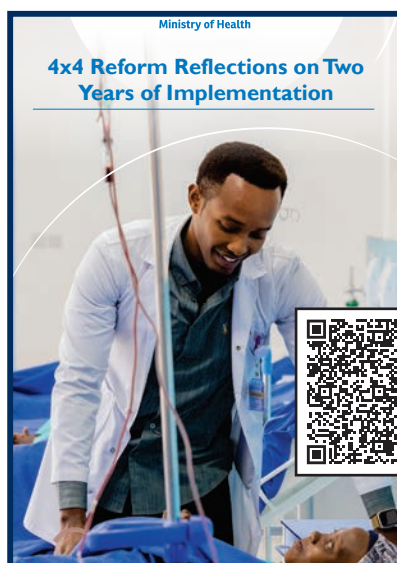
of the role of **water security and water quality**—including exposure to contaminated water, recurrent enteric infections, and broader environmental conditions—in shaping child growth and nutritional status.

As Thierry Sebakunzi reflected: This underscores the need for continued investment not only in workforce expansion, but also in **multisectoral research and**

implementation to better understand and address the determinants of stunting. Strengthening the capacity of health workers—including nutritionists and community-based practitioners—to

engage with issues such as water quality, sanitation, and household environments will be essential.

Looking ahead, the success of the 4x4 reform will depend on maintaining this dual focus—continuing to scale up the workforce while strengthening the systems and evidence needed to translate these gains into improved population health. Rwanda's strong leadership and commitment to partnership provide a solid foundation. The progress achieved to date is encouraging, but equally important is the recognition that tackling complex challenges such as childhood stunting will require sustained investment, cross-sector collaboration, and locally grounded evidence.





Nurse at Neonatology Intensive Care Unit at Kirehe L2TH



Ratio of healthcare worker density increase to **4 per 1,000 people** in 2028



Life expectancy increase to **80 years by 2035** and to **90 years by 2050**



Averting 60% of deaths due to infectious diseases and MCH complications



Maternal Mortality decrease to **70 by 2030** and below **50 by 2050**



Drastically reduce neonatal mortality to **11/1000 live births**



Prevent 41% of NCDs related mortality



Curb under five mortality rate to **less than 5 by 2050**

“The 4x4 reform is not only about increasing numbers—it is about building a workforce that is well-trained, equitably distributed, and able to respond to Rwanda’s most pressing and complex health challenges.”

AFWEN network launch: Africa Food and Water Experiences Network

In May this year, Professor Jacqui Webster, Deputy Director of the WHO Collaborating Centre for Nursing, Midwifery and Health Development at UTS, travelled to Nairobi to participate in the launch of the African Water and Food Experiences Network.

Hosted by UNESCO and the Government of Kenya, the two-day meeting brought together more than 100 policymakers, practitioners and researchers from over 20 countries to explore how people's lived experiences of food and water insecurity can strengthen evidence, policy and action across Africa.

The discussions highlighted the critical links between water security, food security and infant and child nutrition. Limited access to safe, reliable water affects breastfeeding, food preparation, hygiene and the prevention of childhood illness — all essential foundations for healthy growth and development.

One of the most powerful moments came when Professor Sera Young reflected on the origins of the Water Insecurity Experiences Scales (WISE), developed through early research in Kenya. A woman whose story helped shape

this work joined the meeting, reminding participants how lived experience can drive meaningful global change.

Throughout the meeting, colleagues from across Africa shared how experiential tools are being used to better understand the daily realities faced by families and communities, and how this evidence is informing programs and policies at local, national and regional levels.

Professor Webster also joined a panel discussion with Professor Pablo Gaitán Rossi to share lessons from the FoodWISE Asia-Pacific and Latin American networks. Across all regions, common themes emerged: strong partnerships, shared purpose and a commitment to translating evidence into action.

As the Africa Water and Food Experiences Network begins its journey, it joins a growing global community working to strengthen food and water security through collaboration, research and community voices.

For more information on the WISE scales:
<https://www.wisescales.org>





An honest account of the benefits and costs of international health worker recruitment



By James Buchan

Adjunct Professor, at UTS and
Professor in Global Human
Resources for Health

Professor James Buchan of WHO CC UTS participated in an invitation-only policy round table in London in March to discuss a new report that has been published which focuses on approaches to international health recruitment of nurses and other health personnel.

The meeting was informed by a new report: An honest account of the benefits and costs of international health worker recruitment, which was published by the UK All-Party Parliamentary Group (APPG) on Global Health & Security. It argues that the UK NHS is structurally dependent on health workers trained overseas, including from countries that are themselves facing critical workforce shortages. Its central recommendation is “proportionate co-investment”: linking the UK gains from international recruitment to targeted investment in training, retention and health system strengthening in partner countries.

The APPG had heard evidence from NHS leaders, frontline staff, partner governments and global institutions before developing the report. It also recognised the role of the WHO Code of Practice on International Recruitment of health personnel, and the work undertaken by WHO in reporting on the use of bilateral agreements in international recruitment of health workers. Prof Buchan was one of the invited experts requested to give evidence at he APPG meetings.

The APPG proposed model of proportionate co-investment would link health workforce recruitment to practical support for the countries health workers come from – particularly those with the most fragile systems. That means moving beyond voluntary ethical codes towards stronger, enforceable government-to-government partnerships.

The round table held on 18th March 2026 brought together representatives of a range of countries that are high level active recruiters (e.g Canada, Ireland, UK, Saudia Arabia) some major “source” countries (e.g. Nigeria, Philippines and Ghana) as well as WHO, OECD, World Bank, ICN, ICM and other stakeholders. Held under “Chatham House” rules, the main aims of the meeting were to build a shared understanding of the benefits, risks, and responsibilities

associated with international health worker mobility; to clarify what “proportionate co-investment” means in practice; and to identify politically feasible partnerships and financing models that deliver value for low-, middle-, and high-income country health systems.

Decision on WHO Code Expert Advisory Group (EAG) report adopted by 158th session of WHO Executive Board

Professor James Buchan, WHO CC UTS was member of the Expert Advisory Group (EAG) set up by WHO to review the implementation of the WHO Code of Practice on the International Recruitment of Health Professionals (The Code). The EAG completed its report in late 2025.

The EAG report recommended specific additions to the Code to address emerging health workforce challenges. These proposed additions aim to ensure that the Code remains responsive, equitable and aligned with global health workforce realities. These include: specifying that

the Code applies also to international health personnel recruited as care workers; promotion of proportionality of mutual health system benefits resulting from migration; facilitation of ethical management of international recruitment and mitigation of the risks of workforce depletion also during emergencies; and encouraging greater co-investment in the health workforce

Their report was then considered by the WHO Executive Board earlier in the year, and the Board adopted the **decision on EAG report on the WHO Global Code** which paves the way for further consultations among Member States leading up to the 79th World Health Assembly in May 2026.

WHO CC can continue to be engaged in the process, notably on three points that were set out in the decision:

- (1) to invite Member States and partners, and request the Secretariat, including by utilizing the WHO Academy and WHO collaborating centres, to renew their efforts to strengthen implementation of the Code, in alignment with the recommendations of the Expert Advisory Group;
- (2) to note the Expert Advisory Group’s recommendations including regarding clarity, safeguards and appropriate flexibility in the application of the WHO Health Workforce Support and Safeguards List;
- (3) to further note the Expert Advisory Group’s emphasis on the need for meaningful co-investment in health workforce development and health system strengthening in source countries, in order to support health workforce sustainability and the delivery of proportional benefits.

An honest account of the benefits and costs of international health worker recruitment

A report by The All-Party
Parliamentary Group on Global
Health & Security

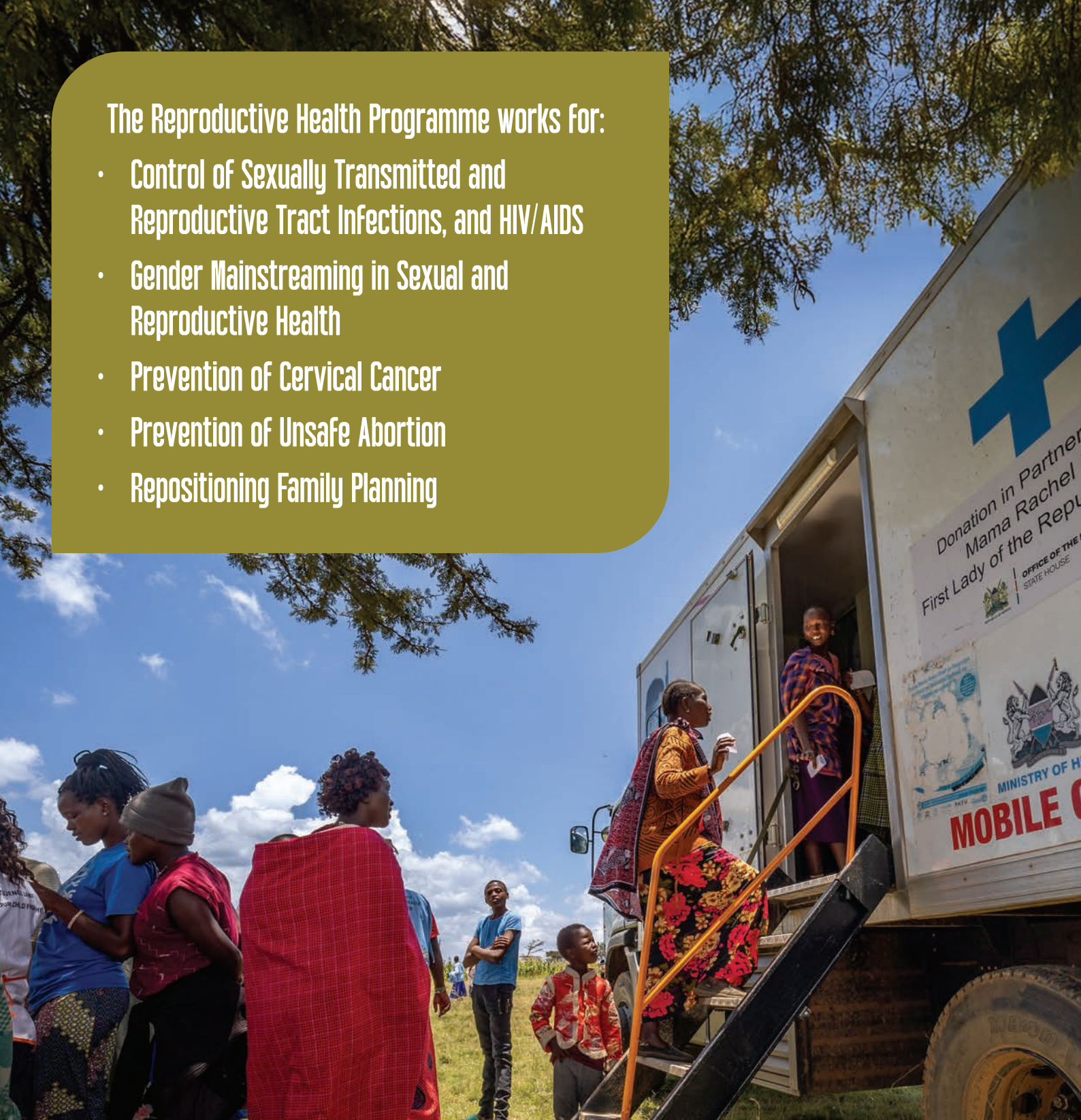
Global Health
APPG & Security

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group. This Report was prepared and written by Global Health Partnerships, formerly 'NHS', which acts as the independent secretariat to the All-Party Parliamentary Group on Global Health & Security. Additional analytical support was provided by the Center for Global Development. Further details of Authorship and Contributors are outlined in the report.



The Reproductive Health Programme works for:

- Control of Sexually Transmitted and Reproductive Tract Infections, and HIV/AIDS
- Gender Mainstreaming in Sexual and Reproductive Health
- Prevention of Cervical Cancer
- Prevention of Unsafe Abortion
- Repositioning Family Planning



WHO-supported mobile health clinic provides sexual and reproductive health services to women in Longewan, Samburu County, September 2025.

WHO Kenya, in collaboration with Samburu County Health Department, conducted a week-long mobile health outreach across 10 sites in Samburu County's three sub-counties, deploying 11 health professionals per site to provide family planning, antenatal care, cervical and breast cancer

screening, post-abortion care, sexually transmitted infection screening, and gender-based violence support

The intervention targeted over 150 individuals daily in hard-to-reach pastoral communities, where the county records the highest teenage pregnancy rate at 50.1%.



