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WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT
BUILDING HEALTH LEADERSHIP AND CAPACITY IN THE WESTERN PACIFIC REGION

World Health Organization
Western Pacific Region

Data Workshop for State of the World's Nursing Report for Pacific Chief Nursing and Midwifery Officers

South Pacific Chief Nursing and Midwifery Officers' Alliance (SPCNMOA)
American Pacific Nursing Leadership Council (APNLC)

Summary Report 2019

University of Technology Sydney
18th - 20th September

Acknowledgments

This significant WHO State of the World Nursing Report meeting and training could not have been achieved without the support of University of Technology of Sydney WHO CC and Faculty of Health staff. We all recognised that Pacific partnerships are extremely important and face to face meetings to learn and strategize are crucial. Significant challenges however exist with lengthy visa processes and expensive travel. Those challenges fade considerable when we finally get together working toward #UHC2030, International Year of the Nurse and Midwifery 2020 and a healthy Pacific.

We thank everyone for their support especially WHO HQ, WHO WPRO, WHO country offices, JHPIEGO and of course the participating Chief Nurses, regulators, Ministerial staff and individual Ministries for supporting attendance.

Contents

Introduction

The State of the World's Nursing (SOWN) Report meeting was held in Sydney from the 18th to 20th September 2019, hosted by the WHO Collaborating Centre for Nursing, Midwifery and Health, University of Technology Sydney (WHO CC UTS). Chief Nurses and senior nursing and midwifery leaders were in attendance from 14 Pacific countries including Fiji, Kiribati, Nauru, Niue, Papua New Guinea (PNG), Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Palau, Federated States of Micronesia (FSM), Australia and New Zealand. Most participants were members of the South Pacific Chief Nursing and Midwifery Officers' Alliance (SPCNMOA), with several also from the American Pacific Nurse Leaders Council (APNLC). Five additional countries were invited but unable to attend due to funding and timing constraints.

The program for the three day meeting focused on health system strengthening through participant's improved data literacy and data analysis skills, and understanding of the relationship between data, information and knowledge to inform and translate into policy. The program aimed to strengthen health system performance, quality and sustainability through the professional development of the senior leaders in nursing and midwifery in the region.

In addition, participants gained a better understanding of the WHO Western Pacific Region (WPRO) White Paper thematic areas and operational shifts, with opportunities to build and strengthen partnerships and linkages within the Pacific, and address regional concerns. Following extensive discussions, comments on the WHO WPRO White Paper have been collated for inclusion in this summary report. The Meeting Brief attached separately links to web stories https://www.uts.edu.au/about/faculty-health/faculty-health-research/news/climate-change-not-just-abstract-idea-pacific https://www.uts.edu.au/about/faculty-health/faculty-health-research/news/working-together-achieve-universal-health

South Pacific Chief Nursing and Midwifery Officers Alliance

The purpose of the SPCNMOA is to enhance nursing and midwifery effectiveness in promoting and improving the population health in member jurisdictions. SPCNMOA intends to achieve this by raising the quality and relevance of nursing, midwifery and health leadership in health services and nursing and midwifery education. This is facilitated through forming alliances with, and collaborating closely with member jurisdictions, academic, regulatory and service partners in activities such as information sharing, capacity building, research, and education and service projects.

Member countries of the Alliance include Australia, the Cook Islands, Fiji, Kiribati, Nauru, Niue, New Zealand, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, New Caledonia, French Polynesia, Wallis and Futuna, and PNG. The key rationale for the Alliance is to provide a forum for development support, networking opportunities for senior nurses and midwives working as leaders within governments of these South Pacific nations.

American Pacific Nursing Leaders Council

The American Pacific Nursing Leaders Council (APNLC) is an organisation founded by nurses who work and reside in the U.S. Affiliated Pacific Islands. The jurisdictions include American Samoa, the Commonwealth of the Northern Mariana Islands, the FSM, Guam, Hawaii, Palau, and the Republic of the Marshall Islands. APNLC members are comprised of nurses from the hospital, public health, community, educational, and professional nursing organization sectors from each of the USAPI jurisdictions and Hawaii, and strives to act as one voice for nursing in the Pacific. The organisation's key priorities include: non-communicable diseases (NCDs); emerging and re-emerging infectious diseases; nursing education; quality assurance; practice, standards and policy; specialty nursing/midwifery practice; and connectivity.

Objectives of the Data Workshop Program:

1. Provide training to improve understanding of the relationship between data, information and knowledge needed to inform practice, management and policy decision making;

2. Develop and demonstrate skills for interpretation and translation of data for Human Resources for Health planning and policy development, including an understanding of indicators for the WHO National Health Accounts and global classification for health workers (ILO 2008);

3. Develop understanding of the definitions and indicators for State of the World Nursing (SOWN) Reporting, and complete data collection and compilation for participating countries as required by WHO;

4. Provide an opportunity for regional collaboration and networking of senior nursing and midwifery leaders across the Pacific;

5. Provide background information on leadership and thematic areas of WHO Western Pacific Regional Office (WPRO) White Paper;

6. Provide an opportunity to complete interviews for WHO WPRO Vital Roles of Nurses.

Expected Outcomes from the Data Workshop Program:

1. Strengthened regional nursing and midwifery data collection, analysis, management and literacy skills;

2. Increased capacity within nursing and midwifery to meet health data literacy needs of relevant countries;

3. Compilation of information/data requirements for participating countries for SOWN Report;

4. Improved and strengthened nursing and midwifery networks across the region;

5. Provide a response to thematic areas of WHO WPRO White Paper.

6. Collection of interview data for WHO WPRO Vital Roles of Nurses study.

Pre-Workshop:

WHO CC UTS / WHO circulated information to participants on State of the World Nursing (SOWN) for data collection. Each CNMO to source specific data in line with the WHO SOWN report requirements.

Data Workshop Program

Tuesday 17th September - Emergency Response: Climate Change Event, UTS:

- **The Hon. Bob Carr** - UTS Industry Professor of Climate and Business
- **Mara Bún** - Businesswoman and President, Australian Conservation Foundation
- **Dani Alexander -** Research Principal (Energy Futures), UTS Institute of Sustainable Futures

Sessions – Day 1 Wednesday 18th September

ROOM	OBJECTIVE	WHO CC UTS Rooms Level 4 CB10.4.423	Sim Lab Level 6 CB10.06.420
8:15am		**Meet together with WHO CC UTS staff in Ryal Hotel foyer for walk to UTS.**	*Pacific Chair: Bertha Tarileo & Thelma Ali*
8.30-9.00am		Meet at Student Services counter (Building 10, Level 2) to process UTS cards for room access. Our group has been booked at this time slot. **PASSPORT** is required for identity check. Photos taken and cards processed for collection by 10am.	
9.00-10.00am	5		**Welcome and Induction to Program and UTS Safety & Security** Administration and Housekeeping *Ms Michele Rumsey & Lisa Townsend*
10.00-10.30am		*Morning tea*	
10.30-11.00am	5		**Tour of Nursing Simulation Labs** *Ms Natalie Govind* *Campus Tour* *Country backgrounds*
11.00-12.30pm	1 2 3 4 5		**SOWN Introductions and Definitions** **Program Review** *Ms Michele Rumsey* **Group Discussion** *Amanda Neill, Lisa Townsend, Cath Simpson*
12.30-1.30pm		*Shared Lunch provided Café 10*	
1.30-2.00pm	1 2 3 4		**Data literacy skills** *Dr Michael Roche*
2.00-3.30pm	1 2 3 4		**Indicator Working Groups/ Discussion:** *Dr Michael Roche* *Debra Thoms, Amanda Neill, Lisa Townsend, Cath Simpson*
3.30-4.00pm		*Afternoon Tea*	
4.00-5.00pm	1 6	**Familiarisation with UTS computers, access to G Drive and SoWN Folder** Set CNMOs up to be able to use computers Thursday for SOWN Report upload.	**Individual interviews for Vital Roles of Nurses**

