



LINKS

NURSING & MIDWIFERY



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Collaborating Centres for Nursing and Midwifery



UTS

UNIVERSITY
OF TECHNOLOGY
SYDNEY



Ms Agnes Bauro Nikuata, 2011 Kiribati Fellow from WHO CCNMH UTS Pacific Leadership Program. Ms Nikuata is now a WHO WPRO member of staff.

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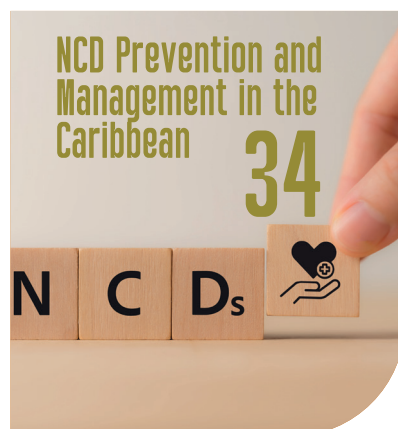
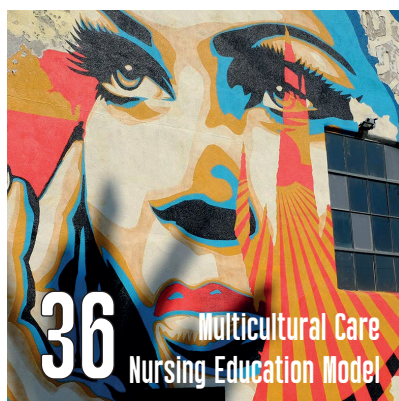
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The WHO Collaborating Centre for Nursing, Midwifery and Health Development at UTS would also like to express our heartfelt gratitude to Professor Debra Anderson as she steps down from UTS.

Her leadership, vision, and unwavering commitment to strengthening nursing and midwifery have shaped not only the work of our Centre, but the broader regional and global community. Debra's guidance, advocacy, and steadfast support have been instrumental to the success of the Secretariat and to the many initiatives highlighted throughout this volume. On behalf of the entire WHO CCNMH UTS team, we extend our deepest thanks and warmest wishes as she enters this next chapter.

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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 CCNM UTS) will support 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.

We look forward to working closely with all Nursing and Midwifery Collaborating Centres globally throughout our tenure as Secretariat to support and accelerate strategic collaboration in partnership. Please do not hesitate to contact us if you have any queries, comments, recommendations, or input to the magazine.

We look forward to hearing from you.
Thank you! - WHO CCNM UTS Secretariat

MEET the SECRETARIAT



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Editorial

Welcome to Volume 20 of LINKS Magazine

It is our pleasure to welcome you to Volume 20 of LINKS Magazine, a special edition dedicated to celebrating the work of the WHO Collaborating Centres for Nursing and Midwifery in the Western Pacific Region (WPRO). As Secretariat, we at the WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney, are proud to highlight the outstanding contributions of our regional partners who continue to drive innovation, equity, and excellence across diverse health systems.

This edition showcases the collective strength of nursing and midwifery leadership throughout the Western Pacific. From advancing education and regulation to shaping health policy and strengthening workforce resilience, our Collaborating Centres play a pivotal role in achieving the goals of Universal Health Coverage and the Sustainable Development Goals. The stories and reflections featured in this issue demonstrate the power of regional collaboration and the shared vision to improve health outcomes through strong, evidence-based nursing and midwifery practice.

In the wake of recent public health challenges, the lessons learned from our region continue to inform global practice. This volume highlights the creativity, adaptability, and leadership that define nursing and midwifery in the Western Pacific, spanning large and small island nations, metropolitan hubs, and remote communities alike. It also underscores our commitment to partnership and mutual learning within and beyond our region.

In 2025, our Network continued to strengthen through several key engagements. In June, the GNWHOCNM meeting held alongside the ICN Congress in Helsinki brought together WHO Collaborating Centres and global partners to share progress, align priorities, and reflect on the WHO Strategic Directions for Nursing and Midwifery worldwide. Later in the year, the 5th WHOCC Regional Forum for WPRO was held in Manila and provided an important opportunity to reconnect with our regional Collaborating Centres to discuss current and emerging needs across the Western Pacific. Additionally this year, our Centre has undertaken a considerable volume of technical work through the Strengthening Health Workforce in the Pacific (SHWP) program, highlighted in this edition (see poster on page 19).

As we enter the final term of our Secretariat, we remain deeply grateful for the strong partnerships, trust, and collaboration that have characterised our tenure. We look forward to gathering again in June 2026 for the official handover to Mahidol University as the incoming Secretariat, confident in the continued growth and impact of the Network.

We extend our gratitude to every Collaborating Centre, partner, and contributor for your continued engagement and commitment. Your work exemplifies the values of collaboration, innovation, and advocacy that underpin our Network's mission to strengthen health systems and achieve Health for All through nursing and midwifery excellence.

With appreciation and warm regards,

Professor Debra Anderson

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

Director, WHO CC for Nursing and
Midwifery Development

Dean, Faculty of Health,
University of Technology Sydney

*a special thank you,
Tasmin - good luck
for the future*



GNWHOCCNM 2022-2026

Global Network of WHO Collaborating Centres for Nursing and Midwifery

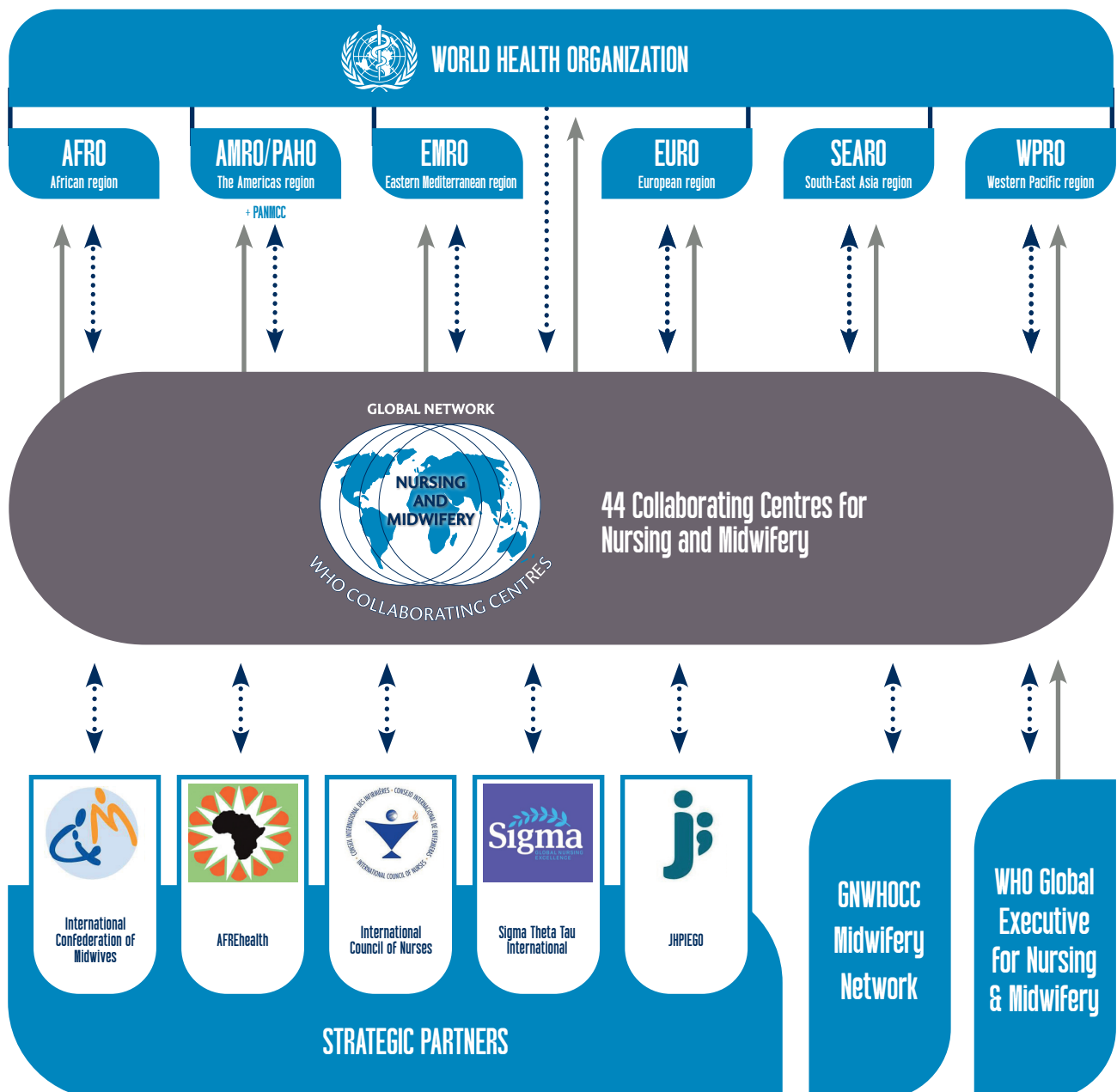
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) was first formed between 1987-1988. It is an independent, international, not-for-profit, voluntary organization comprising WHO CCs across all six WHO Regions. For 35 years, the network has worked to strengthen and promote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

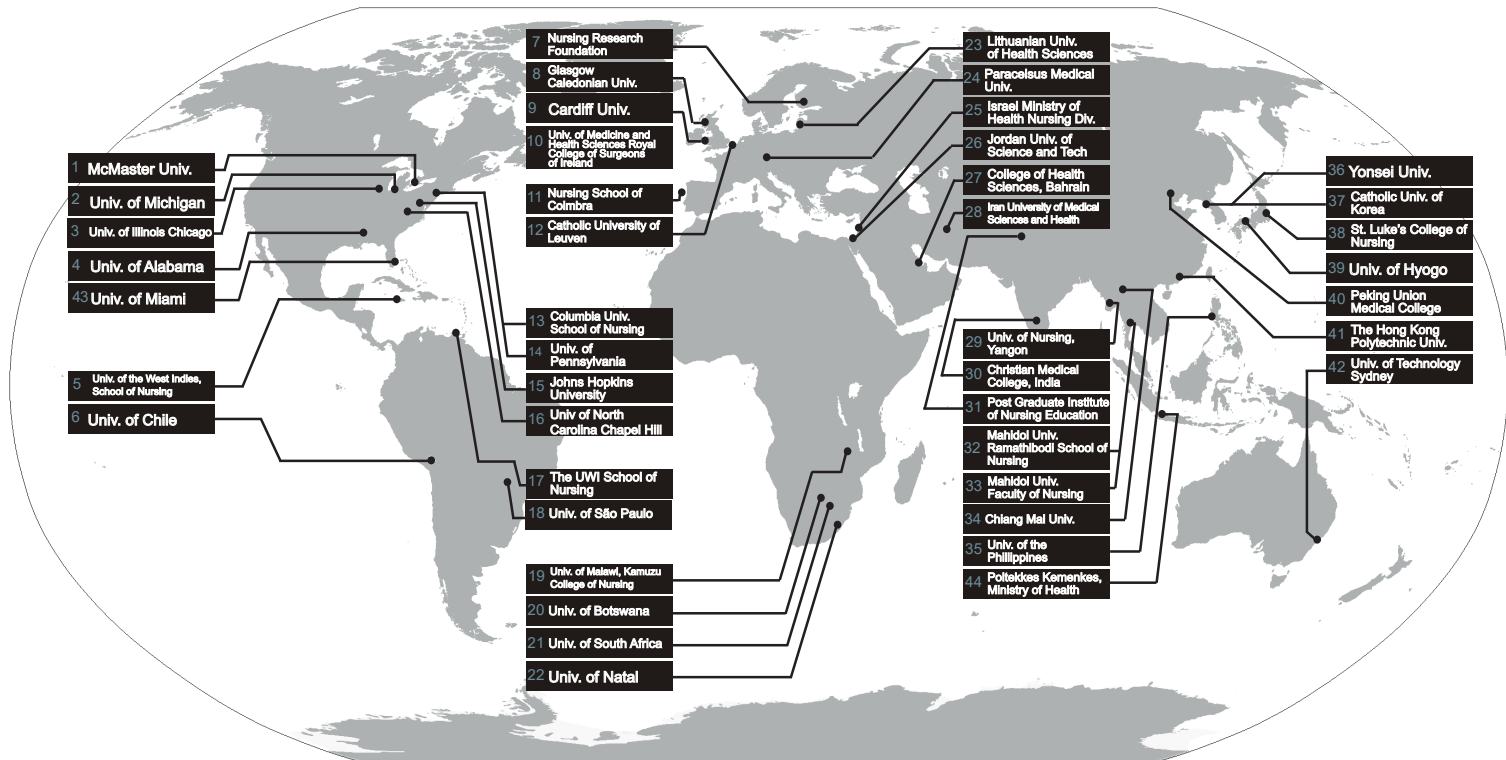
The relationship of the GNWHOCCNM with WHO, WHO Regional Offices, and key strategic partners is illustrated below:





Global Network of WHO Collaborating Centers

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



1. McMaster University, Hamilton, Canada (CAN39)
2. University of Michigan, School of Nursing, Office of International Affairs, Ann Arbor, USA (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, Myanmar, 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)

Weaving Health Together: Strengthening Nursing and Midwifery Leadership for Health Systems Transformation in the Western Pacific Region



Ms Midori Akimoto

Edited by Prof Michele Rumsey with insight from Ms Midori Akimoto, Nursing Officer, Division of Health Policy and Service Design, World Health Organization Regional Office for the Western Pacific (WPRO)

Global Insights — Reflections from SoWN 2025

The State of the World's Nursing 2025 (SoWN 2025) report, released in May 2025, provides an updated analysis of the global nursing workforce based on standardized data from 197 countries. It highlights the urgent need for stronger policies on education, employment, regulation, and leadership to enhance the contribution of nurses to resilient and equitable health systems.