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

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

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

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

Leadership Priorities

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

Education Priorities

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

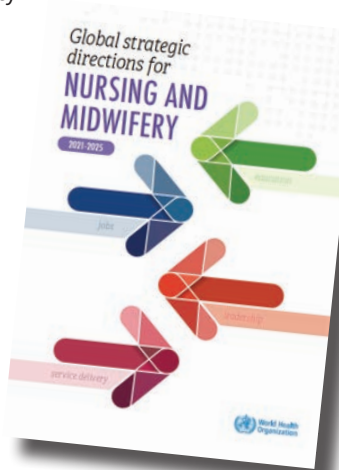
Service Delivery Priorities

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

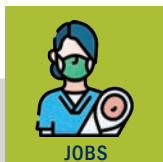
Jobs Priorities

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

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



WHO Global Strategic Directions for Nursing and Midwifery



JOBS

jobs

Strategic direction for jobs:

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

Policy priority

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



EDUCATION

education

Strategic direction for education:

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

Policy priority

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



SERVICE DELIVERY

service delivery

Strategic direction for service delivery:

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

Policy priority

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



LEADERSHIP

leadership

Strategic direction in leadership:

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

Policy priority

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

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



World Health Organization



Strengthening Emergency Care Education for Nurses Through the World Health Organization/ International Committee of the Red Cross Basic Emergency Care Course

The WHO/ICRC BEC course is an internationally recognised training programme designed to equip frontline healthcare providers with a structured approach to the early recognition and management of acute illness and injury therefore equipping practitioners dealing with emergencies (Straube et al., 2020). This basic emergency care training is designed for low-resource settings with the dual aim of strengthening provider skills and promoting awareness of the infrastructure and resource challenges that affect the delivery of basic emergency care, while encouraging initiatives to address these gaps. The World Health Organization (WHO) has also launched the 25x25 campaign with the aim of providing BEC training to 25% of nurses in 25 countries.

In South Africa, professional nurses are responsible for providing appropriate emergency care alongside doctors and clinical associates. However, this is not without challenges due to staff shortages, negative attitudes, uncertainty and a lack of confidence, knowledge and skills by professional nurses. Literature on emergency care delivered by nurses which focused specifically on nurse led emergency

care and resuscitation, points to nurses' lack of confidence, anxiety and uncertainty of their roles during resuscitation attempts (Mäkinen et al., 2009; Sultan et al., 2020), which could lead to hesitancy and failure to act in an emergency situation (Saba et al., 2015). Emergency care for an acutely ill or injured patient may be required at any point during a nurse's training or practice regardless of their work setting, experience and preparedness, and nurses should be competent in communication, preparation or planning, incident management and safety for efficient intervention (Motsepe & Schmollgruber, 2025). The WHO advocates for the integration of basic emergency training into all health care professions undergraduate curricula (WHO, 2008), with the content including triage protocols, algorithms and checklists to improve patient outcomes; with particular focus on low-resource settings (Curtis et al., 2020; WHO, 2008). A study conducted in South Africa amongst primary health care nurses highlighted significant gains for all nurses who received this training in terms of their knowledge, perceived self-competence and confidence in emergency care (Botes et al, 2025).

A study conducted in South Africa amongst primary health care nurses highlighted significant gains for all nurses who received this training in terms of their knowledge, perceived self-competence and confidence in emergency care

**University of
KwaZulu-Natal Team:**



Dr Waheedha Emmamally



Dr Mpumelelo Nyalela



Prof Petra Brysiewicz



Building on its success in in-service training, the UKZN BEC team is currently involved in a collaborative multi-national research project exploring the integration of the WHO/ICRC BEC course into undergraduate nursing curricula across four South African universities, including UKZN. This multi-institutional initiative is evaluating feasibility, educational impact, and sustainability, with the aim of embedding structured emergency care competencies early in professional development.

By introducing WHO/ICRC BEC training at undergraduate level, the project seeks to strengthen graduate readiness, improve patient safety, and contribute to health system resilience. The work aligns with UKZN's commitment to socially responsive education and research that addresses priority health needs in South Africa and the African region.



University of KwaZulu-Natal Team Pictures of the WHO/ICRC BEC training held at University of KwaZulu-Natal by the team



Dr Udes Naidoo
(external collaborator)



Dr Dorien Wentzel



EDUCATION AND INNOVATION

Immersive Learning for Safer Practice: Educators' Views on Virtual Reality in Nursing and Midwifery Training

Virtual Reality (VR) is steadily reshaping health professions education by offering immersive, interactive, and realistic learning experiences. In nursing and midwifery, where clinical competence, confidence, and sound decision-making are essential, VR is increasingly recognized as a valuable complement to conventional teaching and clinical exposure. While much attention has focused on student experiences, less is known about how educators themselves perceive this emerging educational tool. A recent qualitative study conducted across two South African universities explored nursing and midwifery educators' views on integrating VR into clinical education. One institution was urban and relatively well resourced, with existing VR infrastructure, while the other was a rural, historically disadvantaged university with limited technological capacity. Through four focus group discussions involving 22 educators, the study examined how VR is understood, where it may add value, and what factors influence its implementation.

The findings suggest that educators see VR as a promising educational innovation with significant potential to enrich teaching and learning. Participants described VR as engaging, memorable, and capable of helping students "step into" clinical environments in ways traditional lectures often cannot. As one educator reflected, "there's

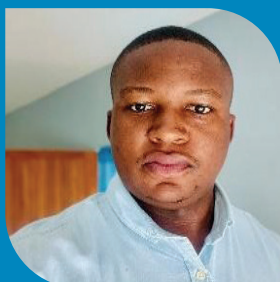
a world opening up", capturing the sense of immersion that made learning more vivid and memorable. Educators believed VR could be especially useful in helping students visualize complex clinical processes and experience situations they may not often encounter during placement. One of the strongest themes to emerge was the role of VR in creating a safe environment for practice.

As one participant explained, "You can make mistakes, nothing will happen, no baby will die, but here you feel as if it's authentic and real." This highlights VR's value in allowing students to practice without compromising patient safety.

This was considered particularly important in midwifery and nursing, where students may have limited opportunities to manage emergencies such as postpartum hemorrhage, eclampsia, shoulder dystocia, or neonatal resuscitation. Educators felt VR could strengthen clinical reasoning, confidence, and readiness for practice, while helping to bridge the persistent theory-practice gap. Participants also identified specific areas where VR may be most impactful, including obstetric emergencies, anatomy visualization, communication skills,

complex procedures, and emergency preparedness. However, educators were clear that VR should not replace face-to-face teaching, simulation laboratories, or clinical placements. Rather, it should be used as part of a blended educational approach.

"Educators see VR as a promising educational innovation with significant potential to enrich teaching and learning"



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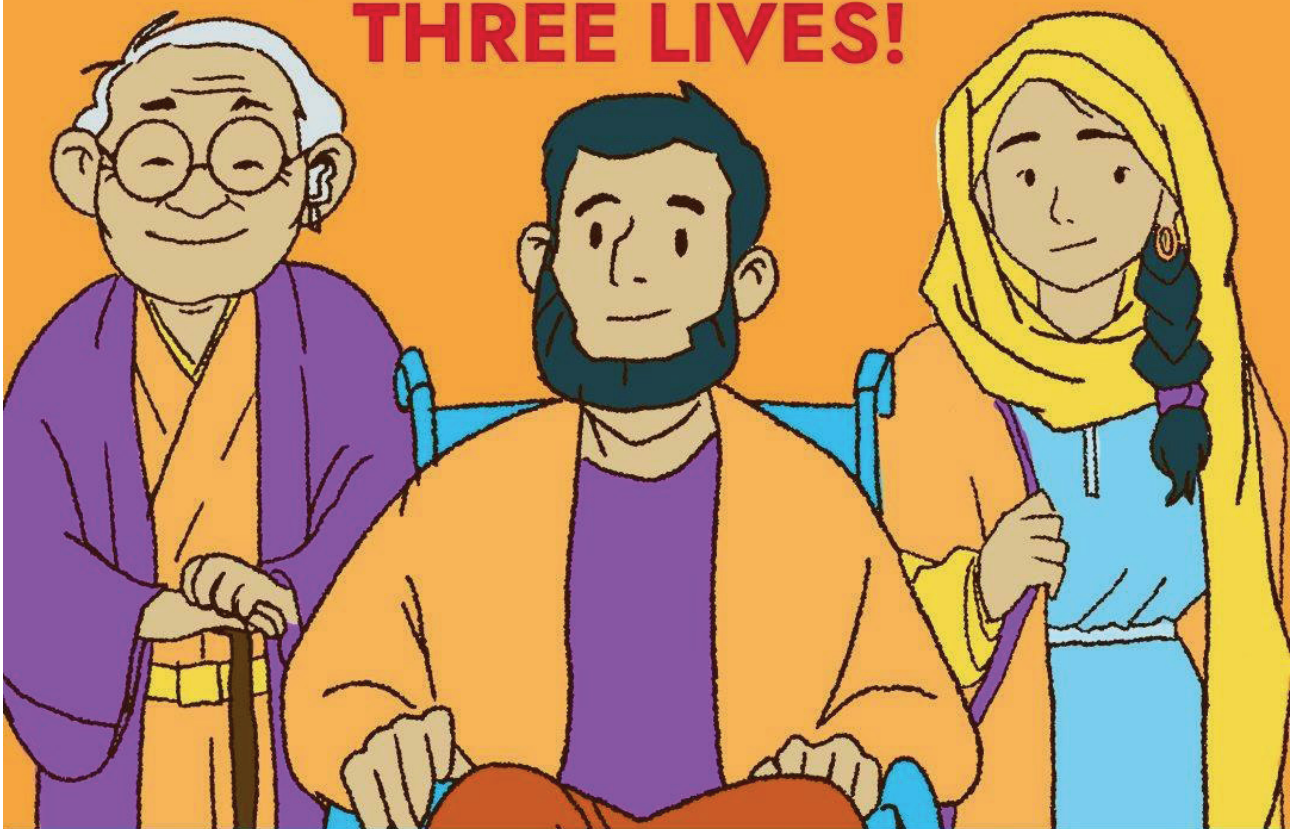
Prof. O.B. Baloyi

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Despite their enthusiasm, educators raised important concerns about implementation and sustainability. Resource limitations emerged as a major challenge, particularly in under-resourced institutions. High equipment costs, limited access to headsets and software, maintenance demands, and uneven institutional readiness were all identified as barriers. Participants also highlighted the need for educator training, technical support, and stronger institutional leadership. Some felt uncertain about how to integrate VR meaningfully into teaching, while others pointed to workload concerns and resistance to change. Overall, the study shows that educators view VR as a powerful and potentially transformative tool in nursing and midwifery education. However, its success depends on thoughtful curricular alignment, institutional commitment, and equitable implementation. In low- and middle-income settings especially, VR may offer a meaningful pathway to strengthen student preparation for safe and competent practice.



**DID YOU KNOW? JUST ONE
BLOOD DONATION COULD
SAVE, OR IMPROVE, UP TO
THREE LIVES!**



Celebrating resilience and heritage in Nursing Education: 50 years of the Department of Health Studies at the University of South Africa

*Authors:
Prof Simangele Shakwane &
Prof Sibusiso Zuma*

The Department of Health Studies celebrated 50 years of Nursing Education, which has shaped the futures of nurses in the service of humanity in South Africa and beyond. The Department was founded in 1975 as Advanced Nursing Science and was later renamed to the Department of Health Studies. The aim was to ensure access to higher education for nurses and health professionals through postgraduate distance education at the university level. The Department of Health Studies was first designated as a WHOCC in 1999 with a mandate to provide leadership in “Postgraduate Distance Education and Research in Nursing and Midwifery Development”

On 04 December 2025, the nursing workforce attended the 50th golden anniversary celebration at the University of South Africa, the university of the land. The celebration featured messages of support from the global partners and panel discussion to guide the future aspirations of the Department of Health Studies in advancing nursing futures.

Prof Moleki, the former Chair of the Department of Health Studies and School Director of Social Sciences, reflected on the apartheid era before 1994, when black nurses were barred from accessing university education. UNISA, through establishment of this Department has enabled many nurses to obtain postgraduate qualifications and has opened the way for career mobility for many nurses across Africa and the World. The model of Open

Distance Learning has increased opportunities for postgraduate studies in nursing to enable nurses to participate in higher education and take up leadership positions in health sciences education and health services management. She urged the Department not to be afraid of challenges, but to embrace them boldly as opportunities for growth.

Dr Nyoni, WHO Africa Regional representative, stressed the importance of UNISA in defining the position in promoting access to affordable higher education programmes for nurses and midwives, especially those coming from developing countries. He highlighted that the transition to competency-based nursing education requires new facilitation approaches and assessment processes to ensure that graduates are prepared to pursue research in the field of nursing

through open distance learning. The Department of Health Studies was also commended for its contribution to the WHO as a collaborating centre, i.e. the strengthening of open distance learning for nurses and midwives. In the future, the Department should continue to play a key role in health workforce development in Africa .

Prof Mogotlane emphasised the importance of maintaining the mandate of distance learning by providing support to postgraduate students, as competition from resident universities for online learning is growing “Keep to your lane, do postgraduate programmes”





Prof Mtshali, the Registrar and CEO of the South African Nursing Council, appreciated the qualifications she obtained at UNISA. The Department must strengthen its existence to be recognised as the “institution of choice, not an option”. She proposed the following to ensure the continuity of the of Open Distance and Comprehensive Education in the Department of Health Studies:

1. to continue with the vision to widen access to nursing education across the country and the region
2. maintain WHOCC designation
3. establish a Research Chair in the department to lead support for nursing and midwifery and
4. support the accreditation bodies for Open distance learning standards.

Preparing nurses through Entrepreneurship and strengthening the UNISA's role to empower nurses and midwives in technology-enhanced care, digital skills, investing in virtual simulation.

UNISA, through establishment of this Department has enabled many nurses to obtain postgraduate qualifications and has opened the way for career mobility for many nurses across Africa and the World.

The model of Open Distance Learning has increased opportunities for postgraduate studies in nursing to enable nurses to participate in higher education and take up leadership positions in health sciences education and health services management.