Sessions – Day 2 Thursday 19th September

ROOM	OBJECTIVE	WHO CC UTS Rooms Level 4 CB10.4.423	Sim Lab Level 6 CB10.06.420
8.30-9.00am	3 4 5		*Pacific Chair: Moralene Capelle & Michael Larui* **Group Reflection Discussion:** Data collection to meet the SOWN definitions and WHO requirements. Issues and challenges.
9.00-10.00am	4 5		**Thematic Priority 1** **Health security, including antimicrobial resistance** Facilitation of group discussion *Moderator – Jane O'Malley*
10.00-10.15am		*Help yourself to morning tea*	
10.15-11.00am	5		**Thematic Priority 2** **NCDs and Ageing** Moderator/Presenter – *Joanne Lewis* Facilitation of group discussion
11.00 – 12.00pm	5		**Thematic Priority 4** **The Unfinished Agenda** Moderator – *Helen Murdoch* Facilitation of group discussion
12.00-1.00pm	5		**Thematic Priority 3** **Climate change and the environment** Moderator/Presenter – *Angela Dawson* Facilitation of group discussion
1.00-2.00pm		*Shared lunch provided Café 10*	
2:00-2:45pm			**Leadership and Nursing Now!** *Moderator – Jill White*
3.00-4.15pm	3	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	**Advisory Board Meeting** **Level 7, Room 227 CB10.07.227** *Michele Rumsey* *Dean, Suzanne Chambers*
4.15-4.30pm	4	**Meet and greet Pacific Colleagues	Official Photos WHO CC UTS, CNMOs and Advisory Board**	

Informal reception on climate change, health and resilience in the Pacific

This is a joint event with the Institute for Sustainable Futures and the World Health Organization Collaborating Centre for Nursing, Midwifery & Health Development at the University of Technology Sydney. Colleagues will showcase research in supporting Pacific Island Countries to build their resilience to climate change.

4.30-5:10pm	*Climate Change and Health Update ISF and WHO CC UTS @ **Thomas, Aerial Meeting Room, Building 10, Level 7***
5.10-6.00pm	*Reception- drinks and canapes @ **Aerial Bar, Building 10, Level 7***

Speakers:

- Michele Rumsey, Director WHO CC UTS
- Professor Stuart White, Director Institute for Sustainable Futures (ISF) UTS
- Alaita Taulima, Head of Public Health, Tuvalu
- Dr Amelia Afuha'amango, Chief Nurse, Tonga
- Helen Murdoch, Chief Nurse, Kiribati
- Verity Firth, Executive Director, Social Justice, Centre for Social Justice and Inclusion UTS

Sessions - Day 3 Friday 20th September

ROOM	OBJECTIVE	WHO CC UTS Rooms Level 4 CB10.4.423	Meeting Room 8am – 6pm Level 7, Room 227 CB10.07.227
8.30-9.00am			*Pacific Chair: Puasina Tatui & Antonnette Merur* **Group Reflection and discussion: WHO** Thematic Priorities and Operational Shifts and data requirements and issues.
9.00-9.30am			**Thematic Priority 3** Moderator/Presenter - *Anthony Cook*
9.30-10.30am	3	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	**Interviews for Vital Roles of Nurses**
10.30-11.00am		*Morning tea*	
11.00 – 12.00pm	3	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	**Interviews for Vital Roles of Nurses**
12.00- 1.30pm		*Shared lunch provided during presentation - UTS Health- Maternal Health Care in South Sudan.* *Time: 12-1pm* ***Location: CB10.03.460***	
1.30– 2:00pm	3 4 5	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	**WPRO Operational Shifts** *Worksheet* **Group Discussion and Response** Provide response to the WPRO White Paper *Ms Michele Rumsey*
2.00 – 2.30pm	3	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	
2.30-3.00pm	3	**Data collation and input for SOWN** Supported by WHO CC UTS staff and interns	*Meeting Brief and Recommendations Preparation*
3.00-4.00pm		**Zoom Link Up** *WHO WPRO HRH-* *Dr Indrajit HAZARIKA*	**Program Review and Evaluation and Pre-Departure Briefing** *Ms Michele Rumsey*

WHO WPRO White Paper – Summary of Responses

Acting today to address the challenges of tomorrow

The White Paper sets out thematic priorities for WHO work in the Western Pacific Region for the coming five years, as well as a series of ideas for collectively responding to current and future health challenges. The paper is intended to stimulate discussion with WHO Member States, WHO staff, partners and other stakeholders in the lead-up to the seventieth session of the WHO Regional Committee for the Western Pacific in October 2019.

An agenda for our changing region

Our Region is rapidly and constantly changing. Unprecedented economic growth, migration and urbanization in the Western Pacific have created opportunities for better lives that many people could not have imagined a generation ago. Yet progress has also created new health challenges: the ever-present risk of health emergencies and the emergence of new health security threats; changing consumption patterns and rapid urbanization that have led to an increase in non-communicable diseases (NCDs); and air pollution, climate change and other environmental changes that are putting people's health at risk. At the same time, some countries' populations are rapidly getting older, while others are still facing a significant burden of disease from "traditional" health threats, including infectious diseases and infant and maternal mortality. While rapid development has created new opportunities for some, others risk being left behind as that development also has fuelled greater inequity, poverty and disadvantage - all of which are drivers of poor health.

The health challenges of today and tomorrow are unprecedented in scale and complexity, and addressing them will require greater creativity, more innovation and stronger partnerships.

Demographic shifts also represent opportunity: planning ahead for population ageing, for instance, creates opportunities for people to live not only long, but also healthy and happy, lives.

While the countries and areas of our region are incredibly diverse, the Western Pacific Region's strength in health is in its pursuit of a shared collective agenda that has been the foundation for many of the Region's extraordinary health achievements. Capitalizing on the vast experience, expertise and ingenuity of the Region, aligning with WHO's new set of global strategic priorities encapsulated in the *Thirteenth General Programme of Work* (GPW 13), and building on our tradition of solidarity, this paper is about how WHO and Member States write the next chapter of the Western Pacific Region's story: to become the healthiest and safest Region in the world.

Thematic priorities

The evolving nature of the challenges facing Member States in the Western Pacific demand that WHO also evolves: not just to provide "more" support on the issues Member States see as their biggest challenges for the future; in some cases, "different kinds" of support will be required. Three main priorities have emerged as the issues where this is the case - reflecting the Western Pacific's unique economic, social and environmental context:

1. Health security, including antimicrobial resistance
2. NCDs and ageing

3. Climate change and the environment.

WHO also remains steadfastly committed to supporting Member States on the "unfinished agendas" of infectious diseases and maternal and infant mortality, noting that going beyond a business-as- usual approach to embrace new technologies and new approaches may be required?

Operational shifts

NCDs and ageing, health security, and climate change and the environment are not new issues, but they require new thinking and new ways of working. In the Western Pacific, WHO will address these issues in partnership with Member States by operationalizing the strategic shifts associated with GPW 13 and adapting them to the Region's particular circumstances by focusing on seven main areas:

1. Finding new approaches to meet future challenges (innovation)
2. Working backwards from the longer-term goal (backcasting)
3. Taking a systems approach, with universal health coverage as the foundation
4. Building solutions from the ground up (grounds up)
5. Championing health, beyond the health sector
6. Driving and measuring country impact
7. Strategic communications as a means to deliver on new ways of working.

Delivering on the change agenda

In order to deliver on the change agenda outlined above, WHO clearly needs to continue to reflect on changing how we work as an organisation - which must be underpinned by reflecting on our engagement and dialogue with Member States and the way we engage with partners.

Operationalizing all of these shifts will also have implications for organizational structure, staffing and resources. This brief report is in response to the Regional Director and the Secretariat partner engagement as we all work together to achieve better health for the nearly 1.9 billion people of the Western Pacific Region.

Regional Partners Response

The following summary of responses is based on comments collated from extensive discussion during the Data Workshop and Meeting at UTS, where remarks and feedback were collated on the WHO WPRO White Paper, and its Thematic Priority Areas and Operational Shifts.