The Western Pacific Region (WPRO) is home to an estimated 9 million nurses - about 30% of the global total, and more than half of its own health workforce. Nurses and midwives are often the first, and sometimes the only, point of contact for care. Yet, challenges such as workforce maldistribution, educational and regulatory disparities, and migration pressures continue to affect the Region, directly impacting how health systems perform and respond.

Regional Action — From Framework to Collaboration

To respond to these challenges, WPRO Member States and partners are working together to strengthen health workforce policies and systems.

In 2023, they adopted the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific, which promotes a people-centered approach grounded in primary health care (PHC) with five stated areas for action:

1. Adopting PHC-oriented health workforce policies
2. Strengthening health workforce stewardship
3. Producing and maintaining quality in the health workforce
4. Steering the private sector for public good
5. Managing distribution and productivity in the public sector.

The Framework also calls for better health workforce data and analytics to accelerate reforms towards Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Building on this direction, the Regional Nursing and Midwifery Forum, held in Manila in February 2024, brought together representatives from 24 countries.

“ Health is like
a fabric woven together
by families, communities, and
systems —and nurses
are among the threads that
hold it together. “

The Forum reaffirmed the vital role of nurses as active contributors to policy implementation and generated momentum for continued regional collaboration.

WPRO has sustained this momentum by supporting a regional learning and exchange platform, including 2025 webinars on using nursing workforce data, expanding Basic Emergency Care (BEC) training, and Power to Practice—enhancing the policy influence of nursing. During these webinars Member States showcased tangible policy efforts:

- Lao PDR highlighted data-driven workforce planning under its National Health Workforce Plan.
- Tonga reported its 10-year strategic plan, including the introduction of cost-of-living and overtime allowances, career pathway development, and newly-created specialist positions—all contributing to nurse retention.
- Vanuatu shared its work on continuing education and rural retention.
- Japan presented a collaborative model linking education, clinical practice, and community-based care.
- Papua New Guinea described how scaling up BEC training has enhanced frontline emergency response capacity.

Discussions highlighted the limited institutional mechanisms for nurses' engagement in policy development and emphasized the importance of multi-level leadership development, including opportunities for younger professionals.

Together, these diverse experiences and exchanges demonstrate collaborative policy efforts aimed at enabling nurses to fully exercise their expertise in pursuing UHC through a stronger, more connected nursing foundation within regional health systems.

Furthering cooperation, a Member State Consultation on the WHO Global Code of Practice on the International Recruitment of Health Personnel in October 2025 discussed strengthening implementation in the Western Pacific context.

In 2025, WHO Collaborating Centres in WPRO continued to demonstrate strong regional engagement through a series of significant events that advanced collaboration, knowledge exchange, and alignment with regional priorities. WHOCCs participated in the Global Network Meeting held alongside the ICN Congress in Helsinki in June, strengthening inter-regional dialogue and highlighting the vital role of nursing and midwifery in global health policy. Later in the year, the Fifth Regional WHOCC Forum, convened in Manila in November, reaffirmed WPRO's unique position as the only WHO region to regularly bring its Collaborating Centres together. The 2025 Forum gathered 122 WHOCCs (106 in person and 16 online) reflecting the breadth of expertise and commitment across the region. These engagements underscore the growing importance of coordinated regional platforms for shaping responsive, resilient, and future-oriented health systems.



Weaving Health — Nursing and Midwifery for the Future

The Region's 2024 vision, Weaving Health for Families, Communities and Societies, expresses a shared commitment to transforming diversity into strength.

Health is like a fabric woven together by families, communities, and systems—and nurses are among the threads that hold it together.

Through culturally grounded practice and community engagement, nurses and midwives build trust, bridge inequalities, and enhance social resilience.

Moving Forward — Partnering for the Future

The Western Pacific Region is at a pivotal moment—one of renewed opportunity to build stronger, more inclusive health systems by harnessing the full potential of nursing.

Continuing to link national experiences and nurture regional strengths allows us to weave a more resilient foundation for health and well-being.

This journey relies on the shared commitment of governments, academic and professional institutions, WHOCCs and the ongoing support of Ms Midori Akimoto, Regional Nursing Officer, Division of Health Policy and Service Design, WHO WPRO.

On behalf of all WPRO WHOCCs, we deeply appreciate these strong partnerships and look forward to continued collaboration so that nurses can help shape the future of health in our Region.

With the power of nursing and midwifery, let us build a Western Pacific Region that is fairer, stronger, and more compassionate—weaving the future of health, together.



A midwife's impact lasts for life

They provide essential support to women and families through pregnancy, birth and those precious first moments

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.

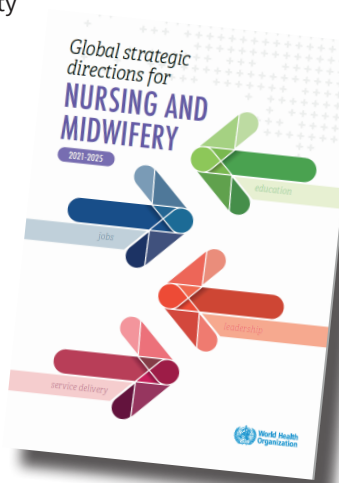
Service Delivery Priorities

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.

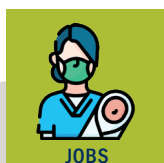
Jobs Priorities

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**



“Primary HealthCare goes beyond treating diseases; it promotes overall health & well-being for all. It’s the most inclusive & cost-effective path to UHC.”

- Dr Saia Ma'u Piukala,
WHO Regional Director for Western Pacific



WHO Western Pacific 76th Regional Committee Meeting

– A call for nursing integration

WHO Collaborating Centre for Nursing and Midwifery UTS,
30 Oct 2025

Returning to the Pacific after a decade, the WHO Western Pacific 76th Regional Committee Meeting (RCM76) was hosted in Nadi, Fiji between 20 to 24 October 2025.

The week-long meeting saw regional and global health leaders from 38 countries and territories come together, with a commitment to act on four key priority areas affecting over 2 billion people in the region: they are



- **Climate Change**
and associated health risks,
- **Health Security,**
- **Alcohol use, and**
- **Oral health.**

This year, the WHO Collaborating Centre for Nursing, Midwifery and Health Development at UTS (WHO CCNMH UTS) was honoured to attend. As Professor Michele Rumsey noted, “We were the only nursing and midwifery university in attendance... it is extremely important that the nursing and midwifery workforce is represented at the highest levels of regional decision making as they play a pivotal role in regional health policy and implementation”.

The momentous endorsement of the Implementation of the Global Action Plan on Climate Change and Health in the Western Pacific Region was a definite highlight, as WPRO Regional Director Dr. Saia Ma'u Piukala emphasized how “Rising temperatures... have tested the resilience of our cities, islands, and communities.”

Amongst the many milestones at this significant RCM was the endorsement of an implementation plan for the 2024 amendments to the International Health Regulations (2005) (IHR), alongside the WHO Pandemic agreement, aimed at strengthening health security.

During this session, Fiji Nursing Association President Miliakere Nasorovakawalu gave a powerful address representing the International Council of Nurses. She commended and endorsed the implementation plans, as a “coordinated, equity-driven, global health security framework”, while strongly calling for better integration of nursing workforce and leaders in preparation of global and regional resources, plans, and frameworks, “a future-ready health security system must place nurses at the decision-making table—not only on the front lines.”

Nurses make up 86% of the health workforce in the region and are at the heart of successful implementation of action plans for all the priority issues discussed at RCM76. President Miliakere also called for support in funding and safety for the nursing workforce; and investments to nursing education and retention in the region, for successful implementation of the plans.

As summarised by WHO Director General Dr. Tedros Adhanom Ghebreyesus in his opening address, “there are successes to celebrate and challenges to confront”, and the region is stronger together. This 76th Regional Committee Meeting has given us much to be proud of as a region, while providing an opportunity to address gaps and under-prioritized challenges in the region’s journey towards achieving health for all.

“a future-ready health security system must place nurses at the decision-making table—not only on the front lines.”

Fiji Nursing Association President
Miliakere Nasorovakawalu



The principles of successful cross-cultural partnership working

The Principles of Partnership guide is an adaptable, working approach for best practice to aid organisations in building genuine and mutual participation in research and health development programs in Pacific Island Countries. It outlines the rationale for working in partnership and presents the underlying principles that guide this approach for individual projects, programs and research.

The approach is based on a body of evidence and publications built through many years of successful collaboration and partnership-working between an alliance of Chief Nurses in the South Pacific (the South Pacific Chief Nursing and Midwifery Officers Alliance, SPCNMOA), and the WHO Collaborating Centre for Nursing, Midwifery and Health Development at University of Technology Sydney (WHO CCNMH UTS). For example, SPCNMOA has recently been mentioned in the

“Progress towards the Healthy Islands Vision after 30 years”



progress report reviewing the progress made across Pacific Island Countries over the last three decades, highlighting key achievements in health development.

“Regional solidarity has been a defining strength, as can be seen with the establishment of networks such as SPCNMOA” (pg.14).

Despite coming from different cultural backgrounds, we have successfully worked together for over 20 years on programs which have significantly enhanced the health of Pacific populations. These programs have spanned the four priority areas of the Global Strategic Directions for Nursing and Midwifery 2021-2025. They include workforce planning and strengthening, curricula for educating nurses, midwives and the educators who train new generations of health professionals, reviewing and enhancement of professional regulatory systems, and our innovative [Pacific Leadership Program](#).

Together, the SPCNMOA and WHO CCNMH UTS have developed a specific PARcific methodology for research and international development projects, bringing together Pacific ways of knowing and being with the community-based Participatory Action Research (PAR) which emphasises shared power and reciprocity. Our long-term experience of successful cross-cultural collaboration allowed the codesign and iterative development of the Principles of Partnership document. This methodology incorporates the collaborative Kakala teaching and learning tradition, for sharing skills to pass on to future generations, and the Talanoa and Mo’oni traditions of dialogue for sharing ideas, discussing issues, gathering information and reaching decisions. Both traditions focus on building relationships to reach collective solutions to problems.

This is important as traditional Western approaches to health research and development can overlook the expertise of local communities and fail to acknowledge the complexity and diversity of Pacific societies and the deep values that underpin them. Successful cross-cultural partnership working should be based on trust and establishing relationships; they should reflect the values and traditions of communities by co-designing programs together with community leaders to ensure they are meaningful and relevant in local contexts. This approach takes time, but time is an essential ingredient for building and sustaining relationships and developing trust and respect, which, in turn, are essential for sustainable change.