Speakers address the 50th anniversary celebrations

Department of Health Studies has served the WHOCC AFRO Region in Nursing and Midwifery Postgraduate Education and remains committed to serving the region in the spirit of Ubuntu (in the service of humanity) in the ever-changing societal needs.

The department is looking forward to the next 50 years of advancing nursing in Africa and Globally

Pascaline Kesulum recieved antenatal care during a WHO-supported sexual and reproductive health outreach.

“I came for antenatal care, screening for sexually transmitted infections, and cervical cancer screening. The health workers took a urine sample and I am waiting for the results from the laboratory. I am happy to be seen and checked.”

“Without this outreach, I would need to travel much farther to get antenatal care and screening. I am grateful that this outreach came to our area.”

The intervention targeted over 150 individuals daily in hard-to-reach pastoral communities.



EVENTS 2026/2027

Click on each event
to read more

JULY

World Population Day

11 July

UN



37th International Nursing Research Congress

16 - 18 July

Toronto, Canada

SIGMA



World Drowning Prevention Day

25 July

WHO



World Hepatitis Day

28 July

WHO



AUGUST

World Breastfeeding Week

1 - 7 August

WHO



Yonsei International Nursing Conference (YINC)

20 - 21 August

Seoul, South Korea

YONSEI UNIVERSITY



9th AFRE Health Conference

24 - 26 August

Mbarara, Uganda

AFRE HEALTH



SEPTEMBER

ICN Congress

14 - 17 September

Tennessee, USA

ICN



World Patient Safety Day

17 September

WHO



Immunisation and vaccines related implementation research advisory committee (IVIR-AC)

21 - 25 September

WHO



World Rabies Day

28 September

WHO



OCTOBER

Strategic Advisory Group of Experts on Immunisation (SAGE)

5 - 8 October

Geneva, Switzerland

WHO



World Mental Health Day

10 October

WHO



MARCH

Strategic Advisory Group of Experts on Immunisation

15 - 18 March

Geneva, Switzerland

WHO



World TB Day

24 March

Global campaign

WHO



APRIL

World Health Day

7 April

Global campaign

WHO



World Chagas Disease Day

14 April

Global campaign

WHO



World Immunization Week

24 - 30 April

Global campaign

WHO



World Malaria Day

25 April

Global campaign

WHO



MAY

Eightieth World Health Assembly

May - dates TBC

Geneva, Switzerland

WHO



World No Tobacco Day

31 May

Global campaign

WHO



JUNE

World Blood Donor Day

14 June

Global campaign

WHO



JULY

31st ICN Congress

8 - 11 July

Taipei, Taiwan

ICN



38th International Nursing Research Congress

8 - 11 July

Dublin, Ireland

WHO



World Drowning Prevention Day

25 July

Global campaign

WHO



World Hepatitis Day

28 July

Global campaign

WHO



GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

AFRO - WHO REGION FOR AFRICA

AMRO - WHO REGION FOR THE AMERICAS

EMRO - WHO REGION FOR THE EASTERN MEDITERRANEAN

EURO - WHO REGION FOR EUROPE

SEARO - WHO REGION FOR SOUTH EAST ASIA

WPRO - WHO REGION FOR THE WESTERN PACIFIC

AFRO

AMRO

EMRO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Botswana	WHO Collaborating Centre for Nursing and Midwifery Development	Gaborone, Botswana	BOT3
University of South Africa (UNISA), Department of Health Studies	WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development	Pretoria, South Africa	SOA14
University of KwaZulu-Natal, School of Nursing	WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving	Durban, South Africa	SOA13
University of Malawi, Kamuzu College of Nursing	WHO Collaborating Centre for Interprofessional Education and Collaborative Practice	Lilongwe, Malawi	MAL3
University of Pennsylvania, School of Nursing	WHO Collaborating Centre for Nursing and Midwifery Leadership	Philadelphia, USA	USA206
McMaster University	WHO Collaborating Centre in Primary Care Nursing and Health Human Resources	Hamilton, Canada	CAN39
University of Miami, School of Nursing and Health Studies	WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety	Miami, USA	USA349
University of Michigan, School of Nursing, Office of International Affairs	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA	USA283
University of Alabama at Birmingham, School of Nursing	WHO Collaborating Centre for International Nursing	Birmingham, USA	USA241
Columbia University, School of Nursing	WHO Collaborating Centre for Advanced Nursing Practice	New York, USA	USA272
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development in Primary Health Care	Chicago, USA	USA193
Johns Hopkins University, School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA	USA297
University of North Carolina at Chapel Hill, School of Nursing	WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery	Chapel Hill, USA	USA461
University of Sao Paulo, College of Nursing at Ribeirao Preto	WHO Collaborating Centre for Nursing Research Development	Sao Paulo, Brazil	BRA32
The University of West Indies School of Nursing, Mona (UWISON)	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica	JAM15
University of the West Indies (UWI) at St. Augustine, School of Nursing	WHO Collaborating Centre in Nursing Policies and Leadership	St. Augustine, Trinidad and Tobago	TRT1
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile	CHI18
Iran University of Medical Sciences and Health Services	WHO Collaborating Centre for Education and Research in Nursing and Midwifery	Tehran, Iran	IRA58
University of Bahrain, College of Health & Sport Sciences (CHSS)	WHO Collaborating Centre on Nursing Development	Manama, Bahrain	BAA1
Jordan University of Science and Technology	WHO Collaborating Centre on Nursing Development	Irbid, Jordan	JOR16

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Glasgow Caledonian University, Department of Nursing and Community Health	WHO Collaborating Centre for Nursing and Multidisciplinary Rehabilitation	Glasgow, Scotland	UNK160
Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation at King's College London	WHO Collaborating Centre for Palliative Care and Policy	London, England	UNK346
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helsinki Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
University of Medicine and Health Sciences Royal College of Surgeons of Ireland	WHO Collaborating Centre for Nursing Regulation and Continuing Professional Development	Dublin, Ireland	IRE12
Paracelsus Medical University, Institute of Nursing Science and Practice	WHO Collaborating Centre for Nursing Research and Education	Salzburg, Austria	AUT15
The Israeli Ministry of Health, Nursing Division	WHO Collaborating Centre for Leadership and Governance in Nursing	Jerusalem, Israel	ISR32
Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA35
Mahidol University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA34
Chiang Mai University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand	THA43
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India	IND138
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 Nursing, Yangon	WHO Collaborating Centre for Nursing and Midwifery Development	Yangon, Myanmar	MMR4
Poltekkes Kemenkes, Ministry of Health, Directorate of General Health Workforce	WHO Collaborating Centre for Nursing and Midwifery Development.	Jakarta, Indonesia	INO24
University of Philippines, Manila	WHO Collaborating Centre for Leadership in Nursing Development	Manila, Philippines	PHL13
University of Technology Sydney	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia	AUS93
St Luke's International University, College of Nursing	WHO Collaborating Centre for Nursing Development in Primary Health Care	Tokyo, Japan	JPN58
University of Hyogo, Research Institute of Nursing Care for People and Community	WHO Collaborating Centre for Disaster Risk Management for Health	Kobe, Japan	JPN77
The Hong Kong Polytechnic University (HKPU), Faculty of Health and Social Sciences, School of Nursing	WHO Collaborating Centre for Community Health Services	Hong Kong, China	CHN89
Peking Union Medical College, School of Nursing	WHO Collaborating Centre for Nursing, Policy-Making and Leadership	Beijing, China	CHN129
Yonsei University, College of Nursing	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea	KOR16
The Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Training in Hospice & Palliative Care	Seoul, Republic of Korea	KOR104

EURO

SEARO

WPRO

Strengthening Collaboration in the Western Pacific:

2025 Palliative Care Nursing Training in Mongolia Successfully Completed

Mihyun Park

Director of WHO CC
for Training in Hospice/Palliative Care,
The Catholic University of Korea

Sujeong Kim

Vice Director of WHO CC
for Training in Hospice/Palliative Care,
The Catholic University of Korea



Among WHO's six regions, the Western Pacific Region (WPR) is the only one that regularly convenes a Regional Forum of WHO Collaborating Centres (WHOCCs). The forum serves as a unique platform for sharing knowledge and strengthening collaboration across disciplines and technical areas, and aligning activities with regional health priorities. Since the first Forum in 2016, it has fostered strong partnerships among WHOCCs and with WHO.

The Fifth Forum was held on 4–5 November 2025 in Manila, Philippines bringing together 122 WHOCCs (106 in person and 16 online) representing diverse disciplines and institutions across the region. The Forum offered an invaluable opportunity to reflect on progress, share lessons learned, and explore approaches under the new regional vision, “Weaving Health for Families, Communities and Societies in the Western Pacific Region.”

Through these exchanges, participants reaffirmed the essential role of WHOCCs as catalysts for innovation, research, and workforce development. The Forum concluded with a shared commitment to deepen cooperation, strengthen alignment with Member States' priorities, and accelerate progress toward strategic, impactful, and sustainable outcomes.

Advancing Regional Collaboration Among WHOCCs for Nursing and Midwifery

Currently, there are nine WHOCCs for Nursing and Midwifery in the WPR, including the newly designated WHOCC for Nursing and Midwifery Development in Indonesia (INO-24).

The WHOCC at the University of Hyogo (JPN-77) which serves as the regional representative on the GNWHOCCNM, regularly convenes online meetings to share updates on WHOCC activities and explore opportunities for collaboration. The Fifth Forum offered a rare and valuable opportunity for us to meet face-to-face and it was the first such occasion in several years.

During the Forum, we held a short meeting with Dr Midori Anami-Akimoto, Nursing Officer at the WHO Regional Office for the Western Pacific. During this discussion, we shared updates on upcoming or recently implemented activities and discussed possible strategies for future collaboration under the WHO Strategic Directions for Nursing and Midwifery (SDNM). All participants agreed on the importance of moving beyond information sharing toward more practical and action-oriented collaboration that directly supports the strengthening of nursing and midwifery in the region.

One concrete idea that emerged was the development of a series of webinars. Each WHOCC will contribute to providing practical, context-specific webinars designed to support clinicians, administrators, educators and leaders in Member States to strengthen nursing and midwifery practice. While each WHOCC has previously conducted webinars independently based on its own technical focus, the proposed series carries particular significance in that it will be jointly developed and delivered. This collaborative series aims to serve as a continuing platform for professional exchange, mutual learning, and regional capacity-building aligned with the SDNM.

As the Western Pacific Region moves forward with its collective vision of “Weaving Health,” the WHOCCs for Nursing and Midwifery will continue to connect education, leadership, workforce development, and service delivery and contribute to stronger, more resilient, and healthier communities across the region.



SAVE THE DATE



COLLEGE OF NURSING,
THE CATHOLIC UNIVERSITY OF KOREA

30th Anniversary International Conference

of the Research Institute for Hospice/Palliative Care,
College of Nursing, The Catholic University of Korea

Futuristic Evolution in Palliative Care

Harmonizing Policy, Technology, and Equity



October 30(Fri), 2026

**Omnibus Park Plenty Convention Hall
The Catholic University of Korea
Seoul, South Korea**



Strengthening Midwifery Leadership for Universal Health Care in the Philippines:

Building Leadership Capacity to Advance Primary Health Care Systems

By Assistant Professor

Efrellyn A. Iellamo, MAN, RN

University of the Philippines Manila,
College of Nursing

The global push toward Universal Health Care (UHC) requires a strong and competent health workforce capable of addressing complex community health needs. In the Philippines, midwives play a vital role in primary health care delivery, particularly in maternal and newborn health services within community settings. Recognizing the need to strengthen leadership and health systems competencies among midwives, the University of the Philippines Manila College of Nursing (UPCN), a World Health Organization Collaborating Center for Leadership in Nursing Development, implemented the Leadership Development Course for Midwives (LDCM) in partnership with the Philippine Department of Health.

The Leadership Development Course for Midwives was designed to equip public health midwives with the knowledge and leadership competencies required to contribute effectively to the implementation of the Philippines' Universal Health Care Act. In many communities,

midwives assume responsibilities beyond clinical care, including managing health programs, supervising barangay health workers, and participating in community health planning. Strengthening their leadership capacity is therefore essential to ensure effective and

responsive health service delivery at the community level.

The course adopts a comprehensive health systems framework and focuses on six key competency areas: health service delivery, human resources for health, health governance, health regulation, health information systems, and health financing. Through this integrated approach, the program empowers midwives to become leaders, managers, and advocates within the local health system while improving the delivery of primary health services in their communities.

The program is implemented as an 86-hour hybrid training course that combines asynchronous online learning, synchronous virtual discussions, face-to-face sessions, and field exposure. Participants engage in lectures, workshops, collaborative learning activities, and practical exercises that emphasize real-world application of health systems concepts. Field visits to health facilities allow participants to observe health service delivery processes and identify opportunities for improvement within their own local contexts.

Lessons learned emphasized the importance of strong institutional support, effective communication with partner agencies, and flexible learning strategies to accommodate the demanding schedules of health professionals.



University of the Philippines Manila College of Nursing

LEADERSHIP DEVELOPMENT COURSE FOR



Midwives

Participants in the program included public health midwives serving in rural health units, urban health centers, and supervisory positions across the Philippines. Implemented in two batches, the course trained a total of 98 midwives, 48 in the first cohort and 50 in the second. Participants represented multiple regions nationwide, demonstrating the program's wide geographic reach and its commitment to strengthening midwifery leadership across diverse communities.