Thematic Priority Areas	Comments
1. Health security, including antimicrobial resistance	- There is a clear need for **capability building** within the nursing workforce focused on understanding and speaking up when antibiotics are not being used for the correct length of time, at the right time or for the right reasons (thus contributing to antimicrobial resistance). Nurses need to be acknowledged as custodians of this information. **Training, accreditation and curriculum reviews to incorporated variety of skills** to strengthen quality of health service and regional health security procedures (e.g cold chain, data and policy, surveillance – trained nurses have a major role in early detection and control of infectious diseases) - There is a need to **strengthen processes, structures and protocols** when referring patients overseas or when they return (e.g. increase in referrals to India – has seen patients returning with new pathology) - Innovation in this area should focus on enabling and **empowering community, especially the emerging leaders (youth)**. Education and community connection to concepts of wellness and youth's capacity to mobilise and achieve positive change to their health and their environment will be a very powerful tool to use moving into the future. It was acknowledged that community has a big role to play in infection control and health promotion messaging, and that engagement should be prioritized. - It is imperative that each country is **making use of both their skilled workforce and also the community capillary approach of information sharing,** utilizing local support structures that are practically applicable and sustainable in local contexts. (eg. Regulation and recognition of village health workers and Community Health Workers) - Clear processes and protocols around **medication distribution and dispensing** should be making the best use of resources available. (eg. In some environments, medications are not dispensed in clinics due to the nurses not being trained/ or having the authority to prescribe medication. In other situations medications are wasted sitting in boxes as nurses are not able to prescribe or used them). - Recognition that there is a **range in technological innovation** relating to communication systems and medication management, and due to the disparate access to these options between countries, there is a need to utilize the systems that are practical and sustainable in the environment that communities have. (Ranges between smart phone apps and the utilization of existing systems like radios that are not being used with all new technology discussions). - Chief Nursing and Midwifery Officers (CNMOs) have a critical role in understanding the systems that work on the ground – there is a need for **CNMOs to be involved in decisions for new systems, strategies, as they have a role of translating policy to practice.** - It is centrally important for **surveillance measures and data collection to be undertaken consistently**, and there is a role for the CNMOs to monitor the Health Information Systems as to their effectiveness and rigor. Nurses need to understand surveillance so that they support

	rather than hinder the processes of data collection.
	• **Pan Pacific collaboration** in regard to responding to outbreaks and supporting surveillance and data collection is an important regional strategy for containment and health promotion.
2. NCDs and ageing	• Health **education messages are having some impact, but is not enough** to address these problems in its own, and broader health promotion strategy involving policy review and practical intervention is needed to make meaningful impact.
	• It was noted that in most pacific nations, retirement age is set between 55-60 years. Impact of early retirement places financial pressure on individuals and the government and impacts the social and working roles that people have in the community. As life expectancy increases, this issue is likely to become even more complex.
	• There was an acknowledged need to include gerontology/ageing diseases, processes and care in nursing curriculum and strengthen community and family knowledge and care in this area.
	• A **changing dynamic in the social discourse** means that families may not find it easy to care for older family members (due to changing family structures, migration, seasonal work commitments etc). The current challenge of how to strengthen family systems in caring for the ageing within their communities is being considered.
	• The Pacific has challenging decisions to make regarding investment in health service provision with constrained resources as it relates to care for the elderly vs children.
	• Rigorous data collection focusing on NCDs and the awareness of strategic partners is necessary for CNMOs to be aware of how to make meaningful change in this area.
	• **Nurse led practices focusing on wellness have had tremendously positive** results relating to NCDs. Eg. Motivational Interviewing has been used as a strategy to prevent and manage NCDs. Strategies such as these could potentially replicated in other contexts.
3. Climate change and the environment	• Significant **increasing rates of climate change related disease** (eg. Dengue fever outbreaks) in many of Pacific communities. Monitoring and surveillance of this issue will be important to support funding and resourcing of potentially increasing health service demands across the region. Communication between countries will allow for increased preparedness for precaution measures to be taken.
	• In the context of disaster, command and control structures should work **more closely with Ministry of Health, CNMOs, and local nurses**, rather than external partner communication structures limiting their involvement. Research (https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/what-we-do/2-human-resources-health-6) backed this up and still a regional and local challenge.
	• **There has been a critical gap identified in many countries in regard to training**. There is a need for training of undergraduate nurses in

	disaster preparedness and management within their curriculum, in addition to the professional development of nurses through formal training courses on disaster.
	• Countries require operationalized disaster plans, including processes and systems for control and command and medical assistance teams in the event of disasters.
	• Funding is needed to better equip community nursing environments to prepare for and respond to disasters.
	• It was suggested that ensuring that the health sector, in particular nursing, is included in the national disaster planning authority structures in each country.
	• There was an acknowledgment that in some isolated communities, the level of disaster response has been inconsistent due to challenges relating to geography, safety risks and communication. Even the smallest populations in the smallest islands need access to support.
4 Unfinished agendas	• There are increasing levels across the Pacific Island Countries of communicable diseases and outbreaks.
	• It was noted that in part, current health challenges are partially a consequence of a **lack of investment in community and school education programs.** It reinforces the need for a multisectoral approach to tackling health care priorities.
	• A focus on Maternal and Child care needs to be included in the White Paper.
	• **CNMOs need to ensure involvement in relevant policy discussions**, taking responsibility for this and ensuring that their voices are heard, advocating for the services that are needed by the community.
	• There is a **need to review vaccination coverage rates** across countries, particularly where infrastructure and resourcing are inadequate. **Cold chain infrastructure requires improvement,** as there is increased pressure on systems and nurses to provide vaccinations to communities in a variety of geographically diverse and often isolated contexts.
	• An adequate, reliable system needs to be in place to monitor prevalence of outbreaks, and the containment and treatment measures that are put in place. Ensuring the documentation of experiences and quality improvement mechanisms will also allow for workforce and system development.
	• Regional accreditation and specialist practice recommendations remain urgent from last SPCNMOA meeting.
	• **Leadership and Management skills are essential** and urgent to ensure senior nurses have skills to manage many challenges and priorities towards achieving UHC2030 and GPW13 goals.

                               Comments

Operational Shifts	Comments
1. Finding new approaches to meet future challenges (innovation)	Participants noted some innovative strategies that have supported the promotion of health in their local contexts, particularly related to communication structures, therapeutic techniques (motivational interviewing in the context of NCDs) and in disaster preparedness. Given the rapidly changing economic, environmental and social context of the health care system, careful succession planning, the development of young leaders, and the connecting and empowering of community were all seen to be strategically important directions for the nursing workforce.
2. **Working backwards from the longer-term goal (backcasting)**	Given that nurses and midwives form 78% of the health workforce in the pacific, backcasting conversations should involve them. Nurses are innovative thinkers who deal with wicked problems ever day every day, provide solutions with limited resources. The long term goals of having a sustainable, highly skilled workforce that is resilient to the changing world, needs to be acknowledged and prioritised. This will involve capability building, leadership training and continuing professional development for nurses and midwives. Rigorous undergraduate training opportunities, access to research and best practice guidelines and the support of further training opportunities are all important for Pacific Nations.
3. **Taking a systems approach, with universal health coverage as the foundation**	#23 UN UHC2030 Declaration Nurses know that investing in health is key to economic, social empowerment, protecting human rights and achieving UHC. While some progress has been made towards increasing life expectancy and maternal and child health, significant challenges remain in the areas of re-emerging diseases, NCDs, mental health and anti-microbial resistance. We strongly support the return of Item #23 in the UN UHC declaration 23rd Sept 2019 which expresses concern for 'global shortfalls of health workers, primarily in low and middle-income countries', and the importance of training, especially for 'nurses, midwives and community health workers … who can unleash significant socio-economic gains and contribute to the eradication of poverty in all its forms and dimensions, empowerment of all women and girls and reduction of inequality'. Many studies show that nurses are often not utilized to their full potential, which can lead to low morale in nursing staff as they feel they are not fulfilling their role within their scope of practice. This can then create inefficiencies in health care provision.
4. **Building solutions from the ground up (grounds up)**	Assisting in the creation of resilient communities who are engaged with promoting health and wellness will ease the burden on the acute care structures, and will provide opportunity for community to have control and ownership over their own circumstances. This relies on listening to community, and ongoing education and health promotion programs, that do more than advise, instead fostering passion and energy from the