The PARcific approach aims to address power imbalances, ensuring that Pacific voices are effectively heard, and that program outcomes are sustainable and relevant. Professor Michele Rumsey, Director of WHO CCNMH UTS, stresses how important it is to learn cultural humility, investing time to work alongside colleagues to understand local cultures and context. “At every stage of a project, it is the needs of our partners that come first. We are always guided by them.”

One of the main aims of the SPCNMOA and WHO CCNMH UTS partnership is to bring about sustainable change, for example, developing a regional approach to policy and practice in regulation, nursing and midwifery education, program accreditation, and workforce management through a range of projects across the Pacific (see poster on page 19). Sustainability relies on engaging key stakeholders, not only leaders and decision-makers, but also the people expected to implement the recommended changes. The Principles of Partnership document outlines strategies for working with stakeholders and partners to create policies and programs to enhance health outcomes throughout the Pacific region.

All joint programs are underpinned by the following principles of partnership:

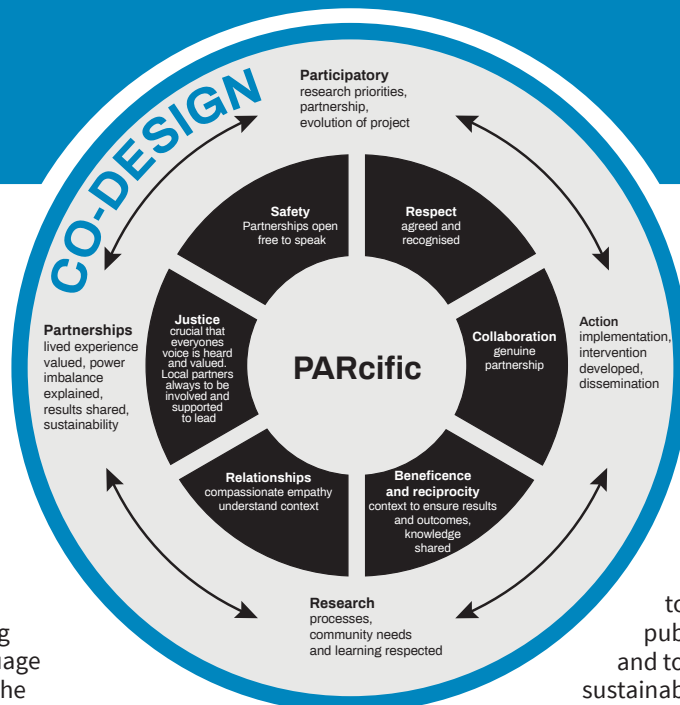
• **Safety** –

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

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

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

• **Beneficence and reciprocity** – Collaboration is grounded in relationships that have been developed over time to enable generous, fruitful exchange of ideas, information, trust, loyalty and goodwill throughout the project process. Genuine co-design, reciprocity and sharing of knowledge enables mutual learning and ownership of the results and outcomes. Program partners must acknowledge participants as equal partners and embrace reciprocity which is achieved by participant involvement in all phases of the process from design to dissemination. Throughout research projects, partners ensure that participants receive something of value in return for their time and knowledge. Researchers must be helpful, generous, positive, warm and kind. This involves flexibility and openness to engaging in participants' activities beyond what might be considered relevant to the research project by the researchers. It is the researchers' duty



to ensure participants feel, and know, that their contribution is meaningful and worthwhile.

• **Justice** - Everyone's voice is heard and valued, and local partners should always be involved in design and supported to lead

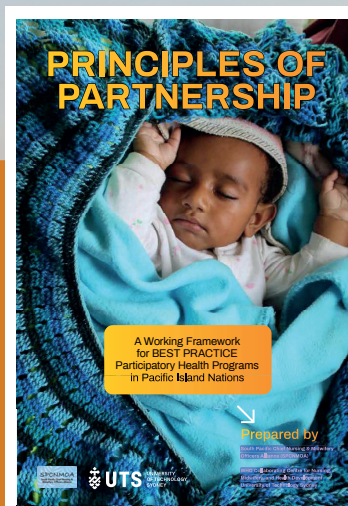
from the outset. All team members have opportunity to work jointly on project publications, to build evidence and to ensure results are ethical, sustainable and relevant to local and national needs. This ensures that research

is not carried out on communities but rather with them, that participants are involved from the outset, that they have influence over the direction of the programs and that the emphasis is on sustainable outputs which inform and benefit all participants.

• **Relationships** – Compassion, empathy, and showing appreciation for the context in which a project is carried out are foundational to relationships and to genuine response to questions. Program partners acknowledge that they are committing to an ongoing relationship which requires collaboration and continued engagement. In research projects, researchers are generous of spirit and forthcoming with information about themselves in order to develop a relationship of mutual trust and respect with participants. In Pacific culture, good relationships are the foundation upon which everything else is built.

These principles should be at the forefront of all stages of a research or development project or program, from formulating key research questions through data collection and analysis, to evaluation and dissemination of the results. Although designed for health research and partnerships in the Pacific, the Principles of Partnership framework could be applied or adapted to cross-cultural research in other geographical settings or research fields.

The Principles of Partnership document is available online here.



International nurse migration: Implications for the New Zealand Nursing Workforce

By James Buchan

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



Adjunct Professor James Buchan worked with colleagues at The Nursing Council of New Zealand | Te Kaunihera Tapuhi o Aotearoa to develop and host a forum focused on the nurse workforce profile in New Zealand, and to assess international flows of nurses to- and from- the country.

The forum brought together representatives from a wide range of government and professional organisations, to gain perspectives from system stakeholders, to enhance understanding of international nurse mobility patterns, and consider the future impacts.

The report of the forum has now been published. It examines the recent trends and the scale and policy implications of international nurse mobility. It covers a period when there were marked increases in the flows of internationally qualified nurses (IQNs) to and from New Zealand.

This report highlights that, for a time at least, New Zealand has been a 'stepping stone' country. Some nurses moving, or applying to move, to New Zealand have the intention of moving on to Australia, enabled by the Trans-Tasman Mutual Recognition Act 1997 (TTMRA) and driven by the potential for higher nurse earnings in Australia.

New Zealand had the second highest reported proportion of foreign trained nurses in OECD reporting countries, at almost one in three (29.9%), which was three times higher than the average reported across OECD countries (8.7%). New Zealand's recent nursing registration data showed significant increases in IQN applications to register in New Zealand after the borders opened post-COVID, peaking in late 2023, with domestic graduates increasing at a much lower pace.

India and the Philippines have been the top two source countries of IQNs with around half of these nurses having worked in the United Kingdom and Ireland before being registered in New Zealand.

There has also been a large numbers of requests from these IQNs after New Zealand registration, for 'verification of good standing' to register in Australia through the TTMRA.

The report concludes by setting out policy implications and recommendations for future work. It highlights that while nurse workforce employment and mobility may be issues of primary policy concern to government health

agencies, health regulators and health sector employers, there are also policy connections to other government functions (notably immigration, trade, finance, education and employment).

Several areas of work are identified to address the policy implications emerging from the analysis for the report:

- Improving data and analysis of international nurse flows to and from New Zealand to include greater emphasis on analysis by gender, and on unregulated/undocumented nurse mobility.
- Improving the understanding of the drivers and enablers of New Zealand as a stepping stone country for international nurses, with comparative assessment of other countries.
- Improving analysis and understanding of the impact of different modes of international recruitment, the role of intermediary recruitment agencies and differentiation of active recruitment as part of the process of WHO Code compliance.
- Working with other stakeholders (including diaspora associations, educators, regulators and employers) to support effective and ethical integration of internationally recruited nurses.
- Commissioning case studies highlighting and evaluating system-level approaches to achieving and tracking health workforce sustainability.



A mother with her child after receiving her immunization at Yalobi Nursing Station, a maritime health facility on Waya Island in Fiji.

WHO supports capacity-building of health workers so that they can deliver health services to all - even in the most remote and isolated villages.

READ "Going the extra mile to deliver vaccines in Fiji"





FoodWISE: Towards Food and Water Security in the Asia Pacific

The 2025 FoodWISE Asia Pacific Regional Meeting on Food and Water Security was held at the University of Technology Sydney (UTS) between September 17-19. Co-convened by Professor Jacqui Webster, (WHO Collaborating Centre of Nursing, Midwifery, and Health Development UTS), Professor Greg Leslie (UNSW Global Water Institute) and Professor Sera Young (Northwestern University), the meeting marked a pivotal step in addressing rising food and water insecurity - challenges compounded by climate change and worsening health outcomes across the region.

The event launched the FoodWISE Asia-Pacific Network, a collaborative platform to exchange tools, case studies and expertise, and to drive policy change. Central to discussions were the Water InSecurity

Experiences (WISE) scales, which can support local and national surveillance, inform policies, guide targeted interventions to build more resilient food and water systems.

More than 50 delegates from 15 countries – including policy makers, practitioners and researchers – developed actionable recommendations to scale up tools like WISE and embed them into policy design, program evaluation and community-led advocacy. Thematic sessions showcased

practical applications, with insights from Australian Aboriginal communities and regional experiences from Indonesia, Fiji and Timor Leste.

The meeting strengthened regional partnerships and cross-sector collaboration, positioning the FoodWISE Network as a catalyst for sustainable inclusive solutions to food and water security – critical determinants of health and wellbeing.

“Addressing food and water security is not just a development issue, it is a health imperative,”

said Professor Jacqui Webster. “For nurses and midwives in the Pacific, these challenges are deeply connected to maternal and child health, nutrition and climate resilience. Prioritizing food and water security means strengthening health systems and empowering frontline health workers to lead change”.

“Prioritizing food and water security means strengthening health systems and empowering frontline health workers to lead change”



STRENGTHENING HEALTH WORKFORCE IN THE PACIFIC

BACKGROUND

WHO CCNM UTS manages the Strengthening Health Workforce in the Pacific (SHWP) Program, with regional partners:

- South Pacific Chief Nursing & Midwifery Officers Alliance (SPCNMOA)
- The Pacific Community (SPC)
- Australian Nursing & Midwifery Accreditation Council

The SHWP program aims to strengthen healthcare systems by improving nursing and midwifery leadership, education, regulation, standards and practice across the Pacific region. This will help build a sustainable and resilient health workforce, and support quality healthcare services and an effective response to public health emergencies and disasters.

SHWP aligns strongly with the WHO Strategic Directions for Nursing and Midwifery¹, the 2025 State of the World's Nursing² report and the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific³.

SHWP builds on WHO CCNM UTS' strong regional partnerships to improve access to quality health care. Long-standing partner, SPCNMOA identified an urgent need for a new framework for regional professional practice standards and accreditation for nurses and midwives, endorsed by Pacific Health Ministers.

The program is working with partners in 13 Pacific Island Countries (PICs - shown on map).



SHWP OBJECTIVES

Five areas of work and program outcomes are integrated as shown.

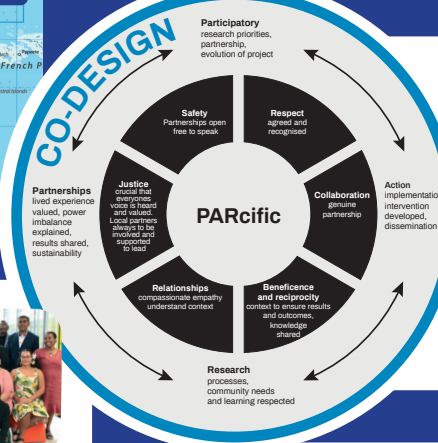
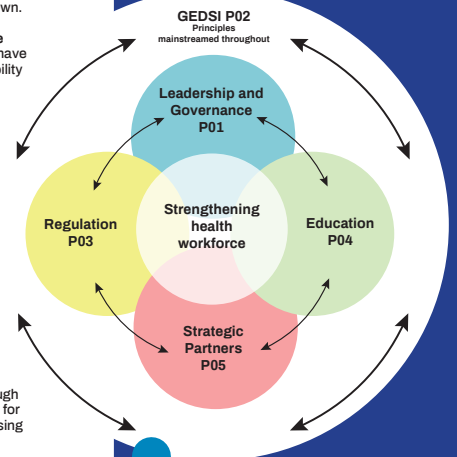
1. Leadership and Governance
Nursing and midwifery leaders have stronger leadership skills/capability for more effective and inclusive health governance, policy development and management.