Through interactive learning sessions, collaborative discussions, and innovative wellness activities such as retro dance breaks, the program fostered both professional growth and personal well-being among participants. By investing in leadership development for midwives, the initiative contributes to building a resilient primary health care system and advancing maternal and newborn health outcomes in the Philippines.

A distinctive feature of the course is the development of capstone projects that translate learning into practice. Participants design strategic initiatives addressing real health system challenges within their respective localities. These initiatives include strengthening health information systems, improving human resources for health, enhancing health service delivery, and preparing rural health units for primary care facility accreditation. Through these projects, participants apply leadership and problem-solving skills to improve health system performance within their communities.

Evaluation of the course demonstrated highly positive outcomes. Participants consistently rated the modules as highly relevant and effective in improving their understanding of health systems and leadership roles. The training enhanced participants' confidence in managing health programs, collaborating with stakeholders, and implementing community-based health initiatives.

The program also fosters collaboration and peer learning among midwives from different regions of the country. Through workshops, group discussions, and



Through this integrated approach, the program empowers midwives to become leaders, managers, and advocates within the local health system while improving the delivery of primary health services in their communities.

shared experiences, participants build professional networks that support continued collaboration and knowledge exchange beyond the duration of the course.

Despite several implementation challenges including administrative coordination and logistical constraints the program demonstrated the feasibility and impact of a hybrid professional development model for public health workers. Lessons learned emphasized the importance of strong institutional support, effective communication with partner agencies, and flexible learning strategies to accommodate the demanding schedules of health professionals.

Looking ahead, the sustainability of the Leadership Development Course for Midwives relies on continued collaboration between academic institutions and government agencies. The program is led by

Project Leader Dean Sheila R. Bonito of the University of the Philippines Manila College of Nursing, in partnership with the Human Resource Development Bureau of the Department of Health. It is hoped that this collaboration will sustain and further expand the program, allowing future cohorts of midwives to benefit from leadership training and enabling broader participation, particularly among midwives serving underserved communities across the Philippines.

By investing in the leadership development of midwives, the program contributes to strengthening the health workforce and advancing Universal Health Care in the Philippines. Empowered midwives can play a critical role in improving maternal and community health outcomes, building resilient local health systems, and ensuring equitable access to quality health services.



Advancing Evidence-Based Practice at Nurse CMU

Across health systems worldwide, strengthening the use of evidence in clinical decision-making has become increasingly important. For the nursing and midwifery workforce, the ability to generate, interpret, and apply research findings is essential for improving patient outcomes and ensuring high-quality care. In line with the WHO Strategic Directions for Nursing and Midwifery, the Faculty of Nursing, Chiang Mai University, a WHO Collaborating Centre for Nursing and Midwifery Development, continues to advance initiatives that strengthen research capacity and support the integration of evidence-informed approaches into nursing education and practice. This commitment also reflects the Faculty's Terms of Reference as a WHO Collaborating Centre, which include conducting systematic reviews and evidence-based practice research in nursing and midwifery.

From 16–26 February 2026, the Faculty organised the Weeks of Evidence-Based Practice at NurseCMU, a two-week academic initiative designed to enhance competencies in evidence-based practice among faculty members, graduate students, and clinical practitioners. The programme reflects the Collaborating Centre's ongoing commitment to supporting the WHO's work in strengthening leadership, research capacity, and professional development within the nursing and midwifery workforce.

A highlight of the initiative was the Visiting Professor Programme with Associate Professor Dr. Craig Lockwood, Director of Implementation Science at the Joanna Briggs Institute (JBI), and Associate Professor at the School of Public Health, University of Adelaide, Australia. Dr. Lockwood is internationally recognised for his work in evidence synthesis and implementation science, fields that play a crucial role in translating research findings into improvements in healthcare practice.

The programme featured special lectures on key topics in implementation science, including Implementation Ethics and Sampling in Implementation Research, delivered in a hybrid format with both onsite and online participation. These sessions explored methodological and ethical considerations when introducing evidence-informed practices into healthcare settings.

By bringing together international expertise, research mentoring, and academic dialogue, the initiative contributed to strengthening a culture of evidence-based nursing within the Faculty.

Participants also joined a workshop on Evidence-Based Coaching in Implementation, again provided with both onsite and online access. The session introduced practical coaching approaches to support health professionals in translating research evidence into clinical practice, while strengthening reflective practice, professional learning, and leadership development for the adoption of evidence-informed care.

Throughout the two-week programme, participants engaged in academic discussions and learning activities aimed at strengthening methodological skills in evidence-based practice. Faculty members and graduate students also had opportunities to present their research projects and receive individual feedback and consultation, fostering dialogue on evidence synthesis and implementation approaches.

As part of the visit, Dr. Lockwood collaborated with a faculty researcher from the Faculty of Nursing, Chiang Mai University, on a collaborative research project aimed at international publication. Working closely together, they exchanged expertise and advanced the development of a scoping review.

The Weeks of Evidence-Based Practice created a collaborative environment where academic researchers, students, and clinical practitioners could exchange ideas and strengthen their shared commitment to evidence-informed care. By bringing together international



Participants engaging in a workshop on Evidence-Based Coaching in Implementation, with both onsite and online participation



Associate Professor Dr. Craig Lockwood delivering a lecture on implementation science at the Faculty of Nursing, Chiang Mai University.

expertise, research mentoring, and academic dialogue, the initiative contributed to strengthening a culture of evidence-based nursing within the Faculty.



One of the individual research consultation sessions with graduate students.

As a WHO Collaborating Centre, the Faculty of Nursing, Chiang Mai University remains committed to supporting the WHO's efforts to strengthen nursing and midwifery education, leadership, and service delivery. Initiatives such as the Weeks of Evidence-Based Practice demonstrate how international academic collaboration can support the development of research capacity and practices which are informed by evidence, contributing to stronger health systems and improved health outcomes in the region and beyond.



Assistant Professor Dr. Suparat Wangsrikhun, Dean of the Faculty of Nursing, Chiang Mai University, in a research discussion with Associate Professor Dr. Craig Lockwood, joined by the faculty leadership team and a collaborating researcher.



General Meeting at Mahidol University: of the Global Network of WHO Collaborating Centres in Nursing and Midwifery

Global Network of WHO Collaborating Centres in Nursing and Midwifery Marks New Chapter at Mahidol University

The Global Network of World Health Organization Collaborating Centres (WHO CCs) for Nursing and Midwifery convened for a general and executive meeting at Prince Mahidol Hall Conference Centre, Mahidol University, Thailand on June 10, 2026. As the first in-person general meeting in many years, the day was especially momentous, and a celebration of the relationships that make up the Network. In attendance were 27 WHO CCs alongside global and regional partners, represented by 40 colleagues in person and 35 online.

Professor Ameporn Ratinthorn (THA34) welcomed attendees and expressed appreciation, gratitude, and commitment to the Global Network and WHO CCNMH UTS team, noting that the Network serves as an outstanding platform for collaboration, partnership, and advancement of nursing and midwifery professions. This meeting also marked a formal handover of the Secretariat Chair from the WHO CC in Nursing, Midwifery, and Health Development at the University of Technology Sydney (WHO CCNMH UTS) (AUS93) to upcoming Chair and Co-Chair, Faculty of Nursing, Mahidol University (THA34) and Katholieke Universiteit Leuven (BEL51).

The UTS-led Secretariat developed a strategy through the executive committee, which aligns directly with the Strategic Directions for Nursing and Midwifery (SDNM, extended to 2030). Professor Michele Rumsey presented the Secretariat Report, highlighting progress against the strategy and confirming that all three strategic goals and their associated objectives had been achieved. The following summarises achievements against the Strategic Plan. These are further detailed in the GN Secretariat Report 2024–2026, [available here](#).

Goal 1: Promote health for all and WHO SDNM 2021-2025 Policy Priorities through collaboration, communication, and strategic partnership

The GNWHOCCNM has maintained a strong international presence through participation in key global events, including the 78th World Health Assembly (WHA78), the ICN Congress 2025, the WHO WPRO Committee Meeting 2025, and the inaugural Global Forum of WHO Collaborating Centres in Lyon, where more than 13 GN Centres attended in person. GNWHOCCNM also convened side meetings alongside many of these events, further strengthening the collaboration and strategic partnerships that make up the network.

The Executive Committee continued to meet quarterly, with membership aligned to the revised 2022 Constitution. New regional representatives for AFRO, EMRO, SEARO and WPRO will be appointed this year.



Prof Michele Rumsey providing updates on the Network's works

The Network's communications and visibility have also continued to grow, with over 6,000+ LinkedIn followers. The WHO Nursing and Midwifery Global Community of Practice now has over 15,000 members across 190+ countries.

The UTS Secretariat produced six volumes of LINKS magazine, each showcasing the work of a different WHO Region (SEARO, AMRO, EMRO, EURO, WPRO, and AFRO). These editions have provided Collaborating Centres and partners with

an important platform to share achievements, promote initiatives, and strengthen knowledge exchange across the Network. [Link to website](#)

Goal 2: Promote global HRH development through advocacy and support of evidence-based policy activities

The Secretariat delivered three funding webinars that provided practical guidance and opportunities for networking, after a 2023 survey found that 80% of Centres were receiving no external funding at all, in comparison to 2014 data which indicated that 60% received funding from NGO's, 20% from government and others received funding from MoH and WHO. Due to Centres' request at the General Meeting, two additional webinars will be delivered by the UTS Secretariat before the handover.

The SDNMs are used to align stories in LINKS magazine, as well as the tools and reports available on the GNWHOCCNM website. The website serves as an accessible library of resources, with content aligned to each of the SDNMs to strengthen knowledge sharing across the Network.

Goal 3: Facilitate connections, strengthen partnerships, and enhance collaboration and communication between Collaborating Centres, partners, and key institutional stakeholders

The Secretariat has conducted multiple surveys, including the 2023 Secretariat survey, which mapped the expertise, Terms of Reference, and geographical focus of Collaborating Centres. This informed the development of a searchable database to help identify expertise, facilitate partnerships, and support collaboration across regions.

The Network's collective voice was further demonstrated through a joint letter to WHO Director-General Dr Tedros Adhanom Ghebreyesus in November 2024. Signed by all Network centres and strategic partners (ICM, ICN, Jhpiego, Sigma, AFREhealth and PANMCC), representing more than 1,000 nurses and midwives globally, it advocated for continued support of WHO Nursing and Midwifery Regional Advisor positions. Dr Tedros' response acknowledged the vital role of nursing and midwifery in advancing universal health coverage, demonstrating the impact of coordinated advocacy and the Network's ability to drive positive change globally.



All WHO CCs present both in-person and online got the floor to share their own Centre's updates and activities in line with their WHO Terms of References and SDNM priorities. The updates served as a vivid reminder of the reach and impact of the Network, connecting dozens of institutions around the world, all doing very real work. WHO Western Pacific (WPRO) Regional Nursing Advisor, Ms Midori Anami Akimoto, also provided an update on behalf of her region, celebrating the works of member states and WHO CCs in the region and reaffirming priority areas including primary health care. Ms Akimoto also encouraged WHO CCs to join the second Regional Forum for Nursing and Midwifery to be held later in September 2026. WHO Europe (EURO) Regional Nursing Advisor, Ms Margrieta Langins, shared updates via a pre-recorded video acknowledging the contributions of WHO CCs across EURO in strengthening nursing leadership, education, regulation, and more.

While joyous, the meeting was also significant in banding together members and partners of the Network in sharing concerns and updating on the shifting contexts of global nursing and midwifery leadership and architecture. Howard Catton, CEO of the International Council of Nurses (ICN) focused particularly on the role ICN is playing in response to the decline of strong global nursing leadership. Mr Catton shared ICN's plans on developing nursing leaders through the newly established ICN Leadership Centre incorporating leadership resources and approximately 50 learning modules developed from content presented at the 2025 ICN Congress, "The world is changing...that can be threatening, it can be an opportunity."

Group discussions were had around global nursing and midwifery strategies in line with the issues raised during the meeting; how to strengthen nursing and midwifery leadership within and beyond WHO; ensure the Network remains aligned in their activities; and improve coordination and collaboration between the Network and partners.

Collectively, participants agreed that WHO CCs would benefit from continued meetings that maximize access for members across various regions; aligned activities to the SDNM for relevance and focused actions; identifying additional funding sources and expanding working partners; and increased knowledge- and research-sharing to further the reach and impact of their work. The groups also iterated the importance of a clear governance and leadership architecture for nursing and midwifery within WHO, and by extension their relationship with the Network.

The meeting concluded with the official handover of the Secretariat. Professor Ratinthorn formally accepted the responsibility and delivered an emotional speech in service

of the Global Network, promising to build on the outgoing Secretariat's strong leadership to strengthen partnerships and create opportunities for sharing knowledge, expertise and best practice. Professor Nopraenue Sajjarax Dhirathiti, Vice President for Global Partnerships at Mahidol University, also reflected on the institution's continued investment to strengthening global collaboration and highlighting the Global Network's importance for the nursing and midwifery profession.

The transition goes into effect July 30, 2026, with WHO CCNMH UTS delivering on final actions including Volume 21 of LINKS Magazine highlighting the AFRO Region.

The next biennial conference will be hosted by Johns Hopkins School of Nursing (USA297) in 2028 in Washington DC, USA.