		people who live in the communities who nurses seek to support. In particular, it is felt that harnessing the energy of the youth, and growing young leaders is a particularly powerful strategy for sustainable development.
5.	**Championing health, beyond the health sector**	The role of government in funding and supporting the health sector is mandated by all nations, and the role of CNMO in advocating for and supporting the central role of nurses and midwives in their country provides pivotal political oversight to workforce planning and management. Intersectoral collaboration, as a central principle of primary health care, involves education, housing, law enforcement, social and cultural infrastructure, community and religious institutions to all work together in creating a sustainable health system.
6.	**Driving and measuring country impact**	Data collection- the surveillance of community demographics and epidemiological statistics that are captured for the whole of community will alert policy makers, health management structures, political and community stakeholders and international partners to priority areas. It will also provide evidence for project planning requests, workforce planning strategy, health promotion initiatives and funding requirements moving forward. Reporting at a local, regional, provincial, national and regional level also serve to represent the circumstances of each nation with accuracy, and serves to promote awareness and strategic response. Our discussion identified gaps in nurses training in data, and gaps in rigor of some data collection and surveillance systems across the region, and a cooperative regionally based strategy for surveillance and data would be ideal.
7.	**Strategic communications as a means to deliver on new ways of working.**	Disaster preparedness and management planning was a good example of strategic communication that would make meaningful and sustainable impact moving forward. It was evident that sharing the ways in which structures and processes have worked well and learning from past challenges has been helpful. In addition, having clear, written, regularly exercised disaster plans that have articulated control and command structures aligned to positions rather than people was important. The involvement of CNMOs in strategic planning and management decisions was seen to be central. Strategic communications relating to infectious disease outbreaks and climate change related events would enhance prevention, preparedness, effective response and quality improvement at both national and regional levels.

WHO CC UTS is carrying out a regional Vital Roles of Nurses study for WHO WPRO. This review and case study report will focus on headings of the UHC 2030 - 6 Asks Campaign, the White Paper Thematic Areas and recommendations under the Operational Shifts.

Meeting discussions focused on specific outcome areas of White Paper, with a summary of general recommendations as follows:

1. Provide feedback to WHO about definitions within SOWN Report: ensure that the definitions used and data collection are relevant to the Pacific context. Work towards developing systems in country to be able to capture relevant data for future SOWN reports.

2. Recognize the important role and involvement of Chief Nursing and Midwifery Officers in the analysis of high quality data (population health, quality and safety) for governance and decision making.

3. Leadership programs for nurses and midwives need to be funded, supported and resourced, providing opportunities for Continued Professional Development (CPD) and succession planning within senior roles. Further funding to be sought to enable leadership and capability building programs to continue in Pacific.

4. Communicate to relevant government and international bodies that there are shortages of nurses and midwives in many parts of the Pacific. The current WHO definition of 4.45 nurses/midwives/doctors per 1000 population are inappropriate to some parts of the Pacific due to their large number of remote and isolated communities.

5. Registration: Seek support to improve legislation and develop a live online national secure register (unique to each country) Pacific-wide, cloud-based platform to record nursing licensing/registration (to provide transparent public safety).

6. Accreditation and standards development (regional mechanisms): Work to progress regional partnerships and continued co-operation across undergraduate and postgrad education, accreditation, CPD and standards development including involvement of North Pacific, Australia and New Zealand.

7. Emergency disaster preparedness, response and management: A) Provide programs for nurses to strengthen capability to respond and be resilient to disasters in the Pacific; B) Embed disaster education within CPD, postgrad and undergraduate programs and provide professional development for current nurses; C) Support the development of disaster systems processes and plans that are written and exercised regularly and include nursing; D) Empower and educate community to actively respond to disasters and be able to provide support; E) Provide psycho-social and other forms of support for nurses working in emergency response situations; F) Provide strategic pool of educated Pacific nurses to be located within region that are mobile and linked to National Emergency Disaster Response Teams.

8. Improving Foundational Quality: Ensure that foundational and core PHC initiatives that have been successful are maintained and that rigorous data should be collated and used as evidence to inform decision making. Promote the centrality of compassionate and ethical care.

9. Lobby for each country in the region to have a CNMO. (The majority of countries in the Pacific have a CNMO and we expect that this will continue to be the norm).

10. Further develop advanced nursing roles within the Pacific.

11. Sharing of relevant and appropriate policies, tools and networks: Members agree to share resources, information and examples of resilience and innovation relating to programs and strategies that are currently impactful in their Pacific context.

With International Year of the Nurse and the Midwife approaching in 2020, these events held at UTS have highlighted the commitment and support of CNMOs and senior leaders in health from the region, SPCNMOA, APNLC and WHO CC UTS to producing the first-ever State of the World's Nursing Report.

Review of State of the World's Nursing Report Definitions

Comments on the State of the World's Nursing Report Definitions from Pacific Chief Nursing and Midwifery Officers representing 14 countries –Fiji, Kiribati, Nauru, Niue, PNG, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Palau, FSM, Australia and New Zealand are outlined below. Definitions in red were considered to be not needed as a priority for this round of reporting from the Pacific. Several definitions e.g regulation, advanced nursing and facility types did not always fit with current Pacific current practices or required further clarification.

			Notes/Comments
1	**M1-01 : Nursing density**	**Total number of nursing personnel** Number of practising nurses (providing services to patients and communities or whose education is a pre-requisite for his/her role) Number of professionally active nurses (may not be providing direct services but employed in his/her field- e.g. education, research, public admin) Number of nurses licensed to practise (currently licensed) **Total number of nurses associates** Number of practising nurses Number of professionally active nurses Number of nurses licensed to practise **Total number of nurses professionals** Number of practising nurses Number of professionally active nurses Number of nurses licensed to practise	**We suggest splitting information into personnel who are clinically active or have different roles as a registered nurse.** There were comments that we need to know who is active, and need to know who is licensed, but perhaps not the other things, and that it would be hard to find stats on practicing vs professionally active in some contexts. **We suggest that it may be better to use the descriptor of years (for example 3-4 years or 1-2 years) rather than splitting the titles into associate and professional categories.** It was seen that all nurses are professionals on the register, and some countries did not like to think of their enrolled nurses as nursing associates. **A more realistic approach would be to remove associate and professional and have nurse 1-2 years nurses 3-4 years.** Some countries will find it easier to find data from the public service (Ministry of Health) but would find it more **difficult to access data on personnel from church and private facilities.** **Issue of how to count visiting overseas nurses on shorter contracts, and midwives who are registered nurses.** Sometimes in the Pacific, countries have visiting overseas nurses that have a short contract on the register, where their primary country of registration is elsewhere. How do we count that? This could be important in the Pacific as a major part of the work force. These nursing roles are important to capture,

			but not sure where they fit in the statistics. Some countries will have registered nurses who are practising midwives and in other countries midwives are seen as a separate profession. These may be counted twice. **Issue to capture nature of the workforce as a whole as much of the Pacific workforce are reliant on non-nurses who are not being counted in this survey.** For example Assistants in Nursing or Nursing Aides (not on any register). In the registering of nurses, there is a clause about delegation and the supervision of non-registered clinicians. It would be good if we could capture the nature of the workforce and somewhat unknown element of assistants in nursing. **Role delineation and terms can only be understood in discussion with CNMOs o respective countries.**

2	**M1-02 : Nursing density at subnational level**	**Number of nurses by geographical region:**
		    Nursing Associates
		        Urban (as defined by national statistical office)
		        Rural (as defined by national statistical office)
		    Nursing Professionals
		        Urban
		        Rural
		    Nursing Personnel
		        Urban
		        Rural
		Provinces/States:
		    Nursing Associates
		        State1
		        State2
		        State3
		        State n
		    Nursing Professionals
		        State1
		        State2
		        State3
		        State n
		    Nursing Personnel
		        State1
		        State2
			Rural / Urban categories for data are accepted.
			
			Provinces / States categories – Suggest this is deleted as this data not required or useful.

			State3 State n	

3	**M1-03 : Nursing distribution by age group**	**Nursing Associates**
		    Number of nurses aged <25
		    Number of nurses aged 25-34
		    Number of nurses aged 35-44
		    Number of nurses aged 45-54
		    Number of nurses aged 55-64
		    Number of nurses aged 65+
		Nursing Professionals
		    Number of nurses aged <25
		    Number of nurses aged 25-34
		    Number of nurses aged 35-44
		    Number of nurses aged 45-54
		    Number of nurses aged 55-64
		    Number of nurses aged 65+
		Nursing Personnel
		    Number of nurses aged <25
		    Number of nurses aged 25-34
		    Number of nurses aged 35-44
		    Number of nurses aged 45-54
		    Number of nurses aged 55-64
		    Number of nurses aged 65+
			Data available from Ministry of Health but maybe not from the private sector.
			