2. Gender equality and disability inclusion
Equity, inclusion and rights are mainstreamed into nursing and midwifery education, leadership, regulation, standards of practice in the region.

3. Regulation
Regulation is strengthened to increase the quality and effectiveness of the health workforce in the Pacific.

4. Education
Education is strengthened through regional competency standards for foundational and advanced nursing and midwifery education and practice.

5. Sustainability
Health partnerships are established to ensure program sustainability, relevance, value, appropriateness, efficiency and responsiveness.



CO-DESIGN APPROACH

The SHWP program follows our Principles of Partnership⁴ framework for best practice in participatory health programs in Pacific Island countries.

The PARcific methodology was developed by local leaders supported by WHO CCNM UTS and SPCNMOA. It blends traditional Pacific knowledge and the Western model of Participatory Action Research.

RESOURCES UNDER DEVELOPMENT

- Regional registration guidelines and standards, including processes for overseas trained nurses and midwives, and annual renewal.
- Templates for digital registration database.
- Regional competency standards in plain language.
- Regional accreditation standards for nursing and midwifery educational programs.
- Curriculum guidelines and standards.
- Regional draft legislation.
- Basic psychosocial course for health professionals.
- Regional processes for handling complaints and notifications.



2025 PLP Fellows & WHO CCNM UTS Team, Sydney March 2025



SHWP Taskforce & WHO CCNM UTS Team, Kiribati August 2025



SHWP Taskforce, Kiribati August 2025



Participants at SHWP Regulation Workshop, Tonga September 2025



SHWP Regulation Workshop Activities, Fiji August 2025

SHWP MONITORING

The MERL (Monitoring, Evaluation, Research and Learning) system is implemented to track, assess and improve the SHWP program's performance, based on a mutually agreed Program Logic that outlines aims, objectives, outcomes and outputs. MERL plans and activities are jointly designed and carried out with partners, through the principles of partnership, valuing local expertise. MERL data collection, analysis and reflection on findings inform ongoing planning and future program direction.

NEXT STEPS

- Further in-country visits and regulation workshops into 2026.
- Future Pacific Leadership Programs
- Communication strategies for nurses, government officials and the public about purpose of regulation.
- GEDSI education packages for health workers.
- Continued engagement with CNMOs, PLP Fellows, country taskforces.

Leadership

- 2024 Pacific Leadership Program (PLP): 26 Fellows (middle- and senior-level health leaders) from 13 target PICs, attended a two-week program in Sydney together with mentors, to build leadership skills, policy development, and governance capabilities.
- 2025 PLP: a further 26 Fellows from 13 PICs hosted in Sydney. Fellows continue working with Mentors to sustain individual professional development. 2025 Fellows have been instrumental in establishing SHWP taskforces, facilitating in-country workshops with key stakeholders and the WHO CCNM UTS team, and coordinating SHWP activities in their own countries.
- Strong formal and informal networks developed, both nationally and across the region.

Gender Equality, Disability, and Social Inclusion

- Comprehensive GEDSI Analysis and GEDSI Strategy highlighted issues for action, to guide and inform SHWP activities to achieve the program's development outcomes.
- Resources developed for awareness raising and mainstreaming GEDSI principles into current work practices of health workforce.

Regulation

- Regulatory frameworks and institutions reviewed across the 13 PICs - 'traffic light' rating system to determine policy priorities.
- Regional webinars conducted to introduce senior health leaders and health workers to regulatory frameworks and concepts.
- Workshops with key stakeholders in 6 PICs to explore professional regulation and determine priorities to strengthen registration, legislation, standards, accreditation and governance.

SHWP ACHIEVEMENTS TO DATE

REFERENCES

1. World Health Organization. Global strategic directions for nursing and midwifery 2021-2025. Geneva: WHO; 2021.
2. World Health Organization. State of the World's Nursing 2025: investing in education, jobs, leadership and service delivery. Geneva: WHO; 2025.
3. World Health Organization Western Pacific Region. DRAFT Regional Framework to Shape a Health Workforce for the Future of the Western Pacific. WPR/2018. Manila: WHO WPR; n.d.
4. WHO Collaborating Centre for Nursing Midwifery and Health Development UTS. Principles of Partnership. A Working Framework for Best-Practice Participatory Health Programs in Pacific Island Nations. Sydney: WHO CCNM UTS; 2025.



By Angela YM Leung
PhD, MHA, BN, RN, APN, FHKAN
(Gerontology), FHKAN (Education /
Research)



Ivy Yan Zhao
PhD, MSc, BSc, RN

Healthy Ageing Conference 2025

As a World Health Organization (WHO) Collaborating Centre for Community Health Service, the School of Nursing at The Hong Kong Polytechnic University (PolyU), in collaboration with the PolyU Research Institute of Smart Ageing (RISA), held the Healthy Ageing Conference 2025 from 29 – 30 May. The conference aimed to promote healthy ageing efforts in the Western Pacific region and beyond, bringing together over 200 experts from 15 countries and regions.

PolyU-WHO Synergy: Healthy Ageing Conference 2025 & WHO Regional Director for the Western Pacific's Visit

Dr Hiromasa Okayasu, Director of the Division of Healthy Environments and Populations at the WHO Western Pacific Regional Office (WPRO) stated, "PolyU's School of Nursing made significant efforts to facilitate a wide range of discussions, encompassing research and practical ideas, all with the aim of enhancing healthy ageing."

In 2019, WHO introduced the Integrated Care for Older People (ICOPE) framework, transitioning from a disease-centred approach to one that assesses the intrinsic capacities of older adults—encompassing both physical and mental abilities. This comprehensive, person-centred model is designed to identify early signs of decline in intrinsic capacity, enabling timely interventions to mitigate, halt, or reverse frailty and dependence in older individuals. Building on expert feedback and the latest research, WHO has recently launched ICOPE 2.0, featuring the following key enhancements:

1. Inclusion of Three Essential Factors in Ageing: In addition to evaluating six intrinsic capacities—cognition, mobility, nutrition, vision, hearing, and mental health—ICOPE 2.0 now incorporates "urinary incontinence management", "social care and support", "carer support" and vaccination advocacy, thus providing a more accurate

representation of older adults' health status and quality of life.

2. Introduction of Three Filter Questions: To streamline the assessment process for cognitive, hearing, and vision capabilities, a rapid screening system has been established. If an older adult responds "yes" to any of these questions, they will be referred directly for a comprehensive evaluation.

3. Provision of Immediate Recommendations and Interventions: Following the completion of the ICOPE 2.0 assessment, the responsible assessor is equipped to offer tailored health advice and community support based on the individual needs of the older adult.

Prof. Angela Leung, Director of the WHO Collaborating Centre for Community Health Services, remarked, "ICOPE 2.0 enhances the entire assessment and intervention process, facilitating the early identification of older adults in need of support and care. This approach helps to mitigate or slow the decline in quality of life associated with ageing. Additionally, the HKSAR Government has been actively reinforcing support for caregivers in recent years, which aligns seamlessly with the inclusion of caregiver elements in ICOPE 2.0. This underscores the importance

Healthy Ageing Conference 2025

*Progressing the Healthy Ageing Agenda:
Translating and Implementing Healthy Ageing Programmes and Initiatives in our Communities*

29-30 May 2025
Hotel ICON, Hong Kong SAR, China





The WHO Collaborating Centre for Community Health Services has developed comprehensive online and offline educational materials for ICOPE 2.0, with a training video premiered at the conference.



Healthy Ageing
Dr Hiromasa OKAYASU, Director
of the Division of Healthy
Environments and Populations
at the WHO Western Pacific
Regional Office (WPRO)



**Healthy Ageing
Conference 2025**
Progressing the Healthy Ageing Agenda:
Translating and Implementing Healthy Ageing
Programmes and Initiatives
Prof. Angela LEUNG, Director
of the WHO Collaborating
Centre for Community
Health Services

its application through real-life case studies. Additionally, the conference featured an ICOPE Community Practice Workshop which attracted experts from various countries to explore the updates in the new version, share insights, and discuss community application strategies. This initiative aims to benefit older adults globally and foster cross-regional knowledge sharing and technology transfer.

PolyU School of Nursing welcomes WHO Regional Director to advance healthy ageing initiative

(10 September 2025). As the global population ages, ensuring the health and well-being of older adults has become a key priority. The Hong Kong Polytechnic University (PolyU) School of Nursing welcomed Dr Saia Ma'u Piukala, WHO Regional Director for the Western Pacific, for a visit to strengthen regional partnerships in promoting healthy ageing and advancing community-based integrated care for older populations.

During his visit to PolyU, Dr Piukala emphasised three key objectives: promoting healthy ageing, enhancing regional collaboration and empowering communities. He stated, "Our partnership with PolyU's WHO Collaborating Centre is pivotal in addressing the needs of ageing populations in the Western Pacific. By advancing tools like the Integrated Care for Older People (ICOPE) 2.0, we empower communities to deliver sustainable, equitable care for older adults, ensuring they thrive in their later years."

Prof. Ben Young, PolyU Vice President (Student and Global Affairs), said, "We are honoured to host Dr Saia Ma'u Piukala with a view to furthering our shared mission of transforming elder care. PolyU School of Nursing's leadership in person-centered care, supported by innovative research and educational resources, positions us to drive meaningful change in healthy ageing across the region."

Led by Prof. Angela Leung, Director of the WHO Collaborating Centre for Community Health Services at PolyU, the School is advancing ICOPE 2.0 to enhance early identification and intervention for older adults. Prof. Leung remarked, "ICOPE 2.0 streamlines assessments and interventions, enabling timely support for older adults and their caregivers. With the HKSAR Government's emphasis on caregiver support, this framework aligns with our commitment to sustainable, community-driven care."

To support the adoption of ICOPE 2.0, the WHO Collaborating Centre has developed comprehensive online and offline educational materials, including a promotional video featuring real-life case studies. The Centre has also recently organised training programmes in Mainland China, Fiji, Cambodia and the Philippines, reaching over 6,000 participants through 54 webinars from 2021 to 2024. These initiatives foster cross-regional knowledge exchange and strengthen community-based care models.

Dr Piukala's visit also included discussions on geriatric medicine, mental health, smart ageing technologies and evidence-based policies, further reinforcing PolyU's role as a global leader in ageing and health research.

of recognising that caring for older adults involves not only the individuals themselves but also the necessity of bolstering support for caregivers, as this is crucial for sustainable solutions."

To enhance the understanding of ICOPE 2.0 among healthcare professionals and stakeholders in elder care, the WHO Collaborating Centre for Community Health Services has developed comprehensive online and offline educational materials for ICOPE 2.0, with a training video premiered at the conference. The video not only elucidates the ICOPE 2.0 framework but also demonstrates

By Mihyun Park, Director & Sujeong Kim, Vice Director

Achievements of the Research Institute for Hospice/Palliative Care

The Research Institute for Hospice/Palliative Care (RIHPC), College of Nursing, The Catholic University of Korea, has successfully secured a grant under the 2024/25 KOICA Public-Private Partnership Incubating Program (Research & Survey Track). The project, officially selected on February 28, 2025, is titled “An Evaluation Study of Workforce Development and the Primary Health-Care System to Strengthen Palliative Care in Vietnam.” This significant initiative received a National ODA funding and ran from March 4, 2025, to August 14, 2025. The project was led by Principal Investigator Dr. Sujeong Kim, with Researchers Dr. Jaejin Kang and Dr. Minjung Kyung, and Research Assistant Ms. Minju Bae. The research team identified critical barriers to strengthening palliative care capacity within the primary health-care system in Vietnam. Major findings revealed (1) the absence of a structured palliative care education program and a shortage of trained professionals within primary care; (2) functional limitations of primary health-care institutions; (3) inadequate systems for opioid prescription and management, accompanied by public stigma toward narcotic analgesics; and (4) insufficient infrastructure to support the delivery of palliative care services. RIHPC’s next project is committed to utilizing these findings to design a sustainable and impactful cooperation model. By addressing these core challenges, it will contribute to enhancing the quality of palliative care and promoting dignified end-of-life experiences for the people of Vietnam and other neighboring countries in the region facing similar health system challenges.