Breakout group discussing the future directions for the Network and global nursing and midwifery with Howard Catton (ICN) and Ms Midori Anami Akimoto (WPRO)



Handover of the Secretariat from AUS93 to THA34

Historical First-Ever Global Forum for WHO Collaborating Centres in Lyon

by WHO Collaborating Centre for Nursing, Midwifery, and Health Development (WHO CCNMH)



Stakeholders for WHO Academy alongside WHO Chief Nurse Dr Amelia Latu Afuhaamango Tuipulotu (center)

In a landmark moment for global health partnership and a powerful affirmation of the importance of collaboration – the Government of France hosted the first ever Global Forum of WHO Collaborating Centres (WHO CCs) in Lyon between April 8-9, 2026. More than 800 WHO CCs across 80 countries attended, with 85 participants representing the Western Pacific Region's Centres.

WHO CCNMH Director, Professor Michele Rumsey was also in attendance. The WHO CCNMH's presence was a significant representation of the nursing and midwifery workforce, as the only nursing and midwifery WHO CC in Australia, and the current Secretariat of the Global Network for Nursing and Midwifery WHO CCs.

The Forum explored how WHO CCs can help shape the new global health architecture — and Dr Saia Ma'u Piukala, Regional Director of WHO Western Pacific Region representing over 190 WHO CCs captured the region's cross-roads as follows: balancing the frontiers of digital health, genomics and AI-enabled tools with the realities faced by countries where health workforces remain stretched and resources constrained, an issue that sits at the core of the Pacific nursing and midwifery workforce.

As such, the Forum presented a platform and opportunity to situate and orient the work being done in the Pacific, and to bring to light Pacific nursing and midwifery workforce needs. Professor Rumsey met with Dr Amelia Latu Afuhaamango Tuipulotu (WHO Chief Nurse) and other key stakeholders at the WHO Academy for discussions on evidenced-based nursing and midwifery health workforce needs such as continuing professional development. Additionally, Professor Rumsey also met with Howard Catton (CEO of the International Council of Nurses), addressing lack of representation at global health policy decision-making stages, nursing capacities that are falling short of health demands, and other persisting issues.

As stated by Dr Saia, “When WHO CCs are aligned to priorities, organised through networks, and co-designed with countries, they become one of WHO's strongest instruments — delivering not only scientific excellence, but equity, resilience and impact — where it matters most.” With nurses and midwives making up 86% of the regulated health workforce in the Pacific, it is crucial that their representation continues to grow at these global forums, and extend towards decision-making tables.

Media coverage on this event has been wide-reaching across various social media platforms, university and institution sites, and some regional and national news outlets. The reach towards diverse global audiences presents untapped avenues to generate awareness on the crucial works of WHO CCs.

This historic Global Forum may be the first, but it opens doors towards enhanced partnerships and relationships, a stronger global health network, and stages where Pacific nursing and midwifery voices can be heard.

“When WHO CCs are aligned to priorities, organised through networks, and co-designed with countries, they become one of WHO's strongest instruments — delivering not only scientific excellence, but equity, resilience and impact — where it matters most.”

Dr Saia



Meeting with Howard Catton, CEO of the International Nursing Council (second from right)



*Representatives from WPRO WHO CCs alongside
Regional Director Dr Saia Ma'u Piukala (front left)*





Strengthening regulatory systems for nursing and midwifery in the WHO European Region

By:

Dean **Mary Godfrey** Faculty of Nursing and Midwifery RCSI

Prof **Michael Shannon** Co-Director WHOCC RCSI

Prof **Nina Kilkku** Visiting Research Fellow WHOCC RCSI

Dr **Martin Duignan** Country Support Officer RCSI

Prof **Thomas Kearns** Co-Director WHOCC RCSI

Background

Robust regulation of health professionals is essential for protecting patient safety, ensuring workforce competence and availability, and enabling professional mobility. In the WHO European Region, regulatory systems for nursing and midwifery are diverse and evolving, with varying degrees of alignment to international best practices. Based on work in 39 countries, it also appears to be very underdeveloped and at times non-existent.

This concept note outlines 2 sets of activities that will seek to better understand the status of regulation and how we as WHO can better support this work. It will focus both on selected Eastern Partnership (EaP) countries, through DG ENEST support, and on a broader sample of countries, to map regulatory structures, explore alignment with public health goals, and explore the possibilities for addressing regulatory practice gaps, as defined in WHO's (2024) Health Practitioner Regulation: Design, Reform and Implementation Guidance, where they occur.

The two activities that the WHO Regional Office has delegated to the RCSI WHOCC for Nursing Regulation and CPD are:

1. **Assessment of current regulatory systems for physicians and nurses in countries receiving DG ENEST support – that is Armenia, Georgia, Moldova, Ukraine (and Azerbaijan, pending).**

The focus of this work was to understand three dimensions:

- Patient Safety – How does the current regulatory system in each country support or hinder patient safety?
- Workforce Availability – How does the regulatory framework facilitate or restrict the availability of qualified health workers?
- Regulatory Practice Gap – Is there alignment between what the regulatory system is intended to achieve and what it actually delivers?

The JBI Scoping Review was completed in quarters 3 and 4 2025, and a paper was submitted and discussed between the RCSI team and WHO colleagues in Copenhagen.

- A validation concept map to support the validation workshop was also shared to inform the exercise of validation of the finding of the Scoping Review with internal in-country experts.

Methodology

The activities follow the WHO (2024:30) Guidance:

Eight-step process to assess and minimize the regulatory practice gap. These include:

1. Understanding the social and environmental context This was achieved by conducting a Scoping Review and Stakeholder Analysis
2. Identify the problem
3. Determine the outcome
4. Assess the risk of harm
5. Deliberate on intervention options
6. Developing and test (improved) regulatory interventions
7. Managing capacity requirements
8. Monitoring and evaluation

The approach involves a range of methods and combines:

- Document and legal reviews;
- Key informant interviews with key personnel, including but not limited to policy makers, practicing nurses, employers, educationalists, national regulators, unions, professional associations, civic and patient representatives;
- Policy and data analysis;
- Synthesis of findings into country briefs and regional outputs; and
- Dialogue

Knowledge sharing and policy dialogue:

A stakeholder workshop across the region to validate findings, share innovations, and identify priorities for technical assistance and system strengthening was facilitated on the 16/17th March 2025 in Armenia. This was facilitated under the ongoing work with DG ENEST countries but also takes place among the WHO/Europe GCNMO network, the WHO/Europe HRH Focal Points network and will feed into national policy dialogues for the Nursing Action.

Robust regulation of health professionals is essential for protecting patient safety, ensuring workforce competence and availability, and enabling professional mobility.

2. A regional mapping and analysis to identify nursing regulation models, functions, alignment with best practices, and challenges in core regulatory activities:

- This study was completed with Government Chief Nursing and Midwifery Officers across the 53 WHO European countries. The aim of the project was to inform a technical paper on the state of nursing and midwifery regulation in the region.

The focus of this work was to understand the structure and processes involved in:

- Setting requirements for entry to practice for nursing professionals
- Accrediting education programmes and licensing nurses professionals
- Qualification recognition for nursing professionals
- Enabling competence-based scope of practice for nursing professionals
- Maintaining competence for nursing professionals
- Dealing with noncompliance for nursing professionals

Methodology

This study employed an explanatory sequential mixed methods design to first quantitatively assess the structure of regulatory regimes in countries and then to qualitatively explore the participants' experiences of the regulatory structures within their context. This approach allows for a comprehensive understanding by using the qualitative findings to explain and enrich the quantitative results.

We used the work of Benton et al (2013) and the WHO (2024) to inform the development of a survey that was distributed to GCNMOs. We also constructed an interview schedule based on these publications.

**17 GCNMOs completed the survey
(32% of total population)**

**14 completed the follow up interview
(26% of total population)**

We have completed the quantitative analysis and are currently completing the qualitative data analysis through ENvivo. A full report will be submitted to the WHO European Office in April 2026.



From Classroom Cases to Clinical Competence

By Dr. Leena Khonji,
Dr. Magda Bayoumi and
Dr. Rasha Eweida

In accordance with a recent global survey of World Health Organization Collaborating Centres (WHO CCs) highlights education as a dominant strategic priority. Between 85% and 90% of centres reported active engagement in strengthening competency-based education programmes that apply effective learning design, meet recognized quality standards, and align with population health needs. In parallel, a substantial proportion emphasized faculty development—ensuring educators are trained in contemporary pedagogical methods and educational technologies, supported by strong clinical expertise.

These priorities reflect the broader direction articulated in the WHO's global strategies for nursing and midwifery, which underscore the need for transformative education systems capable of preparing a workforce responsive to evolving health challenges.

Within this global landscape, WHO CC BAA-1 has reinforced curriculum innovation through the integration of Case-Based Learning (CBL) into undergraduate nursing courses. This strategic approach directly supports competency-based education by embedding learning within authentic clinical scenarios that mirror real-world complexity. Rather than relying solely on didactic transmission of knowledge, CBL engages students in structured case discussions that require systematic assessment, prioritisation, ethical reasoning, and collaborative decision-making. Through this approach, WHO CC BAA-1 ensures that curriculum reform remains sustainable,

evidence-informed, and aligned with international quality standards.

As a student-centred approach, CBL has demonstrated measurable educational benefits. Empirical studies report that case-based methodologies enhance academic knowledge acquisition, strengthen problem-solving skills, and significantly increase learning motivation (Burucu & Arslan, 2021). Evidence further indicates improvements in professional self-efficacy among nursing students participating in structured case discussions. Meta-analytic findings show that case-based approaches contribute to gains in critical thinking when compared with traditional lecture-based methods (Xiang et al., 2025). These outcomes align closely with the competencies required of contemporary nurses: sound clinical reasoning, reflective judgement, adaptability, and confidence in complex care environments.

Education as a dominant strategic priority. Between 85% and 90% of centres reported active engagement in strengthening competency-based education programmes





At the pedagogical level, CBL also embodies constructivist learning principles. Knowledge is not passively received; it is actively constructed through dialogue, reflection, and application. In practice, this takes shape through collaborative brainstorming, small-group discussions, and concept mapping exercises that deepen conceptual clarity. Role play and structured simulation create psychologically safe environments in which students rehearse communication strategies, delegation skills, and interprofessional coordination. Demonstration and facilitated debriefing consolidate experiential learning and strengthen clinical reasoning. Together, these modalities foster integration of knowledge, skill, and professional identity.

Equally important, faculty members play a pivotal role by guiding inquiry, fostering analytical thinking, and promoting inclusive dialogue among students. Through targeted investment in educator preparation for case facilitation and the use of educational technologies, WHO CC BAA-1 strengthens the WHO's emphasis on pedagogical excellence, while ensuring that curriculum reform is both rigorous and sustainable.

In this sense, the integration of CBL at WHO CC BAA-1 exemplifies how global education priorities can be transformed into impactful curricular innovation. By basing teaching strategies on empirical evidence, aligning them with established nursing theories, and enhancing faculty capacity, the centre advances competency-based education while maintaining the humanistic and professional essence of nursing practice.

Amid increasingly complex health challenges, nursing education must remain flexible and responsive. Through this evidence-informed approach, WHO CC BAA-1 ensures that graduates emerge not only clinically competent, but also critically reflective, adaptable, and fully prepared to meet the evolving health needs of populations in accordance with international standards.

By basing teaching strategies on empirical evidence, aligning them with established nursing theories, and enhancing faculty capacity, the centre advances competency-based education while maintaining the humanistic and professional essence of nursing practice.



Fulbright Specialist Award for Penn Nursing Professor

Penn Nursing's Amanda Bettencourt, PhD, APRN, CCRN, ACCNS-P, FAAN, Assistant Professor in the Department of Family and Community Health, recently received a Fulbright Specialist Program award at the Pontificia Universidad Catolica de Chile, where she partnered with local faculty and health leaders to design and evaluate the implementation of Advanced Practice Nursing (APRN) roles. While there, she conducted hospital site visits and led seminars for health system stakeholders, utilizing her expertise in implementation science to shape future research and student training regarding the impact of APRNs on patient outcomes.

"My hope for this project is to create lasting partnerships between myself and other Penn Nursing colleagues and the UC Chile School of Nursing to shape the Advanced Practice Nursing role and its implementation for maximum impact," said Bettencourt. "During my visit, I saw firsthand the significant impact that APRNs can have on patient outcomes, including mortality, and I welcome the opportunity to share my implementation science expertise and what we have learned from training decades of APRN leaders at Penn Nursing to help make that happen."

The Fulbright Specialist program aims to exchange knowledge and establish partnerships benefiting participants, institutions, and communities both in the US and overseas through a variety of educational and training activities within public/global health.

Bettencourt is one of over 400 US citizens who share expertise with host institutions abroad through the Fulbright Specialist Program each year. Recipients of Fulbright Specialist awards are selected on the basis of academic and professional achievement, demonstrated leadership in their field, and their potential to foster long-term



cooperation between institutions in the US and abroad.

"The Fulbright Award is a gamechanger in creating an opportunity for international and cross-sector local leaders to come together and build a coalition around this important cause, and I am incredibly grateful for their support of this project, both for myself and the people of Chile," she added.

The Fulbright Program is the flagship international educational exchange program sponsored by the US government and is designed to build lasting connections between the people of the United States and the people of other countries. It is funded through an annual appropriation made by the US Congress to the US Department of State. Participating governments and host institutions, corporations, and foundations around the world also provide direct and indirect support to the Program, which operates in over 160 countries worldwide.