			Some nursing registers don't have accessibility to the dates of birth from databases, so will not be able to approximate the ages of their workforce.

4	**M1-04 : Female nursing**	**Nursing Associates**
		    Number of male
		    Number of female
		Nursing Professionals
		    Number of male
		    Number of female
		Nursing Personnel
		    Number of male
		    Number of female
			Some countries do not have exact figures for gender breakdown and therefore plan to submit percentages for this component.

5	**M1-05 : Nursing by facility ownership**	**Nursing Associates**
		    Public
		    Private not for profit
		    Private for profit
		Nursing Professionals
		    Public
		    Private not for profit
		    Private for profit
		Nursing Personnel
		    Public
		    Private not for profit
		    Private for profit
			Converting data available into this dataset is a challenge as definitions are critical.
			
			The difference between private for profit and private not for profit hard is hard to delineate. Many NGOs are not for profit, church-based private hospitals are often not for profit, but other private providers are for profit. When information is collected, nurses identify whether they work in private or public contexts, but do not include the other detail. Many nursing registers do not record this type of information.
			
			Definitions of Private, Public is hard as PHC services are potentially often private and for profit but a lot of their funding comes from the public sector.

			Some uncertainty of the purpose and value of these categories.
6	**M1-06 : Nursing distribution by facility type**	**Nursing Associates** Hospitals Residential long-term care facilities Providers of ambulatory health care Ancillary services Retailers Providers of preventative care **Nursing Professionals** Hospitals Residential long-term care facilities Providers of ambulatory health care Ancillary services Retailers Providers of preventative care **Nursing Personnel** Hospitals Residential long-term care facilities Providers of ambulatory health care Ancillary services Retailers Providers of preventative care	**Some of these categories do not apply in certain PICs and definitions do not apply or reflect facilities in the Pacific.** Community health services are not easily identified within the definitions given here, as ambulatory care was understood to be a different set of services to community PHC. The role of a community nurse is more closely aligned to the 'providers of preventative care' category, but we suggest that **treatment of acute First Access Acute care and the management of chronic conditions would be included in this definition.** **We suggest that the sub-heading could be re-named to be 'Providers and preventative and primary care' or 'providers of primary health care'** Where can we explain that some services share their time between acute support and preventative service? Quite often time is shared between these roles in Primary Care.
7	**M1-07 : Share of foreign born nursing**	**Nursing Associates** Number of national born Number of foreign born **Nursing Professionals** Number of national born Number of foreign born **Nursing Personnel** Number of national born Number of foreign born	**This is not important/relevant and could be deleted.** Some countries do not collect this information (foreign-born). They do collect information on foreign-trained which is of more relevance/importance.
8	**M1-08: Share of foreign trained nurses**	**Nursing Associates** Domestically Trained Foreign Trained Unknown place of training **Nursing Professionals** Domestically Trained Foreign Trained Unknown place of training **Nursing Personnel** Domestically Trained Foreign Trained Unknown place of training	Agreed that this is important. Suggest 'Unknown place of Training' be deleted.

9	M2-01 : Master list accreditation	Existence of a master list of accredited nursing education and training institutions that is up to date and available in the public domain? (Yes/No/Partial)	This is important to include.
10	M2-02 : Duration of education and training	**Nursing Associates** Duration of nursing education and training **Nursing Professionals** Duration of nursing education and training	
11	M2-03 : Ratio of applications for health workforce education and training to training places	**Nursing Associates** Number of applications for education and training program Education and training capacity (number of places) **Nursing Professionals** Number of applications for education and training program Education and training capacity (number of places)	This data is difficult for some countries to provide. Some countries have an uncapped system for training places, and therefore cannot have a ratio and cannot submit this data.
12	M2-05: Ratio of nursing to qualified educators	**Nursing Associates** Number of students enrolled in nursing education & training Total number of qualified educators **Nursing Professionals** Number of students enrolled in nursing education & training Total number of qualified educators	This data is difficult for some countries to obtain. The definition of a qualified educator requires further clarification. Does this apply to nursing educators only and what type of qualifications are required for nursing educators?
13	M3-01 : Existence of national and/or subnational standard on the duration and content of nursing education and training	**Existence of national and/or sub-national standard on the duration and contents of education and training?** (Yes/No/Partial)	This may be difficult for some countries to complete, especially if no standard accreditation in place.
14	M3-02: Existence of national and/or subnational mechanisms for accreditation of health workforce	**Existence of national and/or sub-national mechanisms for accreditation of education and training institutions and their programmes** (Yes/No/Partial)	Fine

	education and training institutions and their programmes ?		
15	M3-06 : Existence of national and/or subnational standards for interprofessional education in accreditation	Existence of national and/or sub-national standards on interprofessional education in accreditation standards? (Yes/No/Partial)	Fine
16	M3-08 : Existence of national systems for continuing professional development	Existence of national and/or subnational mechanism on continuing professional development? (Yes/No/Partial)	Fine
17	M4-05 : Expenditure per graduate on nursing education	**Public expenditure on nursing education** **Private expenditure on nursing education** **Total number of graduates from nursing education and training programme** *(Divide total public expenditure on nursing education in a given financial year by the gross national income of the country for the corresponding year and multiple by 100)*	Too hard to collect - stronger relationships with Ministries of Education required.
18	M5-01: Ratio of previous year graduates who started practice to total number of previous year graduates (dep M4-05)	**Number of previous year graduates who started practice within one year after graduation**	We suggest that the wording could be changed to 'New Graduate Employment' so it is clearer. We are unclear on the value of collecting this data.
19	M5-02: Replenishment rate from domestic efforts	**Number of newly active domestic trained nurses** **Total number of active trained nurses**	

20	M5-03 : Entry rate for foreign health workers	Number of newly active nurses foreign-trained Total number of active trained nurses	We feel that this data is important to collect however may be difficult for some Pacific countries.
21	M5-04 : Voluntary exit rate from health labour market	Number of nurses who became inactive in the health sector labour market due to emigration, temporary leave, change of sector, early retirement or other voluntary reason (in the given year)	It may not be possible for all PICs to obtain and report on this data.
22	M5-06: Unemployment rate	Number of nurses that are currently unemployed Total number of active trained nurses plus unemployed nurses	We feel that the definition of 'unemployed' requires clarification as nurses may be registered and employed but not working in health services. We suggest using the number or percentage currently registered nurses not working in health services.
23	M6-02 : Nurses with part time contract	Number of nurses with part time contract	This data may be difficult for some countries to provide. **Majority of Pacific do not have Part Time contracts as all full time civil servants. A more realistic data would be the retirement age of the workforce in the Pacific 7 countries still retired at 55.** .
24	M6-03 : Regulation on working hours and conditions	Existence of national/subnational policies/laws regulating working hours and conditions? (Yes/No)	No many exist in Pacific in Australia different across states and territories hard to articulate like this.
25	M6-04 : Regulation on minimum wage	Existence of national/subnational policies/laws regulating minimum wage? (Yes/No)	Very few in Pacific
26	M6-05 : Regulation on social protection	Existence of national/sub-national policies/laws regulating social protection? (Yes/No/Partial)	One of the challenges is that they have used the word regulation many times, and social protections may be included in policy that may or may not be in regulation. Could put partial?
27	M6-09 : Measures to prevent attacks on health workers	Existence of national/sub-national policies/laws for prevention of attacks on health workers? (Yes/No/Partial)	This may be challenging data to collect but is useful. The group thought that measuring whether domestic leave and mental health leave is available for staff could also be helpful.
28	M7-05 : Average of entry level wages	Average of Entry-level wages and salaries excluding social contributions (USD)	Hard to collect in Pacific
29	M7-07: Gender wage gap :	Median earning-men (USD) Median earning -women (USD)	This information may difficult for most PICs to collect.