In addition, RIHPC has been appointed as the Chair Institution of the WHO Collaborating Centres (CC) Korea Network for a two-year term, effective January 1, 2025, to December 31, 2026. In this key leadership role, RIHPC will oversee and coordinate the domestic network’s activities, facilitate knowledge exchange among member institutions, and serve as the main liaison for collaboration with the WHO Regional Office for the Western Pacific (WPRO).



2026 International Conference: Futuristic Evolution in Palliative Care: Harmonizing Policy, Technology, and Ethics

The Research Institute for Hospice/Palliative Care (RIHPC), College of Nursing, The Catholic University of Korea, is proud to host its 2026 International Conference, a significant event celebrating the 30th anniversary of the Institute. The conference will be held at the Omnibus Park of The Catholic University of Korea, Seoul, South Korea, on October 30, 2026. Under the overarching theme, “Futuristic Evolution in Palliative Care: Harmonizing Policy, Technology, and Ethics,” the conference aims to explore the concept of ‘Futuristic Evolution’ by providing an essential, interdisciplinary platform for dialogue and innovation among global leaders, clinicians, policymakers, and researchers. Our primary objective is to redefine the future trajectory of palliative care in a rapidly transforming healthcare ecosystem. Ultimately, the goal is to harmonize three critical pillars—robust policy, transformative technology, and unwavering ethics—to equip the palliative care community with the knowledge and networks needed to deliver high-quality, compassionate, and future-proof care worldwide. Preceding the international conference, the 2026 WHO Palliative Care Working Group Annual Meeting

takes place at the same venue from October 28 to 29, 2026. This pivotal gathering will convene key global stakeholders to review ongoing initiatives and strategies of palliative care at the global level, effectively setting the stage for the broader academic and strategic discussions that will follow during the international conference.

SAVE THE DATE



COLLEGE OF NURSING,
THE CATHOLIC UNIVERSITY OF KOREA

30th Anniversary

International Conference

Research Institute for Hospice and Palliative Care

Global Harmony Korean Identity

Futuristic Evolution In Palliative Care

Harmonizing Policy, Technology & Equity

October 30(Fri), 2026

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





International Conference

Leadership for Global Health: Advancing Nursing and Health Care Systems

June 8 –9, 2026 | Bangkok, Thailand

The Essential Challenge

Health systems are evolving in an era of Digital Disruption, Aging Populations, and the urgent need for Strategic Investment.

This conference is designed to equip global leaders to balance technological innovation with human-centered wisdom.

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- Explore new models for future-ready, equitable, and resilient care delivery.
- Engage with top-tier global and regional policy shapers.



International Conference
Leadership for Global Health:
Advancing Nursing and Health Care Systems
June 8–9, 2026 | Bangkok, Thailand

Featured Keynote Speakers



Prof. Piyamit Sritara
President of Mahidol University

Investment in Health & Education
for Planet – World Impact



Prof. Afaf Meleis
Professor of Nursing and Sociology and
Dean Emerita of The University of
Pennsylvania School of Nursing

Leading with Wisdom:
Active Aging as the World Transforms



Prof. Patricia Davidson
Vice-Chancellor's Fellow
at the University of New South Wales

Unleashing the Power of Nursing
for Future Generations



Mr. Howard Catton
Chief Executive Officer of the International
Council of Nurses (ICN)

Strategic Partnership for
Sustainable Growth of Nursing
and Health Systems

High-Impact Plenary Tracks

- Digital Disruption Era: Transforming Nursing Education and Training through technology and human-centered leadership
- Strategic Partnerships: Driving sustainable growth and health equity through collaboration (Government, Academia, ICN, WHO)
- Future-Ready Workforce: Strategic directions for workforce planning to address demographic shifts and emerging health challenges



Mahidol University Faculty of Nursing



Global Network WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) General Meeting

10th June to be held Mahidol University Bangkok, Thailand

The General Meeting is held for the conduct of the general business of the Network, including the determination of the Network's general policies, and carrying out such tasks and responsibilities as the full membership is empowered to carry out under this Constitution and Bylaws.

The 2026 General Meeting will be held on 10 June 2026 at Mahidol University's International Conference; Leadership for Global Health: Advancing Nursing and Health Care Systems.

This meeting will also signify the handover of the Secretariat from the University of Technology Sydney to Mahidol University, Thailand and the new Co-Chair at the Catholic University Leuven, Belgium

NOVEMBER

48th Biennial Convention
8-11 November 2025 in
Indianapolis, Indiana, USA
[SIGMA](#)



World Diabetes Day
14 November
[WHO](#)



Cervical Cancer Elimination
Day of Action
17 November
[WHO](#)



World AMR
Awareness Week
18-24 November
[WHO](#)



DECEMBER

World AIDS Day
1 December
[WHO](#)



International Day of Persons
with Disabilities
3 December
[WHO](#)



Universal Health
Coverage Day
12 December
[WHO](#)



JANUARY

World Leprosy Day
26 January
[WHO](#)



World Neglected Tropical
Diseases Day
30 January
[WHO](#)



FEBRUARY

Immunization and vaccines
related implementation
research advisory
committee (IVIR-AC)
[WHO](#)



MARCH

World Hearing Day
3 March
[WHO](#)



Strategic Advisory Group of
Experts on Immunization
(SAGE)
9 - 12 March
Geneva, Switzerland
[WHO](#)



World Tuberculosis Day
24 March
[WHO](#)



Creating Healthy Work
Environments
20 - 22 March
Orlando, Florida
[SIGMA](#)



International Maternal
Newborn Health Conference
23 - 26 March
Nairobi, Kenya
[JHPIEGO](#)



APRIL

World Health Day
7 April
[WHO](#)



IntNSA's 48th Annual
Education Conference
13 - 17 April
Seattle, USA
[ICN](#)



World Chagas Disease Day
14 April
[WHO](#)



World Immunisation Week
24 - 30 April
[WHO](#)



World Malaria Day
31 April
[WHO](#)



WHO Collaborating Centre
global meeting
Date to come
[WHO](#)



MAY

World Hand Hygiene Day
5 May
[WHO](#)



International Day
of the Midwife
5 May
[WHO](#)



79th World Health Assembly
18 - 23 May Geneva,
Switzerland
[WHO](#)



World No Tobacco Day
31 May
[WHO](#)



JUNE

Mahidol University
Leadership for Global
Health Conference
8-9 June
Bangkok Thailand



GNWHOCNM Meeting
10 June
Bangkok Thailand

World Blood Donor Day
14 June
[WHO](#)



34th ICM Triennial Congress
15 - 18 June
Lisbon, Portugal
[ICM](#)



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](#)



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](#)





Strengthening Collaboration in the Western Pacific: Highlights From the Fifth WHOCC Regional Forum

By Sonoe Mashino, RN, PHN, Ph.D. – Director

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





“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”

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.



Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)

Working together to improve health and well-being and save lives





Integrating the WHO ICOPE Approach into Geriatric Nursing Education in China

By Aimin Guo, RN, PhD

As a WHO Collaborating Centre for Nursing Policy and Leadership, the School of Nursing, Peking Union Medical College (PUMC) has been advancing the Integrated Care for Older People (ICOPE) approach. Our institution has embedded ICOPE's core principles into geriatric nursing education, disseminating knowledge through academic publications and collaborative outreach initiatives, all to drive systemic transformation in elderly care in China.

Endorsed by the WHO in 2019, ICOPE marks a paradigm shift in aging care by providing a holistic continuum of integrated health and social services tailored specifically to the needs of older adults. In contrast to traditional fragmented care models, ICOPE focuses on person-centered, coordinated care that addresses not only physical health but also cognitive function, mental well-being, and social connectedness. Its core objective, optimizing intrinsic capacity (the combination of physical, cognitive, and psychological abilities) and preserving functional independence, resonates deeply with global efforts to address the challenges of population aging, particularly in high-growth regions like East Asia, where elderly populations are expanding at an unprecedented rate.

Leveraging its mandate as a WHO Collaborating Centre, our institution

has developed a multi-layered strategy to integrate ICOPE into geriatric nursing ecosystems, with initiatives spanning education, training, and knowledge sharing.

With the health characteristics and care needs of older adults across their life cycle as the core anchor, we divide their life journey into three key stages: healthy aging, illness management, and end-of-life care. Aligning with the competency requirements that employers demand of professional nursing talent, we have constructed a three-level progressive curriculum system with clear modularization, integrating ICOPE's core pillars into every module. For instance, the

The overarching goal of these efforts is to align geriatric nursing education and practice with WHO's global standards, thereby building a nursing workforce equipped to deliver evidence-based, compassionate care to older adults.

"Care Planning" module utilizes real-world case studies of community-dwelling seniors to teach students how to coordinate care across health and social service providers. The four-dimensional practice platform, comprising "college, community, institution, and hospital", was arranged to form a three-step skill training path.

To bridge the gap between policy guidelines and clinical practice, our institution has launched an ICOPE-focused training program for in-service nurses. Delivered through a national nursing education platform, this program covers essential topics such as early identification of intrinsic capacity decline, designing person-centered care plans, and fostering collaboration with social workers and family caregivers.

To share our expertise and experiences, we have published a range of influential articles. These include in-depth analyses of the design and evaluation of our geriatric nursing, research progress in integrated care for older people, advancements in the development of measurement tools for elderly individuals' intrinsic capacity, and studies on latent class analysis and influencing factors of intrinsic capacity among hospitalized older adults.

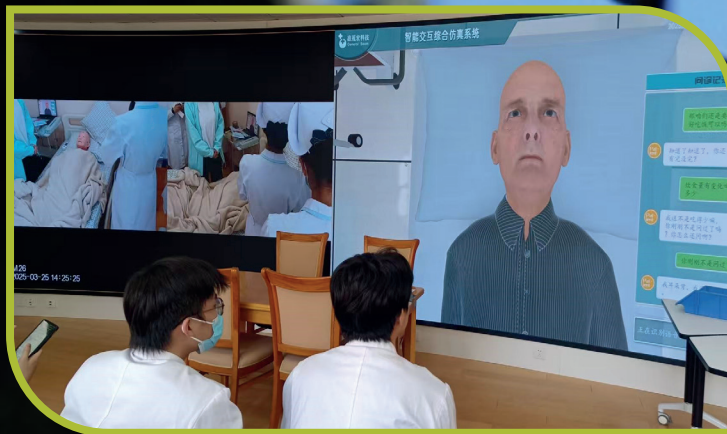
The overarching goal of these efforts is to align geriatric nursing education and practice with WHO's global standards, thereby building a nursing workforce equipped to deliver evidence-based, compassionate care to older adults. By integrating ICOPE

ICOPE marks a paradigm shift in aging care by providing a holistic continuum of integrated health and social services tailored specifically to the needs of older adults

into every stage of nursing education and practice, our institution is not only enhancing care outcomes for seniors in China but also contributing to the WHO's vision of a world where all older people can age with dignity. Moving forward, we are committed to promoting these models throughout the Western Pacific Region.