Since its establishment in 1946, the Fulbright Program has given more than 400,000 students, scholars, teachers, artists, and scientists the opportunity to study, teach and conduct research, exchange ideas, and contribute to finding solutions to shared international concerns.

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APRN

Advanced practice registered nurses (APRN) are registered nurses educated in a specific role and patient population at a Masters or post-Masters level. There are four APRN areas:

Certified Nurse Midwife (CNM),
Certified Nurse Practitioner (CNP),
Certified Registered Nurse Anesthetist (CRNA) and
Clinical Nurse Specialist (CNS)



Workplace Challenges and Policy Responses in the Caribbean Nursing Workforce: Insights From Country Chief Nurses

By Eileen T. LAKE, PhD, RN, FAAN,
Domenique VILLANI, MPH, BSN, RN,
Lynne MORONSKI, PhD, MPA, RN,
Lindsey LEE,
Sherif OLANREWAJU, PhD, MPS, RN,
Norah SOLAIMAN and
Claire Burke DRAUCKER, PhD, RN, FAAN

Role and Institution:

The Caribbean faces significant nursing and midwifery workforce challenges. A 2023 PAHO policy advises Member States to develop and implement strategies to strengthen their health workforce, including “promoting decent work conditions.” Caribbean nurses’ work conditions have not been described. The country’s chief nurse has responsibility for policy development. The study purpose was to describe the Caribbean country chief nurses’ concerns about nurses’ work environments, strides made and policies implemented to support nurse work environments and quality care.

Chief nurses of 20 Caribbean countries were surveyed. Inductive content analysis was done.

Five concerns represented: 1) physical environment; 2) staffing and workload; 3) safety and security; 4) professional development; and 5) nurses’ well-being. Improvements and policies reflected similar themes.

The predominant work environment concerns center on inadequate physical environment, nurse staffing and workloads, and inconsistent security. The sporadic improvements and few policies initiated in several countries may warrant coordinated regional effort to achieve broader improvement in working conditions. To optimize patient care and a healthy, safe nursing workforce, policymakers should consider the priorities of government chief nurses to improve working conditions.

Key points:

This study employs a qualitative



descriptive design to describe government chief nurses’ concerns, strides, and policies related to improving nurses’ work environments across 20 Caribbean countries in context of major health workforce challenges in the Caribbean region.

Chief nurses identified five main areas of concern—physical environment, staffing and workload, safety and security, professional development, and nurses’ well-being—with improvements and policy actions largely reflecting these same themes but occurring inconsistently across the region.

Our findings highlight the need for coordinated regional and international efforts to prioritize chief nurses’ concerns and to strengthen nursing work environments of nurses and midwives to prevent and manage NCDs, ultimately contributing to healthier communities and more resilient health systems across the region.

To optimize patient care and a healthy, safe nursing workforce, policymakers should consider the priorities of government chief nurses to improve working conditions.

Read whole article here





Update on Project - Strengthening Regional Resilience:

A New Advanced Disaster Preparedness Initiative for Caribbean Nurses and Midwives

By: Dr. Monique Lynch-Jonah

Role and Institution: Programme Coordinator for the PAHO/WHO Collaborating Centre for the development of nursing and midwifery education in the Caribbean at the UWI School of Nursing, Mona in Jamaica

Team for this project: Dr. Monique Lynch-Jonah, Ms. Melissa Walker, Dr. Dawn Munroe, Mrs. Sandra Chisholm-Ford, Mrs. Mauvette Waite, Ms. Jodian Stewart, Ms. Kadene Leslie, and Mrs. Pauline Anderson-Johnson

The Caribbean region stands as one of the most disaster-prone areas globally, frequently grappling with a multi-hazard profile that includes hurricanes, earthquakes, and infectious disease epidemics. Recognizing that nurses and midwives serve as the indispensable frontline leaders during these crises, the PAHO/WHO Collaborating Centre at The UWI School of Nursing, Mona (UWISON) has proposed a strategic intervention: the Advanced Disaster Preparedness (ADP) training package. This initiative aims to bridge critical skill gaps, moving beyond foundational knowledge to cultivate a workforce capable of leading complex mitigation, response, and recovery strategies in resource-limited Small Island Developing States (SIDS).

Strategic Collaboration and Expert Oversight

The development of the ADP package has been marked by a high level of inter-agency cooperation. In October 2025, a formal consultation process was initiated with the Ministry of Health & Wellness (MOHW), Jamaica, specifically involving the Emergency, Disaster Management, and Special Services Branch.

Dr. Nicole Dawkins-Wright, Director of the Emergency Branch, has played a pivotal role as a primary expert reviewer. To ensure the integrity of the proprietary pedagogical strategies and modules, formal Confidentiality

and Non-Disclosure Agreements (NDAs) were executed. This collaboration ensures that the curriculum is not only academically rigorous but also aligned with the practical, operational realities of Caribbean health ministries and international best practices.

Addressing the Preparedness Gap

A comprehensive gap analysis conducted by the team revealed significant deficiencies in existing regional training. Current programs often focus narrowly on

hurricanes and infectious diseases, frequently overlooking multi-hazard scenarios like chemical spills or earthquakes. Furthermore, a critical “standardization gap” exists, where knowledge gained in the classroom often fails to translate into measurable performance under the duress of a real-world disaster.

The ADP package specifically targets these disparities. It addresses the failure to manage the high morbidity associated with Non-Communicable Diseases (NCDs) following a disaster, a major health burden in

the Caribbean and emphasizes the need for technical proficiency in Triage (START/SALT) and the Incident Command System (ICS).

Key Progress Milestones

Following a high-level stakeholder meeting on October 16, 2025, the project team confirmed that the curriculum has evolved significantly:

- **Curriculum Expansion:** The training has been expanded to ten comprehensive modules. New focus areas include Infection Prevention and Control (IPC), incorporating critical lessons from the COVID-19 pandemic and specialized modules for managing vulnerable populations such as the elderly and persons with disabilities.
- **Blended Learning Framework:** The program utilizes a 40-contact-hour hybrid model. Participants complete 55% of the course via self-paced online learning, followed by a 12-hour intensive in-person workshop and a 4-hour high-fidelity simulation exercise.

This initiative aims to bridge critical skill gaps, moving beyond foundational knowledge to cultivate a workforce capable of leading complex mitigation, response, and recovery strategies in resource-limited Small Island Developing States

- Certification Streams: Responding to stakeholder feedback, the team established two distinct paths: a Certificate of Competence (requiring an 80% pass rate in practical simulations) and a Certificate of Participation for those completing specific thematic modules.

Curriculum Integration

The ADP curriculum is designed to dismantle the “standardization gap” where classroom knowledge often fails during real-world chaos. Key modules now include:

1. Mass Casualty Management: Training in START/SALT triage and the Incident Command System (ICS).
2. Mental Health & SGBV: Addressing the psychological impact of disasters and the rise of Sexual and Gender-Based Violence in crisis settings.
3. NCD Management: Ensuring continuity of care for patients with chronic illnesses like diabetes and hypertension during the post-disaster recovery phase.

The Road Ahead: Timeline and Implementation

As outlined in the WHOCC Activity 3 Work Plan, the project is currently moving toward the conclusion of its first major phase. The Technical Report and Final Training Manual Draft was submitted in November 2025 to PAHO for approval.

- Following this, the project will move into: Pilot Testing (Months 13-18): Implementation in 2-3 Caribbean territories to gather field data (By May 2026).
- Train-the-Trainer (Months 19-36): Development of manuals and decentralized workshops to ensure regional sustainability (Through November 2027).
- Digital Integration (Months 43-48): The final transition of the curriculum into a permanent online course on the Virtual Campus for Public Health (By November 2028).

By equipping the region’s largest healthcare workforce, nurses and midwives with advanced, standardized skills, the ADP initiative is setting a new benchmark for disaster readiness. As the team at WHOCC at UWISON emphasizes, the goal is clear: ensuring that when the next disaster strikes, the Caribbean’s frontline is not just present, but prepared to lead.



Dr. Dawn Munroe



Dr. Monique Lynch-Jonah



Ms. Jodian Stewart



Mrs. Mauvette Waite



Ms. Melissa Walker



Ms. Kadene Leslie



Mrs. Pauline
Anderson-Johnson



Mrs. Sandra Chisholm-Ford

By equipping the region's largest healthcare workforce, nurses and midwives with advanced, standardized skills, the ADP initiative is setting a new benchmark for disaster readiness

NURSES & MIDWIVES

account for more than half
the professional health workforce

According to WHO State of World's Nursing and Midwifery Report (2020 & 2025), nurses and midwives account for more than half the professional health workforce. In some regions, for example the Western Pacific, they account for as much as 73% of the professional health workforce.

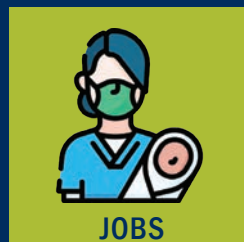
Nurses and midwives bring people-centred care to the communities where they are needed, helping to improve health outcome and deliver cost-effective services.

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

WHO Strategic Directions in Nursing and Midwifery



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



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



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

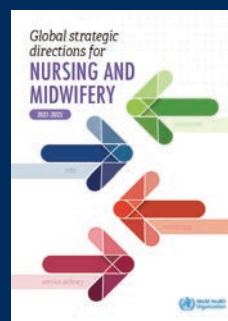


Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments

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



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



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

HEALTH FOR ALL
UNIVERSAL HEALTH COVERAGE

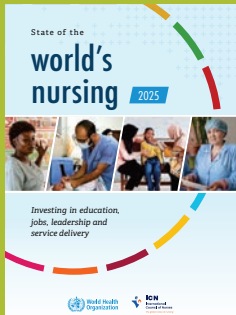
Universal Health Coverage means everyone can access quality health services without financial hardship. [Read more here.](#)

Mali had 3.1% (8.15 million) of global malaria cases and 2.4% of global malaria deaths in 2023, and it was one of the 11 countries with the highest burden of malaria globally

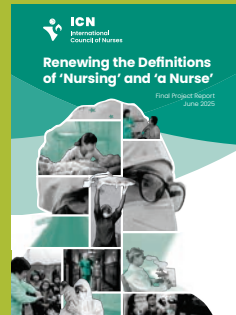
The hybrid approach will see children in Mali receive the first three doses based on age, with the fourth and fifth doses administered seasonally ahead of the high malaria transmission season



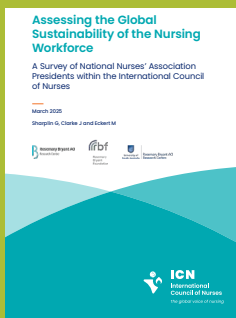
USEFUL RESOURCES PAGE



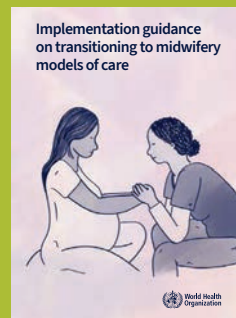
State of the World's Nursing 2025
(World Health Organization & International Council of Nurses)



Renewing the Definitions of 'Nursing' and 'a Nurse' (ICN) - June 2025



Assessing the Global Sustainability of the Nursing Workforce (ICN) - March 2025



Implementation Guidance on Transitioning to Midwifery Models of Care (WHO) 2025



Transitioning to Midwifery Models of Care: Global Position Paper (WHO) - October 2024



Global Standards for Midwifery Regulation (2025 Update) (International Confederation of Midwives)



Global Standards for Midwife Faculty Development, ICM – July 2025



The Ministry of Health, in partnership with the World Health Organization (WHO), successfully implemented a critical outreach project in Tana River County, Kenya, focusing on delivering integrated, high-impact Sexual and Reproductive Health and Maternal and Child Health services through a resilient Primary Healthcare system. This initiative directly addressed geographical and socioeconomic barriers to health access in hard-to-reach communities, reinforcing the core principle of Universal Health Coverage, leaving no one behind.



From Schisms to Solid: The Way Forward For Nursing In Africa

By Judy N. Khanyola, Vice President, AFREhealth

Across several recorded dialogues in late April, eight senior nursing leaders from Ghana, Kenya, the Democratic Republic of the Congo, Mozambique, South Africa, and Zimbabwe, described a profession caught between fragmented governance, policy invisibility, and a generation of leaders still waiting for room to lead. They also disagreed, productively, about whether the word “schism” is the right word at all.

Over two weeks in late April, AFREhealth convened a series of dialogues with senior nursing leaders from across the continent, in partnership with the Global Network of WHO Collaborating Centres for Nursing and Midwifery and timed to the build-up to International Nurses Day. The framing was deliberately direct. From Schisms to Solid. What is splitting the profession from itself, from policy-making power, and from the populations it was built to serve? And what would a more coherent African nursing voice actually look like in practice?

The conversations were short. Each one ended at a recognizable place. Whether the speaker was sitting in Accra, Nairobi, Kinshasa, Harare, Potchefstroom, or in a military health service in Francophone Africa, whether they trained in the 1980s or are mentoring colleagues today, the diagnosis was strikingly consistent — with one productive exception, to which we will return.

What follows is a synthesis of those dialogues. Eight voices. Five sessions. Six countries and one regional bloc. One set of fractures, named with remarkable consistency, and one shared map of the way forward.