			The group wondered whether this was seeking to find information on the fact that nursing is a feminised profession or is it seeking something else? Pay would be the same for the hours worked, but the hours between genders is likely to be different.
	Difference between median earnings of men and women		The group recognised that in nursing, professional rates of promotion for men are higher than for women and this would be interesting data to collect. It was also noted that there is a pay disparity in a lot of countries between local and expatriate nurses for the same work, and this was seen to be an issue that should be noted/ data collected.
30	**M8-06 : Existence of advanced nursing roles**	**Existence of advanced nursing roles?** (Yes/No/Partial)	We are unsure of the option to answer 'Partial' and what this means for this section. Some countries understood this to refer to Nurse Practitioners rather than any nursing specialist skill roles like CNS or CNC. However, the definition could include roles that have specialised into the extension of skills to an advanced level. The definition in handbook is very broad.
31	**Existence of Authority for Regulation of Nursing**	**NN1: Presence and model of national organization mandated by the government to regulate the profession of nursing?** (Yes/No/Partial)	Most countries have legislation and standards, but the applying of sanctions was variable between countries. Glossary of terms should have a definition for 'sanction'. The group wants to communicate that we have not been able to answer some sections accurately due to not being able to explain context. Though a glossary of terms listed some key words, we would like some clearer language so people have a good understanding of what would constitute a 'yes' or 'partial'. Out of 15 countries in our meeting, 9 said they would find it difficult to apply sanctions so would be partial. For NN1, this information is very important to record accurately- the question could be articulated by separating it into the 5 parts of the definition given.

			Countries should also have the opportunity describe what is currently happening with their legislation as some are at novice stage of registration and standards.
32	**Existence of a Fitness for Practice or Licensure Examination**	**NN2: Existence of independent competency based readiness for practice assessment?** (Yes/No)	Not all countries have national examinations or assessments therefore found this difficult to answer.
33	**Existence of standards for faculty qualifications**	**NN3: Existence of descriptions of what professional qualifications are required to teach different educational programs?** (Yes/No/Partial)	Fine
34	**Existence of Chief Nurse or Equivalent at the National Level**	**NN4: Existence of a filled post at the national level for a senior nurse within the government to provide expert advice and direction on nursing and related health policies?** (Yes/No)	Fine
35	**Existence of leadership development opportunities**	**NN5: Existence of nationally-Supported programs to develop nursing leadership, research or policy literacy skills?** (Yes/No)	Fine
36	**Existence of national association for pre-licensure students?**	**NN6: Existence of association for students and novice nurses?** (Yes/No)	Not in Pacific

Other Comments

- The capacity of countries to collect data needs to be considered as many do not have a NHA focal point or health information office to assist.
- Data on safe staffing levels and ratios is important to collect. Suggest including number of nurses per population.
- Note that in many sections, data is challenging to collect, particularly across many years.
- Gaps exist between nationals and oversea registrants and this should be included as this impacts on resources the country has for health.
- Registration and regulation and education are important and more detail data need to be collected on this.
- Language and definitions are important. It is necessary to use language that is relevant to the Pacific, related to context and strengths, similarities and striking differences. We realise that it is important to review this now to advise policy directions for the future. (for example, national registry is not common to all countries.) It is important to include details of realities for country-specific information.
- We are reliant on the community to mobilise as the safety net at times when the health workforce is working at capacity.
- Splitting the workforce for this purpose is potentially quite reductionist, as it does not communicate the complexity of the context. Data helps to understand variants and why they are powerful.
- Leadership training is urgently required and necessary and data needs to be collated in relationship to this and this will impact data collection in the future.

Other General Comments

- General data and excel training required.
- Training set up earlier in the year.
- Leadership and management training programs urgently required.
- Some confusion regarding over lapping indicators even following training.
- One whole week of training is required as three days is too short.

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World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT
BUILDING HEALTH LEADERSHIP AND CAPACITY IN THE WESTERN PACIFIC REGION

STATE OF THE WORLD'S NURSING REPORT DATA WORKSHOP FOR PACIFIC CHIEF NURSES AND MIDWIVES AT WHO COLLABORATING CENTRE UTS, 18TH TO 20TH SEPTEMBER 2019

The first-ever State of the World's Nursing (SOWN) report, initiated and developed by WHO in close collaboration with the International Council of Nurses (ICN), Nursing Now! and Jhpiego, will be launched in 2020, prior to the 73rd World Health Assembly. This milestone document will provide a technical description of the nursing workforce in Member States around the world to inform policy dialogue on strengthening nursing and accelerating progress across the sustainable development goals (SDGs) and universal health coverage (UHC). The collection of data for the SOWN report also provides an important opportunity for discussion and recommendations for policy development to bolster the role of nurses and midwives in health service delivery on a national, regional and global scale.

The WHO CC UTS is proudly supporting data collection for the SOWN report in the WHO Western Pacific region, specifically in Pacific Island Countries and Territories, and facilitating policy discussion and recommendations for the contributions of nurses and midwives for the achievement of the White Paper priorities and GPW13.

In line with this, a Skills Development Training Program for Pacific Chief Nursing and Midwifery Officers was coordinated by the WHO CC UTS and held at UTS from 18-20 September 2019. Senior nursing and midwifery leaders from 14 Pacific countries (Fiji, Kiribati, Nauru, Niue, PNG, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Palau, FSM, Australia and New Zealand) most of whom are members of the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA), attended the three day program. Five further countries were unable to attend due to funding and timing constraints.

Workshop attendees, WHO CC Advisory Board Members and staff

The program focused on health system strengthening through improved data literacy, data analysis and understanding of the relationship between data, information and knowledge to inform and translate into policy. It aims to strengthen health system performance, quality and sustainability through professional development of senior leaders in nursing and midwifery. In addition, participants will gain a better understanding of the importance of data information systems, collection and management of data, with opportunities to build and strengthen partnerships and linkages within the Pacific, and address regional concerns.

Prof Stuart White (ISF) and Prof Suzanne Chambers (UTS Health)

The objectives of the program included:

- **Provision of training to improve understanding of the relationship between data, information and knowledge needed to inform practice, management and policy decision making;**
- **Development and demonstration skills for interpretation and translation of data for Human Resources for Health planning and policy development;**
- **Development of participant understanding of indicators for the WHO National Health Accounts;**
- **Strengthening understanding of the 2008 ILO global classification for health workers;**
- **Development of understanding of the definitions and indicators for State of the World Nursing (SOWN) Report, and complete data collection and compilation for participating countries as required by WHO.**

Outcomes from the three days included regional nursing and midwifery data collection for attendees (strengthened analysis, management and literacy skills); increased capacity of attendees to meet health data literacy needs of relevant countries; bolstering nursing and midwifery networks across the region; and completion of information/data requirements from participating Pacific countries for SOWN Report.

Senior leaders from Vanuatu, Nauru, Palau, PNG, Solomon's, Kiribati, Tuvalu and FSM

Attendees agreed that all objectives for the workshop were met and the following outputs were produced:

- **Analysis of SOWN database by indicator;**
- **Brief newsletter;**
- **Documented recommendations to WHO WPRO for the White Paper – thematic priority areas and operational shifts.**

Staff from the WHOCCUTS also interviewed various senior leaders for the Vital Roles of Nursing study being carried out for the WHO Western Pacific Region, documenting case studies and highlighting the important work that nurses and midwives perform throughout the region to be published and launched on World Health Day 2020, the WHO International Year of the Nurse and Midwife.

Ms Verity Firth (Centre for Social Justice and Inclusion, UTS) and Prof Suzanne Chambers (UTS Health)

To mark the global climate strike on 20 September, the WHO CC UTS and the Institute for Sustainable Futures (ISF) at UTS held a joint reception on climate change and health for program attendees, program presenters and friends of WHO CC UTS and ISF. In a political climate of ambivalence towards climate change, this reception provided a forum for UTS to show senior Pacific health leaders our support in effective response to climate change. Speakers at the event included Prof Stuart White (Director, ISF), Verity Firth (Executive Director – Social Justice, Centre for Social Justice and Inclusion UTS), Ms Alaita Taulima (Head Public Health, Tuvalu), Ms Helen Murdoch (Chief Nurse, Kiribati), Dr Amelia Afuha'amango (Chief Nurse, Tonga), and Michele Rumsey (Director, WHOCCUTS).

This meeting was only able to proceed with the assistance of WHO Headquarters, WHO WPRO office, WHO country offices, Jhpiego, UTS, and Ministries of Health who released their staff to attend this important meeting.