Geriatric nursing undergraduates visit a nursing home



Geriatric nursing undergraduates learning skills in the extended reality lab



National Continuing Education Program (online)

Yonsei University College of Nursing

WHO Collaborating Centre Hosts Online Workshop

By:

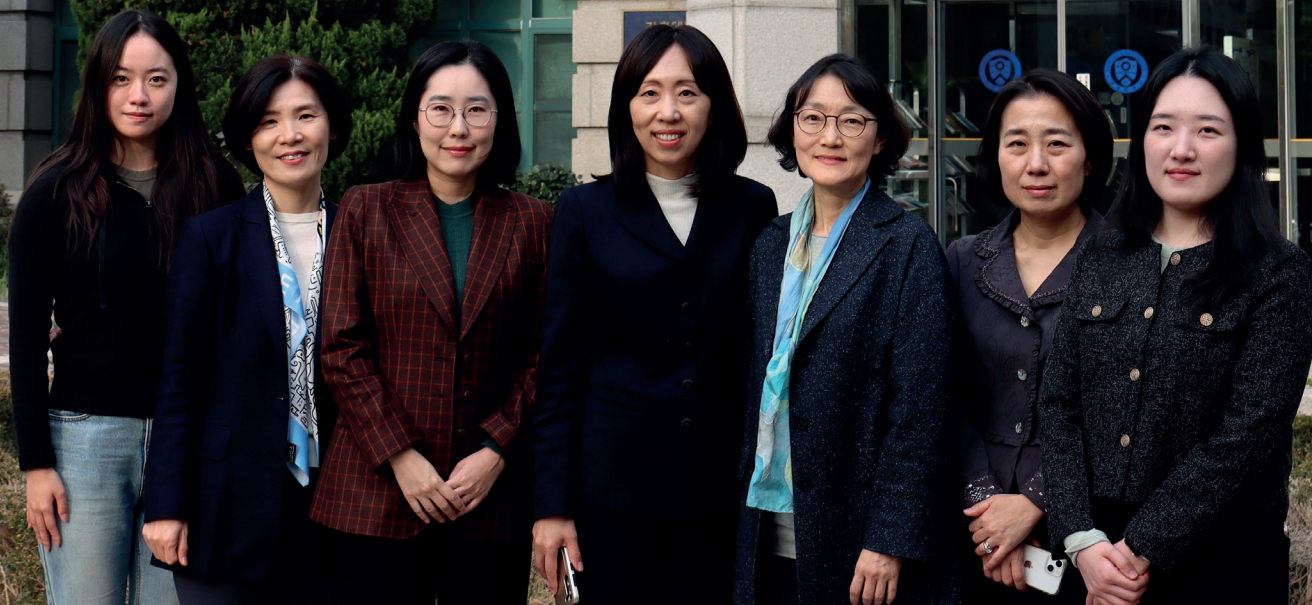
Hyeonkyeong Lee, PhD, RN, FAAN,
*Director of WHO Collaborating Centre for Research and Training
for Nursing Development in Primary Health Care, Yonsei
University College of Nursing, South Korea*

Designated in 1988 as Korea's first WHO Collaborating Centre for nursing (No. KOR-16), Yonsei University College of Nursing has since taken a leading role in education and research to strengthen nursing's contribution to primary health care.

The Collaborating Centre hosted an online workshop on August 14, 2025, in collaboration with the Shields Simulation Center. The workshop, themed "Adoption and Application of Innovative Teaching Methods in Nursing Education", brought together 177 nurses, nurse educators, and researchers from 16 countries engaged in primary health care (PHC).

In the opening remarks, Professor Hyeonkyeong Lee (Dean of Yonsei University College of Nursing and Director of the WHO Collaborating Centre) emphasized that innovation in nursing education is essential to strengthening PHC. She highlighted the role of the Collaborating Centre and underscored the need for adopting innovative teaching methods in the context of competency-based curricula. She further noted that the workshop's objectives are aligned with the State of the World's Nursing 2025 report, which stresses faculty capacity building and the integration of digital technologies in nursing education.

During the presentation session, Professor JiYeon Choi (Yonsei University) introduced the development, implementation, and feasibility evaluation of a health assessment class model using Visual Thinking Strategies (VTS). Professor Sujeong Kim (The Catholic University of Korea) presented a game-based and simulation-enhanced approach to teaching pediatric medication. Professor Hyun Joo Lee (Yonsei University) shared the development of a scenario-based e-simulation platform for emergency nursing education on non-variceal upper gastrointestinal bleeding.



The panel discussion, moderated by Professor Bada Kang (Yonsei University), explored key considerations in designing innovative teaching methods, the necessary preparation for both educators and learners, and strategies to overcome barriers such as limited digital infrastructure and resource disparities across different countries.

Delivering the closing remarks, Ms. Midori Anami-Akimoto, Nursing Officer at the WHO Regional Office for the Western Pacific, expressed her gratitude to Yonsei University College of Nursing and Dean Lee for hosting the event. She praised the innovative teaching approaches presented by Professors Choi, Kim, and Lee, noting their significant contribution to preparing the next generation of nurses. Referring to the State of the World's Nursing 2025 report and the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific, she highlighted the importance of integrating digital technologies and AI, expanding blended learning, and strengthening digital competencies, stressing that the innovations presented today align closely with these global and regional priorities. She expressed hope that the workshop would lead to further international collaboration and concrete actions to advance nursing education.

**Innovation in
nursing education
is essential to
strengthening PHC**

SMALL AND SICK NEWBORNS REQUIRE SPECIAL CARE AND ATTENTION

**Their families
also need extra
support to help
vulnerable babies
survive and thrive.**



**World Health
Organization**

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
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helenski, Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
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 Workfore	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

Update on the Project: Training Requirements for Nurses and Midwives in NCD Prevention and Management in the Caribbean

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, Desmond Croker, Andrea McPherson and Dr. Jascinth Lindo

The Caribbean continues to grapple with the immense burden of non-communicable diseases (NCDs), which account for more than 70% of all deaths in the region. Nurses and midwives, who serve as the pillar of primary healthcare, are central to prevention, early detection, and management of these conditions. However, evidence consistently shows that the training resources available to these professionals are fragmented, unevenly implemented, not culturally relevant and not always tailored to their unique roles. To address this gap, our ongoing project, “**Training Requirements for Nurses and Midwives in NCD Prevention and Management in the Caribbean**” is working to develop a sustainable, evidence-based training framework for the region.

Ethical Approval and Study Design

We are pleased to report that the project has received ethical approval from the Pan American

Evidence consistently shows that the training resources available to these professionals are fragmented, unevenly implemented, not culturally relevant and not always tailored to their unique roles

Health Organization’s Ethics Review Committee (PAHO ERC) (Protocol Code: PAHOERC.0901.01). This approval has enabled the full rollout of our mixed methods needs assessment, which combines surveys, focus group discussions, key informant interviews, and document review (gap analysis). The findings will guide the design of culturally relevant, practice-oriented

training modules with both in-person and online components, aligned with PAHO/WHO strategies and regional health priorities.

Gap Analysis Complete

The first phase of the project, a comprehensive gap analysis of existing NCD training materials for nurses and midwives in the Caribbean was successfully completed earlier this year. The review identified several areas requiring urgent attention, including:

- Lack of integrated curricula to address multimorbidity.
- Limited nursing-specific content in guidelines such as HEARTS in the Americas and the Cervical Cancer Elimination Initiative.
- Insufficient use of case-based and simulation learning.
- Underutilization of the PAHO Virtual Campus for Public Health.
- Gaps in training on mental health, digital health, and palliative care.

These insights have laid the foundation for our ongoing needs assessment and will shape the forthcoming training modules.

Progress in Data Collection

We have now advanced into the second phase of the project: data collection for the needs assessment report. The survey has been widely disseminated across the Caribbean, with strong engagement from nurses



Andrea McPherson



Desmond Croker



Dr. Jascinth Lindo



Dr. Monique Lynch-Jonah



and midwives. As of this update:

- 126 participants have completed the survey out of the target 150 respondents.
- Responses have been received from 17 out of the 22 countries/territories included in the study.

This level of participation demonstrates the commitment of the nursing and midwifery community to strengthening NCD management and training across the region.

Preliminary Findings

Early analysis of the survey data has begun to reveal important trends about the demographics and professional background of the participating nurses and midwives:

- Gender: 94.4% of respondents are female.
- Age: The largest age group is 46–55 years old (40.5%), reflecting an experienced workforce.
- Education: 33.3% report their highest qualification as a BSN to RN degree.
- Sector of employment: 78.6% work in public healthcare facilities, highlighting the central role of the public sector in NCD service delivery.
- Years of experience: 77% of participants have over 10 years of professional experience.

These findings emphasize the wealth of clinical experience among Caribbean nurses and midwives, while also pointing to the need for structured, continuing professional development pathways to keep pace with evolving NCD care standards.

Next Steps

In the coming months, we will:

1. Complete the remaining survey recruitment to reach our target of 150 participants across all 22 countries.
2. Conduct focus group discussions and key informant interviews with nursing and midwifery leaders, policymakers, and trainers.

3. Integrate survey findings with qualitative insights and the completed gap analysis to produce a comprehensive needs assessment report.
4. Begin drafting training recommendations and the design of a trainer's manual and training modules, which will be piloted before full implementation.

Conclusion

The project is progressing steadily, with strong engagement from nursing and midwifery professionals across the Caribbean. We are building a solid evidence base for the development of a culturally relevant, practice-focused training framework. This initiative promises to strengthen the capacity of nurses and midwives to prevent and manage NCDs, ultimately contributing to healthier communities and more resilient health systems across the region.

This initiative promises to strengthen the capacity of nurses and midwives to prevent and manage NCDs, ultimately contributing to healthier communities and more resilient health systems





Educating Students for 21st-Century Needs - Multicultural Care Nursing Education Model

By:

Ana Monteiro, Ana Camarneiro; Beatriz Xavier, Aliete Cunha-Oliveira, Luís Loureiro; Idoia Ugarte-Gurrutxaga; Gonzalo Melgar; Brigida Gallego; Rocío Noriega; Laura Sánchez; Ellen Westhof; Paulien Kriekemans; Sylvianne Vroonen; Kristel Liesenborgh; Flore Geukens.

Currently, an estimated 101 million migrants, including 12.5 million refugees, call the WHO European Region their home, accounting for about 13% of the region's total population (WHO, 2024).

This dynamic region is not only home to approximately 36% of the global international migrant population but also represents a tapestry of diverse cultures and experiences, making it the area with the largest number of individuals seeking refuge and better opportunities beyond their home countries. The significant influx of refugees and migrants puts immense pressure on European national health systems, straining existing resources and introducing complex challenges that need to be addressed.

To meet this demand, the health workforce must be well-prepared to deliver culturally competent care and effectively tackle the complex health issues associated with displacement and migration (WHO, 2022). Nurses make up the largest segment of the healthcare workforce in the European Union and play a critical role in providing

care. Their extensive clinical expertise, unwavering commitment to social care, and strong relationships with patients, families, and communities are essential for delivering effective healthcare to vulnerable groups.

In response to pressing challenges, the PROJECT: 2020-1-PT01-KA203-078530 MULTICULTURALCARE was developed and implemented with the primary objective of creating an innovative Multicultural Care Model for nursing education. This model equips nursing students with

effective practices for providing care to migrants, refugees, and asylum seekers. It fosters critical reflection on clinical practices and encourages the formulation of innovative solutions. Designed to facilitate international collaboration, this adaptable model is not confined to any specific local teaching culture. Moreover, it offers practical recommendations for integrating the model into nursing curricula, customized to address the unique characteristics of various educational environments across Europe.

Anchored in Principles and Values:

1. Human Rights-Based Approach (HRBA) is a guiding principle in multicultural nursing care, grounded in international human rights standards, with a particular focus on the right to health for migrants and refugees.

2. Sustainable Development Goals (SDGs) serve as a vital framework for multicultural healthcare education, emphasizing the importance of multi-sector partnerships and coordinated efforts are essential for addressing the health needs of migrants throughout their journeys. Multicultural care competent nurses can create migration-sensitive health systems that effectively cater to the diverse health requirements of our populations.

3. Social Determinants of Health Approach: The health challenges faced by migrants, refugees, and asylum seekers are profoundly influenced by structural and social factors that contribute to health inequalities. By acknowledging and addressing these barriers, nurses can be empowered to create a healthier future.

4. One Health Approach embodies a unified vision that seeks to balance and enhance the health of people, animals, and ecosystems. It encourages nurses and healthcare students to acknowledge the intricate connections between human health, animal health, and the environment. In doing so, we can tackle the profound impacts of human mobility and climate change on health, paving the way for a sustainable and thriving world for all. In this model, the core competencies of nursing students are defined as follows:

The model aims to design competency-based education programs that apply effective learning strategies, meet quality standards, and align with the health needs of diverse populations. The core competencies for multicultural nursing care have been redefined to address contemporary issues while also considering

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traditional models of multicultural competence in nursing. Essential skills for nursing students now include digital competencies related to multicultural care and the ability to effectively navigate ambivalent cultural environments. This approach emphasizes both individual and social-communal aspects, highlighting the importance of socio-political awareness in nursing practices. To support nursing students in becoming culturally competent and developing a deeper understanding of diverse populations, the model suggests implementing a variety of multicultural educational methods in nursing learning environments.