The schism between care and decision-making power

The first fracture surfaced almost immediately. Nurses are everywhere in African health systems and almost nowhere in the rooms where health policy is written.

Prof. Lydia Aziato, Ghana’s first nursing professor, traced this back to the profession’s traditional self-definition. Nursing has historically positioned itself around care; medicine positioned itself around cure; and policy architecture across most African ministries continues to privilege the latter. The result, she argued, is a profession that struggles to assert authority even on questions that fall squarely within its expertise.

Dr. Mary Nandili, speaking from Kenya, framed the same problem in policy terms. Nursing priorities are routinely sidelined in health policies that are shaped, drafted, and signed off by medical doctors. Investment in nursing — in education, staffing, leadership development, and research — bears the consequences. So does the workforce.

In Zimbabwe, Simangalis Mafa pointed to a more concrete bureaucratic mechanism. Legal and structural requirements for senior policy positions are written in ways that effectively exclude nurses. Nursing departments report to chief directors who are not themselves nurses. Additional layers of hierarchy sit between nursing and decision-making compared with other health professions, adding distance precisely where coherence is needed most.

Bongi Sibanda widened the lens. The same gap appears at regional and continental levels. There is no dedicated nursing leadership in WHO regional structures comparable to that of other professions. Many African governments still lack a Chief Nurse office at the national level — and where the office exists, it often lacks the authority, the staffing, or the policy seat that the workforce it represents would justify. She illustrated the cost by pointing to forums such as AfroPHC and Health Ministers’ meetings where nursing is named as a workforce priority but is then discussed without senior nursing leaders in the room.

The pattern across the conversations was the same. Nurses are treated as implementers of policy made elsewhere, by people who are not nurses, about a workforce they do not represent.

21 April morning session. Clockwise from top left: Judy Khanyola (AFREhealth), Grácio F. Guambe, and Prof. Sabelile Tenza (North-West University, South Africa).



Education, regulation, and the gap with practice

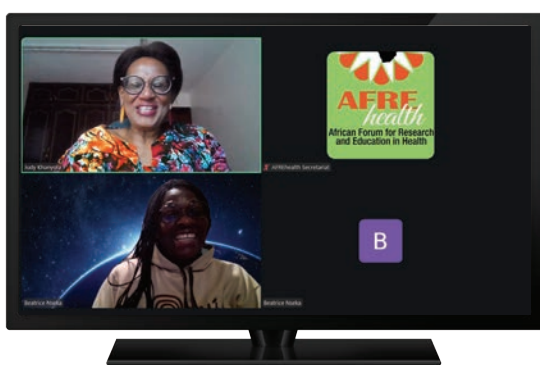
If the first fracture sits at the policy level, the second sits inside the profession's own house.

Beatrice Nseka, representing the DRC, identified weak and inconsistent regulation of nursing education as one of the structural gaps producing what she described as a disconnect between training competencies and actual workforce needs. Accreditation varies. Training quality varies. There is no harmonised continental standard, and the consequences are felt in every clinical setting where graduates encounter expectations their preparation did not fully anticipate.

Prof. Lydia Aziato described the same fracture from the academic side. African nurse academics are caught in a dilemma the medical academy does not face in the same form. Clinical practice and research publication compete for the same hours, and university promotion criteria reward the latter while the former is what the profession most urgently needs. Academic and clinical roles she suggested, may eventually need to merge — but current promotion frameworks make that difficult to imagine, let alone enact.

Simangalisso added a Zimbabwean variant. The creation of separate educational tracks for primary care nurses and diploma nurses, without clear scope-of-practice guidelines tying those tracks to defined roles, has produced different kinds of nurses without clear agreement about what each is actually for. The profession is generating internal differentiation faster than it is generating internal coherence.

The cumulative effect is a workforce whose preparation does not always match what health systems need, and whose internal hierarchies — across diploma, degree, and postgraduate routes — generate friction rather than complementarity.



27 April afternoon session: Beatrice Nseka (Democratic Republic of the Congo) in conversation with Judy Khanyola.

The generational and frontline schism

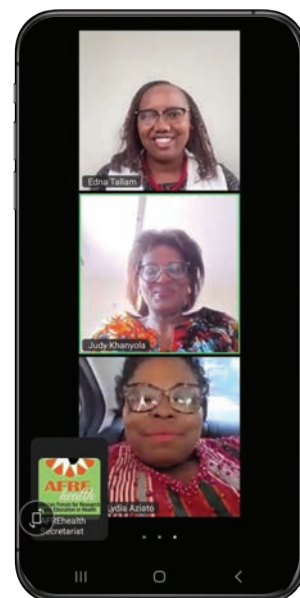
Edna Tallam raised a fracture that none of the other speakers named as directly: the suppression of younger nurses by their senior colleagues. African nurses, she observed, are properly trained and properly qualified.

The environment too often fails to let them thrive.

Mentorship is uneven. Younger nurses are undervalued, both in pay and in voice. And experienced nurses, post-retirement, are underutilized at the very moment their wisdom could most easily be put back to work in mentorship, policy advocacy, and educational leadership.

Prof. Sabelile Tenza, speaking from North-West University in South Africa, picked up a complementary fracture: the gap between the frontline nurse and the recognition system around her. Across resource-constrained settings, she said, nurses routinely improvise — stretching equipment, adapting protocols, devising local solutions to problems the textbooks did not anticipate. These innovations almost never make it into the formal record. The frontline nurse is treated as an executor of someone else's plan, not as the engineer of clinical creativity that she frequently is. Sabelile argued for a deliberate culture of humility and competency across all healthcare roles, and a reorientation of leadership attention away from hierarchy and toward the support of those doing the actual work.

This generational and frontline fracture compounds every other fracture in the system. A profession that does not deliberately develop, retain, and recognize its next leaders cannot credibly demand a larger seat at the policy table — because there will be no one prepared to occupy it when the seat is finally offered.



27 April morning session.
From top: Edna Tallam,
Judy Khanyola, and
Prof. Lydia Aziato.

Working conditions and recognition

Almost every speaker eventually arrived at the gap between what nursing does and what nursing is paid, equipped, and recognized for.

Prof. Sabelile Tenza put the retention question plainly. Poor working conditions, lack of support, and disrespectful treatment are pushing nurses toward jobs in other countries, other sectors, or out of the profession altogether. The remedy, she argued, is not exhortation. It is a deliberate investment in nurse practice environments — leadership support, recognition, and rewards designed to attract and retain the people the system depends on.

Dr. Mary Nandili catalogued the consequences from Kenya: poor pay, poor working conditions, limited support, demotivation, burnout, and a downstream

effect on the quality of care provided. Promotions, she noted, are too often shaped by personal connections rather than merit, which corrodes professional motivation in a different and quieter way.

Simangaliso noted that nurses have advanced academically and contributed substantively to research in fields including infection prevention and obstetrics. This work routinely goes unacknowledged in salary structures and recognition frameworks. The contribution is real; the recognition is missing.

The political dimension is unavoidable. Dr. Mary flagged political interference at the county-government level in Kenya. Simangaliso described comparable interference in nursing education and recruitment in Zimbabwe. Investment decisions about nursing are shaped less by workforce logic than by political logic — and nurses have rarely had the policy seat needed to push back from inside the room.

The continental, regional, and linguistic schism

Col. Patience Awumee raised the fracture that is in some ways the largest. African nursing speaks Portuguese, French, English, Kiswahili, Kinyarwanda, Arabic, and dozens of national and regional languages. Its associations are fragmented. Its regulators do not always coordinate. Its training systems are not harmonised. The result is that more than fifty national conversations rarely add up to a single continental one, even when the underlying fractures are demonstrably shared.

Beatrice Nseka brought the linguistic dimension into focus from a Francophone African vantage point. Within the Francophonie, regional unity and policy alignment must be pursued across very different national sovereignties — and the profession needs not just clinical expertise but the capacity to participate effectively in policy-making and innovation. She emphasized collective voice, mentorship, and the practical work of building leaders who can advocate from inside policy spaces, not only from clinical settings. She named Prof. Thorpe's capacity-building work as one of the threads worth strengthening and pointed to the Military Nursing Girls Association as an example of where targeted partnership — including with AFREHealth — can build a leadership pipeline that is too often treated as someone else's responsibility.

Bongi Sibanda returned to the regional structures. The fragmentation has real costs. It limits the profession's ability to negotiate at WHO AFRO and at global forums. It slows the harmonization of training systems. It weakens advocacy on shared priorities — climate and health, pandemic preparedness, primary health care financing — where a unified African nursing voice would carry weight that fifty separate voices do not.



21 April afternoon session. Clockwise from top left: Judy Khanyola, Col. Patience Awumee, and Bongi Sibanda.

A productive disagreement: schisms or diversity?

Not every speaker accepted the framing.

Prof. Sabelile Tenza, in particular, asked whether what we call “schisms” are sometimes better understood as diversity. Different nursing initiatives, different educational approaches, different professional emphases, contribute, in her telling, to a common goal of improving patient outcomes. The challenge, she argued, is not to flatten the differences but to recognize each other as pieces of a larger puzzle, and to leverage the full strength of the profession by knitting those pieces together rather than by sanding them down.

This reframe is worth honoring rather than overriding. It does real work. It refuses the deficit framing that often shapes external accounts of African nursing and insists instead on a strengths-based reading: the profession contains multitudes, and its multitudes are part of why it works at all.

But — and the dialogues collectively make this clear — diversity becomes dysfunction when it is unaccompanied by structures that allow the pieces to talk to each other. Multiple training models with no harmonization produce graduates who cannot move across borders. Multiple regulators with no coordination produce a regulatory landscape that no single nurse can navigate. Multiple national associations without a continental voice produce policy invisibility at WHO AFRO and beyond. The fracture is not the existence of differences. The fracture is the absence of the connective tissue that would let differences become complementary rather than competitive.

Both readings, in other words, are true. The profession is diverse and the structural fragmentation is real. Holding both is what the consolidation work actually requires.



**African Forum for Research
and Education in Health**
Limited by Guarantee

From schisms to solid

The dialogues were not, in the end, an inventory of complaints. Every speaker offered a version of the same answer to the question of what comes next.

Prof. Sabelile Tenza pointed to the philosophical resource that African nursing already has and rarely names in print: Ubuntu. Incorporating Ubuntu into nursing education and practice — not as decoration but as theory — would give the profession a distinctive intellectual contribution to make to global nursing and would anchor frontline care in something more than imported frameworks. She also pressed the point about preserving the human element of caring as artificial intelligence enters clinical practice. The work of nursing is not what AI is most likely to displace; it is what AI most needs to be designed around.

Grácio Guambe called for national nursing development plans. Opportunities for nurses to qualify and specialize must be deliberately built rather than left to private initiative. National plans are the instrument that turn aspirations into budget lines, and budget lines are what produce competent, specialized, well-led nursing workforces.

Bongi Sibanda made the case for strengthening what already exists. African nursing colleges such as the East Central and Southern Africa College of Nursing and Midwifery (ECSACONM) and the West Africa Postgraduate College of Nursing (WAPCON) are global exemplars in research, education, policy, and leadership. Continental platforms like AFREhealth and AfriPEN are already integrating nursing into interprofessional collaboration. The work, she argued, is to invest in these structures rather than to invent new ones in parallel. Strengthening leadership within nursing colleges is one of the highest-leverage priorities the continent has.

Col. Patience Awumee added the policy capacity dimension. Nurses must build skills beyond clinical practice — in policy analysis, advocacy, governance — and the profession must support strong leaders who can carry those skills into rooms where decisions are made. Compliance, monitoring, and supervision are not glamorous, but they are the operational backbone of a profession that claims authority alongside responsibility.

Dr. Mary Nandili called for sustained investment across African countries — funding, education, leadership, and research — and for strengthening the Office of the Director of Nursing in ministries of health, with explicit involvement of nurses in policy formulation rather than only in policy implementation.

Beatrice Nseka articulated a five-year vision: representation in health policy at every level, harmonised training systems, a strong continental professional voice, and sustained investment in

continuous professional development, working conditions, and nursing leadership development.

Prof. Lydia Aziato argued for political engagement in the literal sense. Nurses should pursue political careers — not as a substitute for clinical or academic leadership, but as an additional route to influencing the health policy decisions that ultimately shape the conditions of nursing work. Where the seats at the policy table are not offered, they may need to be won.

Dr. Edna Tallam pointed to the practical work of mentorship and post-retirement deployment. The profession must use the leaders it already has, including those whose formal employment has ended, and must invest deliberately in the next cohort. Continuity of leadership is not produced by accident.

Simangaliso closed with three words: unity, resilience, determination. He framed the work as the dismantling of systematic professional oppression — a strong phrase, used deliberately — and located the lever for change at regional and continental levels, particularly through engagement with the World Health Organization and with continental bodies that can establish the legal frameworks national systems are not currently producing on their own.



*28 April afternoon session:
Simangaliso in conversation with Judy Khanyola.*

Read together, the dialogues describe a profession whose strengths are well-evidenced and widely acknowledged. Primary health care. Maternal and child health. Infection prevention and control. Frontline innovation in environments where improvisation is not optional. The post-COVID re-recognition of nursing's centrality to health system resilience. They also describe a profession whose fractures are equally well-evidenced, and largely structural rather than personal. Structural fractures can be repaired. They are repaired through deliberate policy work, through harmonised regulation, through sustained investment, through leadership pipelines built on merit and mentorship

Burnout among midwives is a widespread global concern

By **Professor Christine Catling**, Conjoint Professor of midwifery research at the University of Technology Sydney and Northern Sydney Local Health District, Australia.