Meeting discussions focused on specific outcome areas, with a summary of recommendations as follows:

1. **Provide feedback to WHO about definitions within SOWN Report: ensure that the definitions used and data collection are relevant to the Pacific context. Work towards developing systems in country to be able to capture relevant data for future SOWN reports.**

2. **Recognize the important role and involvement of Chief Nurses in the analysis of high quality data (population health, quality and safety) for governance and decision making.**

3. **Leadership programs for nurses and midwives need to be funded, supported and resourced, providing opportunities for Continued Professional Development (CPD) and succession planning within senior roles. Further funding to be sought to enable leadership and capability building programs to continue in Pacific.**

4. **Communicate to relevant government and international bodies that there are shortages of nurses and midwives in many parts of the Pacific. The current WHO definition of 4.45 nurses/midwives/doctors per 1000 population are inappropriate to some parts of the Pacific due to their large number of remote and isolated communities.**

5. **Registration: Seek support to improve legislation and develop a live online national secure register (unique to each country) Pacific-wide, cloud-based platform to record nursing licensing/registration (to provide transparent public safety).**

6. **Accreditation and standards development (regional mechanisms): Work to progress regional partnerships and continued co-operation across undergraduate and postgrad education, accreditation, CPD and standards development including involvement of North Pacific, Australia and New Zealand.**

7. **Emergency disaster preparedness, response and management: A) Provide programs for nurses to strengthen capability to respond and be resilient to disasters in the Pacific. B) Embed disaster education within CPD, postgrad and undergraduate programs and provide professional development for current nurses. C) Support the development of disaster systems processes and plans that are written and exercised regularly and include nursing. D) Empower and educate community to actively respond to disasters and be able to provide support. E) Provide psycho-social and other forms of support for nurses working in emergency response situations. F) Provide strategic pool of educated Pacific nurses to be located within region that are mobile and linked to National Emergency Disaster Response Teams.**

8. **Improving Foundational Quality: Ensure that foundational and core PHC initiatives that have been successful are maintained and that rigorous data should be collated and used as evidence to inform decision making. Promote the centrality of compassionate and ethical care.**

9. **Lobby for each country in the region to have a Chief Nursing/Midwifery Officer (CNMO). (The majority of countries in the Pacific have a Chief Nurse and we expect that this will continue to be the norm).**

10. **Further develop advanced nursing roles within the Pacific.**

11. **Sharing of relevant and appropriate policies, tools and networks: Members agree to share resources, information and examples of resilience and innovation relating to programs and strategies that are currently impactful in their Pacific context.**

With International Year of the Nurse and the Midwife fast approaching in 2020, these events held at UTS have highlighted the commitment and support of CNMOs and senior leaders in health from the region, SPCNMOA and WHO CC UTS to producing the first-ever State of the World's Nursing Report and to the strengthening and development of nursing and midwifery in the Pacific region.

Photos from the Pacific CNMOs Data Workshop for SOWN Report, held at UTS 18-20 September 2019

Media Coverage

WHO CC UTS Regional Update   October 2019

With 2020 declared as the World Health Organization (WHO) International Year of the Nurse and Midwife, the profile of nurses and midwives is being recognised, measured and celebrated. Making up over half of the world's health workforce, nurses and midwives are vital in the achievement of Universal Health Coverage (UHC).

As we enter this exciting time for the visibility of nurses and midwives and their work across the globe, the WHO is preparing a global report on the State of the World's Nursing (SoWN) to provide a technical description of the nursing workforce in member states. WHO CC UTS is playing a role in the collection of data in the Pacific region for this report and are integral players in supporting nurses and midwives in education and their ongoing professional development. As part of this work WHO CC UTS recently hosted Chief Nursing and Midwifery Officers (CNMOs) from 14 Pacific countries for a three day event collecting data for SoWN and to discuss common regional issues and key challenges facing nurses and midwives across the Pacific.

The important role of nurses and midwives was highlighted by Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the International Council of Nurses (ICN) 2019 Congress, who proposed *"that every country bring one nurse and one midwife to the World Health Assembly"* (WHA) 2020 and, in conjunction with ICN and Nursing Now!, announced WHO is establishing a global annual recognition award for nurses and midwives.

The WHO CC UTS forms part of an international collaborative network that assists and undertakes projects in support of the WHO's program at national, regional and international levels, championing the roles of nurses and midwives around the world. WHO CC UTS is proud to support these WHO initiatives.

This update links to relevant publications and documents of the WHO CC UTS, please also visit our website for current information. You can also reach us at whocc@uts.edu.au. For more information on the South Pacific Chief Nursing and Midwifery Officers' Alliance (SPCNMOA) click here.

UN General Assembly on Universal Health Coverage

"We strongly support the return of Item#23 in the UN #UHC declaration which expresses concern for global shortfalls of health workers, primarily in low and middle-income countries"

An amazing moment last week 23rd September as world leaders at #UNGA adopted the first @UN Political Declaration on #UniversalHealthCoverage and committed to strengthening and investing in #PrimaryHealthCare #HealthForAll. See out blog on the Nursing Now webpage here.

Read more

State of the World's Nursing Report

WHO, in conjunction with all member states, is working to produce the first-ever State of the World's Nursing (SoWN) report. This report will deliver a global snapshot of the nursing workforce, providing valuable evidence from data collected.

The WHO SoWN report will be launched on World Health Day in 2020, in line with the International Year of the Nurse and Midwife, and prior to the WHO 73rd World Health Assembly. This milestone document will provide a technical description of the nursing workforce in member states around the world to inform policy dialogue on strengthening nursing and accelerating progress across the Sustainable Development Goals (SDGs) and UHC.

The WHO CC UTS is assisting with the collection of complex SoWN data across Pacific Island member states where nurses and midwives constitute approximately 78% of the health workforce.

To support this work, WHO CC UTS hosted 14 Pacific Island CNMOs at UTS to collect and collate data and discuss the common regional issues and key challenges facing nurses and midwives across their nations. The objective was to increase the capacity of data literacy needs, bolster nursing and midwifery networks across the region and compile data from the Pacific countries for the SoWN report.

Read more here and here

Climate Change, health and resilience in the Pacific

To mark the one-day global strike that took place on 20 September, WHO CC UTS and the Institute for Sustainable Futures (ISF) at UTS hosted a reception showcasing their research in supporting Pacific Island countries to build their resilience to climate change.

The reception provided a forum for UTS to show senior Pacific health leaders our support in effective response to climate change. Speakers at the event included Ms Verity Firth (Executive Director - Social Justice, Centre for Social

Justice and Inclusion UTS), Ms Alaita Taulima (Head Public Health, Tuvalu), Ms Helen Murdoch (Chief Nurse, Kiribati), Dr Amelia Afuha'amango (Chief Nurse, Tonga), Prof Stuart White (Director, ISF) and Ms Michele Rumsey (Director, WHO CC UTS).

Read more

Improving Health Workforce Management for Universal Health Coverage

June 24-26, Manila, The Philippines.
The WHO Western Pacific Regional Office (WHO WPRO) held this *Meeting on Improving Health Workforce Management for Universal Health Coverage (UHC)* in Manila, Philippines.
WHO CC UTS Director

Michele Rumsey represented the Centre at the meeting. The primary focus was on health workforce data in the Western Pacific Region (WPR) - collection, availability and country-specific use - to support moving towards UHC. This requires sufficient and motivated health workers with the correct competencies to meet the health workforce needs. Gaps continue to persist in availability, capacity and performance of current health workers despite a concerted effort to address these regionally. Read more

International Council of Nurses (ICN) Congress 2019

June 27-July 1, Singapore.
Thousands of nurses from around the globe gathered at the ICN Congress, hosted by the Singapore Nurses Association. Dr Tedros Adhanom Ghebreyesus, WHO Director-General was a surprise addition *(see photo)*, reiterating his support for health workers in their vital role towards achieving UHC: *"We simply cannot achieve universal health coverage and the health-related targets in the Sustainable Development Goals unless we empower and equip nurses and midwives, and harness their power".*

Read more

WHO Western Pacific Region Partners' Forum

WHO CC UTS, like many of our partners and stakeholders, was involved in the Western Pacific Region (WPR) online Partners' Forum held 1-3 July 2019. WHO WPRO hosted the event, the first of its kind, on an online platform. The forum brought together Member States, WHO staff, partners and stakeholders from the entire Western Pacific region for consultation on the WPRO White Paper , the four highlighted thematic priorities (Health security including AMR, NCDs and Ageing, Climate change and environment and the Unfinished Agenda) and the operational shifts required to achieve them. Read more