By providing exposure opportunities, engaging simulations, and immersive experiences, students can reflect on their own cultural beliefs through reflection papers and cultural self-assessments. Additionally, fostering peer learning, sharing personal stories, and utilizing role-playing can create a safe space for open dialogue. By incorporating innovative technologies such as Augmented Reality (AR), Virtual Reality (VR), and Artificial Intelligence (AI), educators can enrich their students' learning journey and truly embrace the diversity of the communities they will serve.





Unleashing the power of simulation for the Future of Nursing and Midwifery: Lessons learned from a Training of Trainers program

By Megan Eagle and
Jeanne Marie Stacciarini

Supporting Strategic Directions for Nursing and Midwifery

At the University of Michigan School of Nursing's WHO Collaborating Centre, we bear witness daily to the power of international collaboration in the pursuit of health equity. The University of Michigan School of Nursing has proudly supported the goals of the World Health Organization (WHO) for 27 years as a collaborating center. Among our terms of reference is strengthening and building nursing and midwifery capacity in training, quality of care, and nursing workforce development for primary health care.

The Global Strategic Directions for Nursing and Midwifery, 2021-2025, which were extended to 2030 by the 78th World Health Assembly, aim to ensure that faculty members are well-trained in effective pedagogical methods and technologies. Clinical simulation is one such innovative

pedagogical approach. In July of 2025 our school was thrilled to welcome six remarkable nurse educators and leaders from Trinidad and Tobago, Jamaica, and Barbados for a week-long "train the trainers" (TOT) program in clinical simulation designed to enhance their ability to incorporate simulation into training expert nurses at their home campuses. The participants also provided valuable insights for the further refinement of our simulation training and resources.

Education: Unlocking Potential Through Simulation

Our TOT program immersed participants in cutting-edge teaching methodologies, with hands-on experiences in our simulation labs. These educators, already leaders in their own countries, were able to review the guiding tenets of high-quality simulation and explore a wide variety of simulation types ranging from mannequins to standardized patients and the use of virtual reality. Equipped with resources

and support, they left Ann Arbor confident in their ability to multiply expertise, empowering countless future nurses through the effective use of simulation. One participant from Trinidad and Tobago reflected, "Simulation is not just technology—it's a philosophy of learning. I now see how we can nurture critical thinking and compassion in every nursing student." Education is not just about curriculum but about igniting the spark of curiosity and excellence that sustains a lifelong nursing journey.

Leadership:
From Participants to Pacesetters
During their stay, the Caribbean nurse educators engaged in leadership development by dialoguing with U-M faculty and exchanging strategies to inspire and mobilize their own teams. They emerged not only as ambassadors of new knowledge but as catalysts for change in their home institutions, ready to mentor the next generation of nursing leaders. One Jamaican participant shared, "This experience was transformative. I feel equipped—with both knowledge and a new sense of purpose—to empower faculty and students in Jamaica. Leadership isn't a title. It's an action."

Jobs:
Expanding the Nursing Workforce
The challenge of building a global, resilient nursing workforce is universal and urgent. Our partnership with our colleagues in the Caribbean will have an impact on workforce sustainability. By strengthening faculty capabilities to deliver innovative, evidence-based training, we help ensure that more nurses are educated to global standards. This, in turn, expands job opportunities, builds local capacity, and improves national resilience. The ripple effect is powerful: each educator returns

"Simulation is not just technology—it's a philosophy of learning. I now see how we can nurture critical thinking and compassion in every nursing student." Education is not just about curriculum but about igniting the spark of curiosity and excellence that sustains a lifelong nursing journey.



home equipped to train dozens, in turn affecting hundreds of nursing students; supporting the professional journeys of new nurses in their countries. By investing in educators, we exponentially improve nursing education and quality of care, because well-prepared nurses provide better, safer, and more compassionate care. Our TOT approach ensures that simulation-based best practices become embedded in nursing curriculum, and that each institution is empowered to provide training to other nurse educators in the Caribbean region. A nurse educator from Barbados beautifully expressed: “It’s not just about teaching skills. It is about inspiring confidence, empathy, and critical thinking. That is what will make a difference for our students, patients, and communities.”

A Shared Commitment

Transformative change is possible when we invest in people and partnerships. Together, we are championing the vision outlined in the WHO Strategic Directions for Nursing and Midwifery—ensuring education is meaningful, leadership is nurtured, jobs are created, and

service delivery is patient-centered. We are deeply honored to play a role in shaping the future of nursing and midwifery. We extend our gratitude to our Caribbean colleagues—true trailblazers on the path to health for all. Together, we are not just strengthening nurses. We are changing the world.

Gratitude to Planning Committee University of Michigan, School of Nursing (Megan Eagle, PhD, Deb Lee, PhD, Melissa Bathish, PhD, Beth Ammerman, DNP, Program Lead Primary Care, Jessica Marsack, PhD) Inaugural Training Cohort (Dr. Esther Daniel, Director, UWI School of Nursing-St. Augustine, Dr. Parbatee Siewdass, UWI School of Nursing-St Augustine, Deborah Delores Inniss, Barbados Community College, Natalie Lee-Anne Watson, Barbados Community College, Dr. Cynthia Pitter, Head of Nursing School, UWI-Mona, Narda Grieson, UWI-Montego Bay).

“ By investing in educators, we exponentially improve nursing education and quality of care, because well-prepared nurses provide better, safer, and more compassionate care “





A decade of sustainable impact through global partnerships

By: *Adelais Markaki, Professor & Co-Director; Lisa Theus, Program Manager; Maria Shirey, Dean & Director; Doreen Harper, Dean Emerita*

Overview

Global partnerships are essential for building trust, translating evidence into practice, and navigating the complexities of today's healthcare environments. Since its designation as a WHO Collaborating Centre (WHOCC) for International Nursing in 1993, the University of Alabama at Birmingham (UAB) School of Nursing has been a leader in global nursing workforce development. Through continuous re-designations as a WHOCC for 32 years and establishment of the Global Partnerships unit, UAB has cultivated long-standing collaborations across continents, advancing education, leadership, and service delivery. To assess the impact and sustainability of the school's global engagement, a comprehensive ten-year (2015-2025) evaluation was carried out.

Methodology

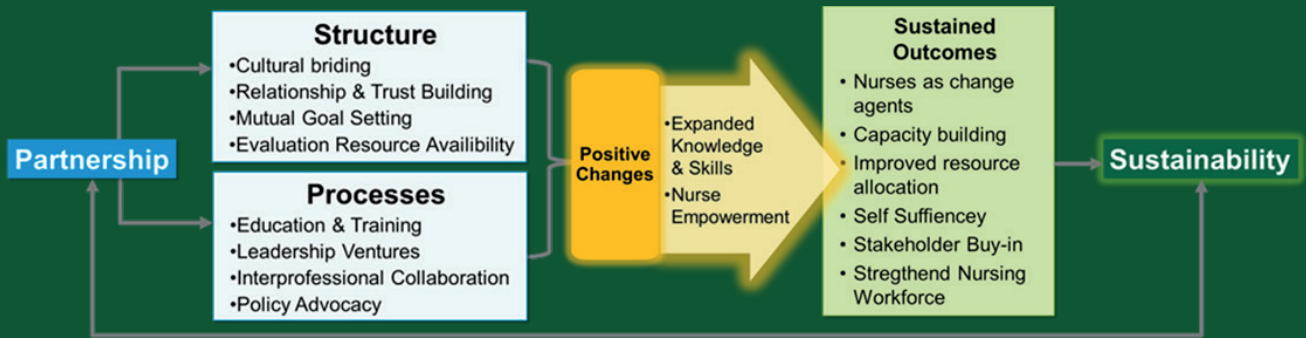
Evaluation was guided by the Operational Model of Sustainability in Global Nursing (Edwards et al., 2020), developed by faculty at UAB School of Nursing. This model is used to identify the structures and processes within partnerships that foster positive change and

sustainable outcomes. It emphasizes the value of reciprocal collaboration and alignment with global health priorities. Using this framework, the team assessed the scope and impact of the school's contributions to global nursing and midwifery by mapping activities across the WHO Global Strategic Directions for Nursing and Midwifery (GSDNM) 2021-2025 priority areas: education, leadership, employment, and service delivery (see figure).

Through continuous re-designations as a WHOCC for 32 years and establishment of the Global Partnerships unit, UAB has cultivated long-standing collaborations across continents, advancing education, leadership, and service delivery

PANMCC leaders at the Pan American Nursing Research Colloquium in 2024, Santiago, Chile





The Operational Model of Sustainability in Global Nursing (Edwards et al., 2020) was used to identify sustainable outcomes through partnerships.

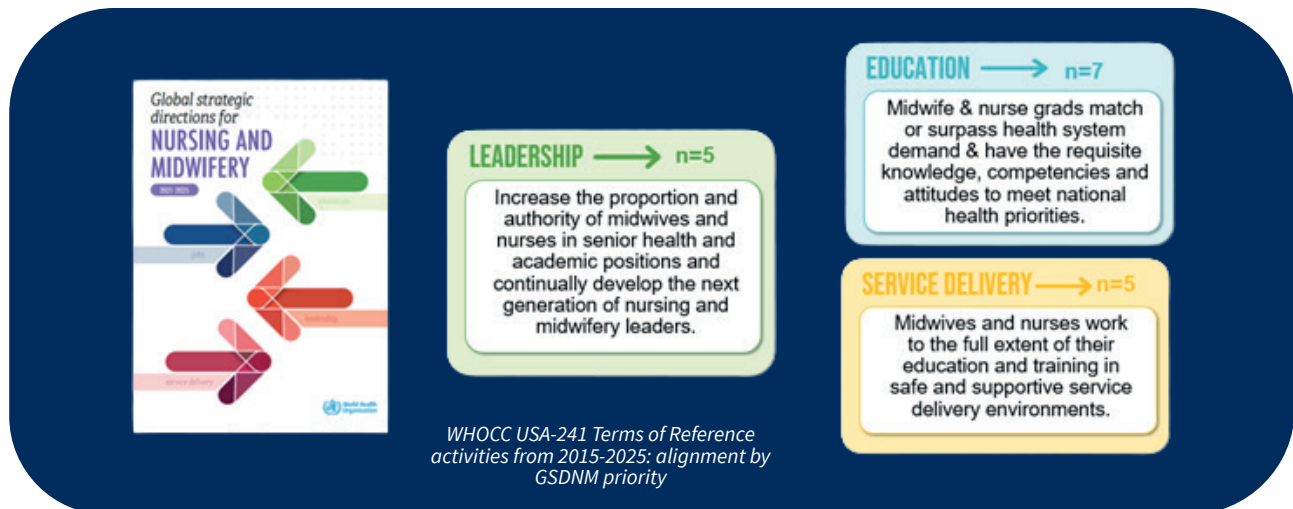
Regional Leadership and Collaboration

Within the Americas, UAB School of Nursing partnered closely with the Pan American Health Organization (PAHO), leading 17 initiatives focused on education, leadership development, and service delivery. These included capacity-building workshops, curriculum development, practice improvement, and leadership training programs tailored to the needs of nurses in Latin America and the Caribbean. These efforts fostered nurse empowerment, improved resource allocation and quality indicators, and built self-sufficiency among partners.

This commitment to equitable exchange not only enriched the school's academic environment but also fostered long-term partnerships that continue to yield mutual benefits. Many alumni have gone on to assume leadership roles in academia, policy, and clinical practice, further extending the impact of UAB's global engagement.

Sustained Impact and Future Directions

Over the last ten years, sustainable impact has been achieved through strategic alignment with GSDNM priorities, efficient use of resources, and a commitment to reciprocal partnerships. UAB's designation as



From 2022 to 2024, UAB served as Chair for the Pan American Nursing and Midwifery Collaborating Centres (PANMCC) network. In this role, UAB represented regional members within the Global Network of WHO Collaborating Centres (GNWHOCC), facilitating cross-regional dialogue and promoting evidence-informed policy development. This leadership position amplified the voices of nursing professionals across the Americas and strengthened the region's contributions to global health.