Burnout among midwives is a widespread global concern and is closely linked to workforce shortages, reduced job satisfaction, and challenges in providing high-quality maternity care. While large-scale health system reform is essential, it takes time. In the meantime, midwives need practical, accessible workplace support to help them manage the emotional and professional demands of their work. This study examined whether **Group Clinical Supervision (GCS)** could reduce burnout among midwives working in hospital maternity services.

The study was a large cluster randomised controlled trial conducted across 12 public maternity services in metropolitan New South Wales, Australia. Nearly 2000 registered midwives took part between 2022 and 2024. Six maternity services were randomly allocated to receive monthly, face-to-face GCS sessions, while six services continued with usual workplace supports. The GCS sessions were one hour long, held during work time, and facilitated by experienced midwives trained in a reflective, supportive

supervision model. Burnout was measured every six months using the Copenhagen Burnout Inventory, which assesses personal, work-related, and client-related burnout.

At the start of the study, burnout levels were high across all sites, with an average overall burnout score of just over 50%. After adjusting for factors such as age, work area, qualifications, and perceptions of workplace culture, midwives working at sites that offered GCS reported significantly lower overall burnout than those at control sites. The strongest effect was seen in work-related burnout, which was around three percentage points lower in the GCS group. There were no statistically significant differences in personal or client-related burnout.

Although the reduction in burnout was modest, the findings are important. This was the largest trial globally to test group clinical supervision for midwives, delivered as a routine workplace intervention over an extended period. The results suggest that even low-intensity, regular GCS can make a meaningful contribution to reducing work-related burnout, particularly when midwives know that a supportive, reflective space is available to them.





Group Clinical Supervision for MIDWIVES



The study also highlighted that burnout is strongly influenced by organisational factors. Midwives with more positive perceptions of workplace culture, greater autonomy, and community-based roles reported lower burnout, while those considering leaving their job or the profession experienced much higher burnout levels. GCS

alone cannot fix systemic problems such as staffing shortages or workload pressures, but it can be a valuable part of a broader strategy to support midwives' wellbeing and retention.

Overall, this study provides robust evidence that group clinical supervision is a feasible, safe, and effective support strategy that maternity services internationally could adapt and scale to help address midwifery burnout.

Contact 'Group Clinical Supervision for Midwives'



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Strengthening clinical facilitator training across Africa through an eLearning programme

Across Africa, clinical facilitators play a vital role in shaping the next generation of nurses—yet many work in under-resourced environments with little structured professional support.

In 2025, Lizemari Hugo, PhD, and a team of nurse educators received the Sigma/National League for Nursing Grant for their study, an eLearning programme for nursing clinical facilitators in four African countries, which focuses on improving training and equipping clinical facilitators with the tools they need for success.

The challenge of clinical education in Africa

In its global strategic direction, the World Health Organization prioritises education as central to achieving universal health coverage and broader population health goals. Nursing education plays a pivotal role in realising these priorities at the point of care by promoting the development of the requisite clinical competence among student nurses, enabling them to respond appropriately to patients' and communities' healthcare needs. Thus, nursing education institutions assign clinical facilitators to support undergraduate students in integrating theory and practice and achieving competence in the clinical learning environment.

In resource-constrained contexts such as Africa, the clinical learning environments in which these facilitators operate are often perceived as challenging, with staff shortages, high student ratios, negative practice environments, limited infrastructure and equipment, and limited professional development opportunities. Additionally, clinical facilitators often have dual appointments, operating as clinicians and educators. The heightened workload and unmet

professional development needs lead to stress and burnout.

Building a collaborative solution

To understand the contextual constraints and needs of clinical facilitators teaching nursing students in the African context, and to inform ways to better support them, a research team from four African countries developed a collaborative cross-country project.

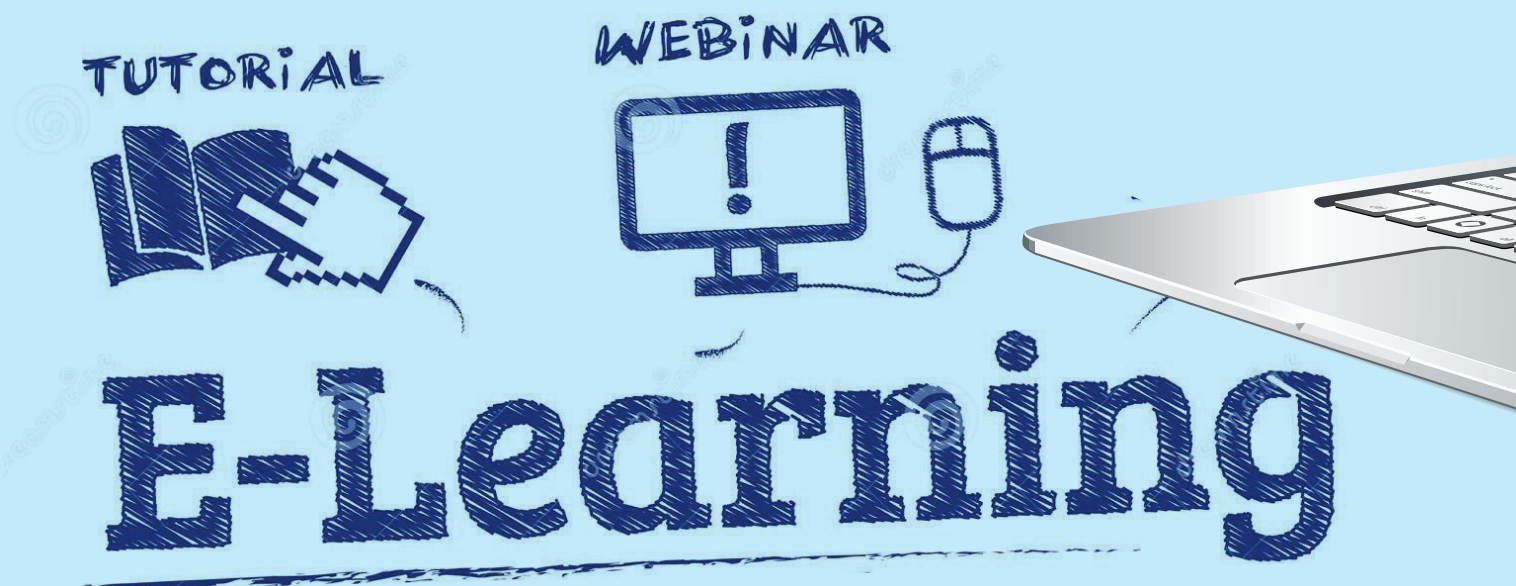
Sigma Theta Tau International Honor Society of Nursing (Sigma), as part of the Global Network of WHO Collaborating Centres for Nursing and Midwifery, is dedicated to advancing knowledge, teaching, and learning. This Sigma-supported initiative aims to improve the training and equipping of clinical facilitators across Africa, culminating in the development of a competency-based eLearning programme that applies effective learning design to improve student learning and success. This aligns with one of the WHO's educational priorities.

The initiative further contributes to the standardisation of professional development training programmes for clinical facilitators, which will be implemented and evaluated across four nursing education institutions in South Africa, Namibia, Kenya, and Tanzania.

An ADDIE approach to programme development

The eLearning programme is underpinned by the Analysis, Design, Development, Implementation and Evaluation (ADDIE) model for instructional design.

The analysis phase begins with a review of the literature on how such projects should be structured, followed by a needs analysis of clinical facilitators in the local context.



eLearning programme

The design phase focuses on selecting an eLearning format that enhances accessibility and flexibility for busy healthcare clinicians. Nurses are able to complete the programme at their convenience — an approach that also improves cost-efficiency, provides a personalised learning experience, and reduces training time. Programme content is then populated on an electronic platform using interactive strategies to engage facilitators, and the developed programme is evaluated by experts in nursing education prior to implementation.

Implementation takes place at nursing education institutions across the four African countries. A final evaluation is then conducted to refine and amend the programme, tailoring it to the needs of clinical facilitators in Africa.

Through this collaborative approach, the researchers aim to strengthen and standardise the training of clinical facilitators, offering an evidence-based, accessible, and flexible programme that directly advances the WHO's strategic priorities and strengthens healthcare outcomes across the continent.

Sigma Theta Tau International Honor Society of Nursing (Sigma) funds research like this through the Sigma Foundation for Nursing and collaborative partnerships, empowering nurses who are transforming global healthcare. Explore Sigma's other research and grant opportunities at SigmaNursing.org/Grants.





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Photo by Ilyas Ahmed

www.nursingandmidwiferyglobal.org

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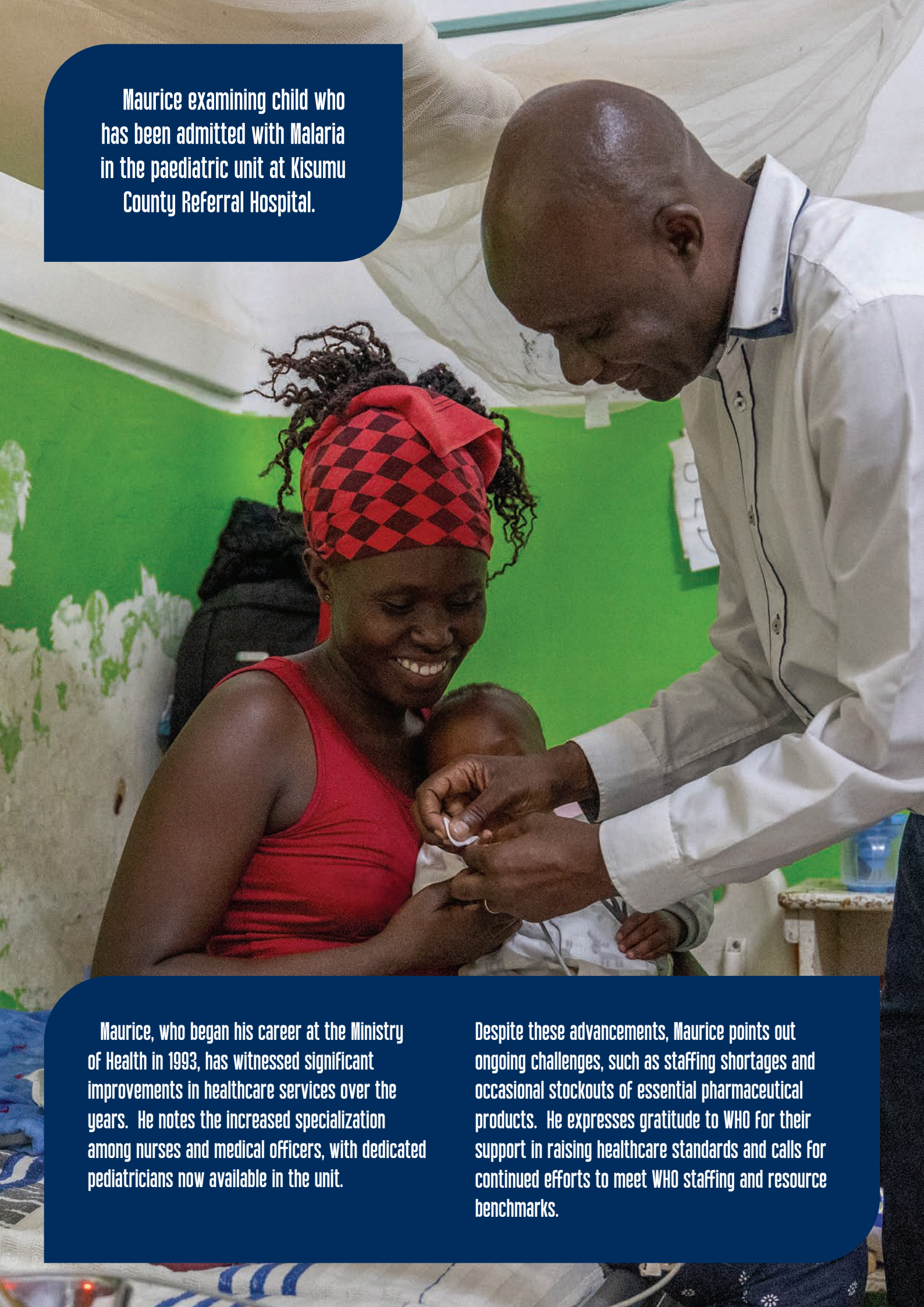
Nursing and Midwifery Global Community of Practice (NMGCOP)

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.

A photograph showing a male healthcare worker in a white shirt examining a young child. The child is being held by a woman wearing a red headwrap and a red tank top. They are in a clinical setting with a green wall and a white mosquito net in the background.

Maurice examining child who has been admitted with Malaria in the paediatric unit at Kisumu County Referral Hospital.

Maurice, who began his career at the Ministry of Health in 1993, has witnessed significant improvements in healthcare services over the years. He notes the increased specialization among nurses and medical officers, with dedicated pediatricians now available in the unit.

Despite these advancements, Maurice points out ongoing challenges, such as staffing shortages and occasional stockouts of essential pharmaceutical products. He expresses gratitude to WHO for their support in raising healthcare standards and calls for continued efforts to meet WHO staffing and resource benchmarks.



LINKS

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