Health Professional Education Reforms in Transition Economy Countries

July 23-25, Shanghai, China. WHO CC UTS Director Michele Rumsey represented the WHO CC UTS at the *Third Meeting on Health Professional Education Reforms in Transition Economy Countries* in the capacity of Temporary Adviser for WHO Western Pacific Regional Office (WPRO). The meeting focused on strengthening the education and training of health workers to deliver UHC for a strong foundation of primary health care (PHC) to build a strong health system. Areas highlighted included updating curricula and training methodologies alongside enhanced measures to effectively manage this knowledge to improve the competencies and skill mix of PHC workers. It was emphasised that countries require strong regulatory environments to ensure the quality and safety of health services. Read more

Provision of support to Vanuatu College of Nursing Education

Vanuatu In-Country visits July - August 2019
The team of educational experts from the WHO CC UTS including Ms Lisa Townsend and Dr Caroline Havery are continuing their work in Vanuatu to facilitate the development and implementation of the Bachelor of Nursing (Conversion) and the proposed three year Bachelor of Nursing degree (to be implemented from 2021). These visits combined teaching and learning for the current students studying the BN (Conv) with meetings, monitoring & evaluation (M&E) and curriculum development. Ms Amanda Neill undertook data collection for project M&E, meeting with and interviewing a variety of key stakeholders. Read more here and here

Picture: Vanuatu BN Curriculum Development Steering Committee Members - Roger Jerpau, Jerral Joseph, John Tasserei, Evelyne Emile, Leipakoa Matariki, Juliann Arcu, Bertha Tarileo and Dr Caroline Havery and Lisa Townsend from WHO CC UTS.
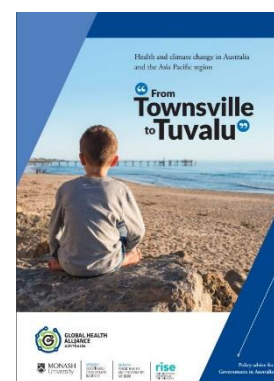
Documents

WPRO White Paper

Download White Paper

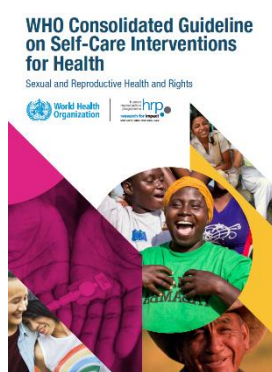**Western Pacific Region Partners' Forum**

Summary Report

Surveillance of Antibiotic Consumption

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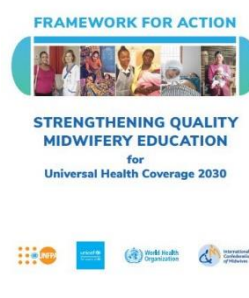**Health and climate change in Australia and the Asia Pacific Region**

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WHO Consolidated Guideline on Self-Care Interventions for Health: sexual and reproductive health and rights
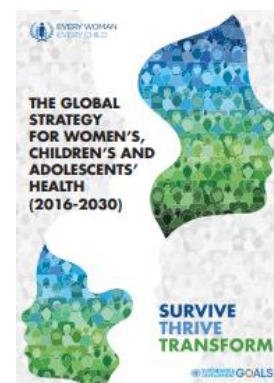
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State of the World's Nursing Report

More Information

Strengthening quality midwifery education for UHC

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Global strategy for womens', childrens' and adolescents' health (2016-2030)

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Publications

1. Nurses and Midwives are key to Universal Health Coverage Read more
2. Nightingale Challenge Nursing Now! Read more
3. Global Network WHO CC and WHO Resources and Publications.
4. Nurses and Midwives are key to Universal Health Coverage Read more
5. The Lancet - SRHR: unmet needs and unfinished agendas Read more
6. Global Network of WHO Collaborating Centres for Nursing and Midwifery: June Links Magazine 2019 Read more
7. Western Pacific Region White Paper Read more
8. The Lancet: Investing in sexual and reproductive health and rights of women and girls to reach HIV and UHC goals Read more WHO Maternal mortality Fact Sheet Read more
9. Consolidated Guideline on Self-Care interventions for Health: sexual and reproductive health and rights Read more
10. Strengthening Quality Midwifery Education for Universal Health Coverage 2030 Read more
11. The Global Strategy for Women's, Children's and Adolescent's Health (2016-2030) Read more
12. Global strategic directions for strengthening nursing and midwifery (2016-2030) Read more
13. The State of the World's Nursing report Read more
14. WHO Report on Surveillance of Antibiotic Consumption Read more

Events

1. **7th – 11th October** - WHO Regional Committee for the Western Pacific, Manila Philippines
2. **30-31 October 2019** - CNA (NZ) Health Policy Workshop, Wellington New Zealand
3. **12-13 November** - The Asia Pacific Emergency and Disaster Nursing Network (APEDNN) 2019, Hong Kong
4. **16th – 20th November** - Sigma Nursing 45th Biennial Convention, Washington, DC, USA
5. **28th – 29th November** - Face to face meeting for all Australian and New Zealand-based WHO Collaborating Centres – Global Health Alliance, Melbourne, Australia
6. **9th – 12th December 2019** - WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health, Muscat, Oman
7. **28 January - 2 February 2020** Prince Mahidol Award Conference (PMAC) | UHC Forum, Thailand
8. **26th – 28th March 2020** - The Nursing Education Research Conference (NERC), *Transforming Nursing Education Through Evidence Generation and Translation,* Washington, D.C, USA
9. **April 7 2020** - World Health Day and launch of the State of the World's Nursing report
10. **12th May 2020** - International Nurses Day
11. **May 2020** - WHO Government Chief Nursing and Midwifery Officers' Forum
12. **18-23 May 2020** - 73rd World Health Assembly, Geneva
13. **16th – 18th June 2020** - GNWHOCC 13th Biennial Conference, Chiang Mai
14. **21st – 25th June 2020** - ICM 32nd Triennial Congress, Bali, Indonesia
15. **30th August – 2nd September 2020** - 11th ICN NP/APN Network Conference, Halifax, Canada
16. **October/November 2020** – SPNF and SPCNMOA Biennial Meeting

Attendance

Country	CNMO	Organisation	Attendance
Australia	Deborah Thoms	Department of Health	Yes
Cook Islands	Mary Kata	Ministry of Health	No
Fiji	Margaret Leong	Ministry of Health	Yes
Kiribati	Helen Murdoch	Ministry of Health and Medical Services	Yes
Nauru	Moralene Capelle	Republic of Nauru Hospital	Yes
New Zealand	Jane O'Malley	Advisory Board	Yes
New Zealand	Margareth Broodkorn	Ministry of Health	Via Zoom
Niue	Puasina Tatui	Ministry of Health	Yes
PNG	Thelma Ali	National Department of Health	Yes
PNG	Mary Kililo Samor	National Department of Health	Yes
Samoa	Fuatai Maiava	National University of Samoa	Yes
Solomon Islands	Michael Larui	Ministry of Health and Medical Services	Yes
Tokelau	Asena Kauyaca	CN Nukunono Hospital	No
Tonga	Amelia Afuha'amango	Ministry of Health	Yes
Tuvalu	Alaita Taulima	Public Health Unit	Yes
Tuvalu	Filoiala Sakaio	Princess Margaret Hospital	No
Vanuatu	Bertha Tarileo	Ministry of Health	Yes

Country	CNMO	Organisation	Attendance
Guam	Teofila Cruz	APNLC	No
American Samoa	Lele Ah Mu	APNLC	No
Palau	Antonnette Merur	Belau National Hospital	Yes
FSM	Louisa Helgenberger Carter Apaisam	Majuro Hospital at Ministry of Health FSM National Department of Health and Social Affairs Immunization Program Manager and Chairman of FSM Nursing Board.	Yes
Marshall Islands	Hillia Langrine	Ministry of Health	No
French Polynesia	Daniel Ponia		No
New Caledonia	Michele Lessard		No

CONTRIBUTORS/SPEAKERS

- Angela Dawson
- Joanne Lewis
- Michael Roche
- Michele Rumsey
- Lisa Townsend

- Natalie Govind
- Jill White
- Anthony Cook
- Amanda Neill
- WHO CC UTS staff and interns