Advancing Equity Through Academic Exchange

A key component of UAB's global strategy has been the expansion of academic opportunities for nurse scientists from lower-resource settings. Over the past decade, the school welcomed 16 international PhD students, 3 postdoctoral fellows, and 21 visiting scholars from around the world. These scholars engaged in collaborative research, leadership development programs, and contributed to the advancement of nursing science in their home countries.

a WHOCC has served as a catalyst for innovation, collaboration, and capacity building in global nursing workforce development. However, the findings also underscore the need for broader outreach and more robust communication strategies. In an era marked by geopolitical instability and growing mistrust, it is essential to articulate the value of global partnerships in clear and compelling ways. The adoption of operational models that prioritize sustainability, transparency, and mutual benefit will be critical to navigating future challenges.

Conclusion

As the global health landscape continues to evolve, the role of WHOCCs in nursing and midwifery remains vital. By investing in strategic partnerships through networks, fostering academic exchange, and aligning with global priorities, institutions with designated WHOCCs can serve as trusted navigators and translators in the pursuit of health equity and sustainable development.



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

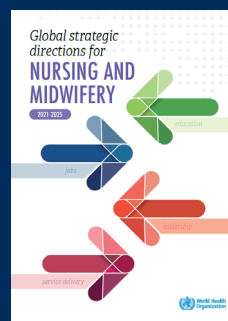


Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments

“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.](#)

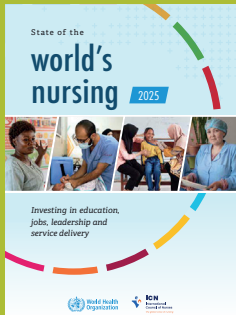
“When I think of nurses, I can’t help but recall the work of Florence Nightingale. I think of what it must have been like to arrive at a military hospital in Turkey during the Crimean War in the 1850s, in the face of so much horror without access to medicines or supplies.

Yet by making great use of what she had and implementing simple hygiene measures, she was able to make a huge impact. To me, this is the essence of ways so many nurses and midwives still do every day across this region - making the most of challenging environments and holding a lamp of hope for those they care for.”

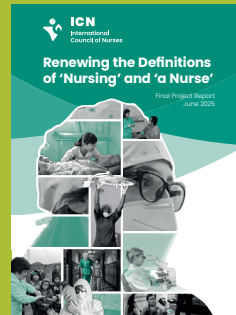
Dr Amelia Latu Afuaamango Tuipulotu
- WHO Chief Nursing Officer



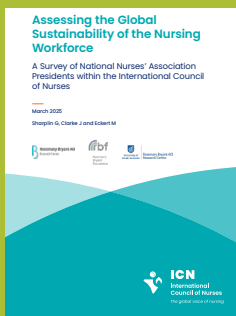
USEFUL RESOURCES PAGE



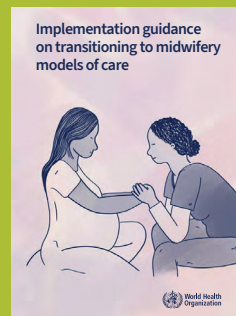
State of the World's Nursing 2025
(World Health Organization & International Council of Nurses)



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





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Empowering the Majority: Global Goods for Nurse Leadership Development

The convergence of global crises—conflict, climate-related disasters, sharp declines in development funding, and escalating disease burdens—is pushing our fragile health systems to the brink. Now more than ever, skilled health leaders are needed who can advocate for change, make difficult decisions, negotiate with determination and communicate with clarity and passion.

Women comprise approximately 70% of the global health workforce. Nursing and midwifery are female-dominated professions, yet leadership positions are predominantly filled by men. Men head 69% of global health organizations and account for 80% of board memberships. Women constitute only 36% of dean positions in top public health schools and lead just 31% of ministries of health. The 2025 State of the World's Nursing report reveals another sobering statistic: only 25% of low-income countries have leadership development programs for nurses.

Global Goods for Nurse Leadership

There are two groundbreaking global public goods now available to bridge this leadership gap. The Sigma Global Nursing Leadership Competency Framework and Jhpiego's newly launched modular nurse leadership development educator's toolkit offer freely accessible, evidence-based resources aligned to real-world needs across low- and middle-income countries.

The Sigma Nursing global nursing leadership competency framework (as featured in the Vol 17, March 2024 edition), seeks to strengthen leadership across seven key domains: strategy in leading self and others, collaboration, communication, transformation and change, governance, professional ethics and evidence-based decision making. It also addresses three lenses critical across all domains for

nurse leaders—diversity and inclusion, political savvy, and systems thinking.

Sarah Gray, CNO of Sigma Nursing, describes the framework's power: "The Global Nursing Leadership Competency Framework is a transformative, evidence-informed tool that empowers nurses at every career stage to assess their current leadership state and chart a clear path forward—from novice to luminary, where nurses lead transformative change and inspire others. Grounded in global insights, it serves as both a mirror for reflection and a roadmap for growth—no matter where nurses practice or lead."

Building on this framework, Jhpiego has created a flexible nurse leadership educator's toolkit to help bring these competencies to life. Available for free download, the toolkit features a modular design with micro-modules that can be completed in 30 minutes or less—perfect for busy health professionals. Learners begin with an online self-assessment using the Sigma Global Nursing Leadership Competency Framework to identify their leadership competency gaps. Then, they can select relevant modules tailored to their needs. Each module includes a Learner's Workbook with key content and reflections, a Facilitator's Guide with session plans and answer keys, and a slide deck to support instruction.

The modular design allows learners or facilitators to prioritize the most relevant content, and facilitates easy integration into existing programs, while free access removes financial barriers that often prevent nurses from accessing professional development. Its alignment with WHO's strategic directions for nursing and midwifery supports global goals for advancing nurse leadership—such as a Jhpiego-planned pilot program in Kenya with 20 early-career nurses—to demonstrate how it can be adapted to local contexts.

Empowering the Majority

From Validation to Impact

The toolkit's real-world validation, facilitated in Liberia this May, brought together nurse leaders, educators, and stakeholders who confirmed its alignment with actual nursing roles and its potential to transform healthcare systems. Their recommendations for curriculum integration were enthusiastic. Validation participants identified specific benefits they expect to see: increased leadership in nurses, enhanced advocacy capabilities, and better-prepared nursing graduates entering the workforce. The impact is already spreading. A Pan-Africa webinar launching these resources reached over 500 nurses across 22 African countries, sparking conversations about leadership development from Accra to Zanzibar.

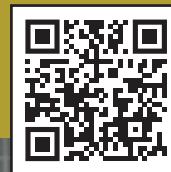
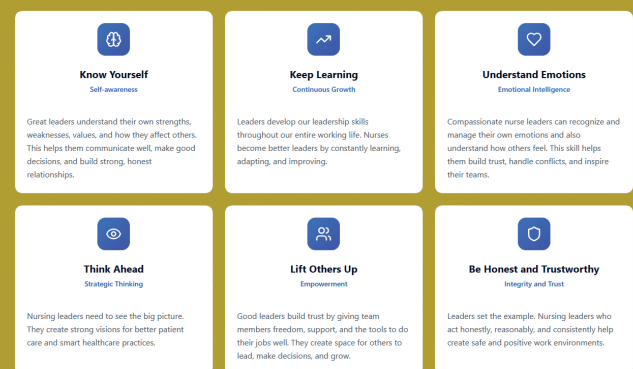
A Vision for Transformation

Now is a time of unprecedented global health challenges, these freely available tools offer practical support for professional associations and organizations investing in strengthening their nurse leaders. This reality directly connects to WHO's Global Strategic Directions for Nursing and Midwifery, which includes a core domain on leadership aimed to "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."



Sigma Global Nurse Leadership Competency Framework:
<https://www.sigmanursing.org/global-nursing-leadership-competency-framework>

Jhpiego Nurse



Access the free Jhpiego's Nurse Leadership Educator's Toolkit at: <https://gnlfv2.netlify.app/>



ICM's golden thread of leadership: Leadership in Midwifery

Leadership is crucial in every organisation, particularly within the complex field of sexual, reproductive, maternal, neonatal, and adolescent health. Leading midwifery care in partnership with women is central to the midwife's role and reflects the ICM philosophy of care. Midwife leaders set strategic goals, communicate vision, and drive positive change to enhance the profession and the status of midwives while ensuring safe, personalised care.

Midwife leaders are pivotal in advancing the WHO Framework for Quality, Equity, and Dignity in Maternal and Newborn Care (2018), promoting respect, communication, and shared decision-making that underpin person-centred care. Their leadership helps reduce maternal and perinatal mortality while improving childbirth experiences. Midwife leaders contribute to achieving Sustainable Development Goals 3 and 5 by enhancing women's health, promoting gender equality, and driving health policy reforms. The Global Strategic Directions for Nursing and Midwifery (2021–2025) highlight their influence in policy, education, research, and humanitarian response. In an evolving healthcare landscape, midwife leaders must be adaptable, fostering innovation and a positive professional culture. Through modelling integrity, accountability, and collaboration, they shape values and behaviours that support staff well-being, safety, and the continued advancement of the midwifery profession.

Leadership and the Professional Framework for Midwifery

The ICM Professional Framework for Midwifery (ICM 2021) <https://internationalmidwives.org/resources/professional-framework-for-midwifery-2021/>, outlines the essential elements and principles that guide midwifery practice globally. It emphasizes a dynamic and multifaceted role for midwives on the global stage and calls for midwives to be leaders in evidence-based practice, collaborators within the broader healthcare system, advocates for women's rights and agents of change.



The leadership element of this Framework plays a pivotal role in shaping the standards and expectations for midwives worldwide and emphasises the importance of midwives driving innovation and improvements in maternal and neonatal healthcare. Effective midwifery leadership involves fostering a supportive and respectful environment that values cultural diversity and recognizes the unique needs of each woman.

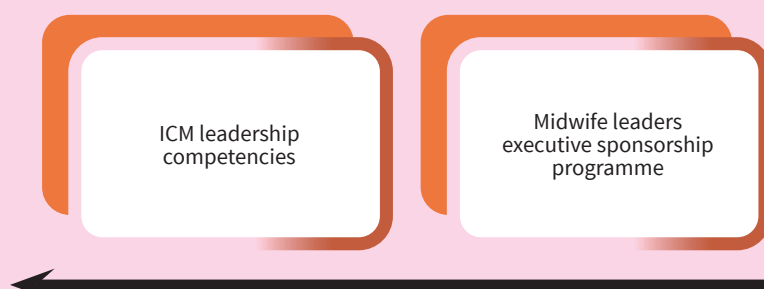
As leaders, all midwives are expected to champion human rights in childbirth, ensuring that women are active participants in decision-making processes related to their care. Collaboration and interdisciplinary, multi-agency teamwork are also central to the leadership element of the Professional Framework.

Leadership and ICM's strategic priorities

Strategic priority one of the CM Strategic Plan 2024–2026, <https://internationalmidwives.org/resources/strategic-plan-2024-2026/>, refers to driving innovation, leadership, and sustainability for the future of midwifery. The cornerstone for the successful implementation of this priority is rooted in midwifery leadership. Leadership is the golden thread that permeates ICM's programmes of work. Specific programmes of work are outlined at figure 1



Figure 1, The golden thread of leadership



Leadership competencies

The ICM leadership competencies are under development. These will be published in 2026 and they have been designed to inform midwife leader job descriptions, workforce plans at local regional and national level and act as a frame of references for personal development and growth.

The Midwife Leaders' Executive Sponsorship Programme

This programme pairs senior executives with emerging or established midwife leaders for a mutual learning experience that strengthens leadership across the sexual, reproductive, maternal, newborn and adolescent health sector. <https://internationalmidwives.org/projects/midwife-leaders-executive-sponsorship-programme/>

Through mentorship, networking, and skill development, the programme supports midwives in advancing their leadership journeys while offering sponsors the chance to contribute to the future of the profession.

Strong connections between sponsors and sponsees, assist midwives to grow, develop, and move into key roles where they can lead – locally, nationally and/or regionally, shaping policy, and advocating for high quality midwifery care. The programme also builds the visibility and leadership profile of the executive sponsors, while ensuring a pipeline of talent to fill critical leadership roles.

We are currently hosting the first cohort of this programme, which will run from June 2025 to June 2027. We will be hosting future cohorts later this year and every six months thereafter.

The global Chief Midwives Community of Practice

Only 71% of countries report having at least one senior midwifery leader, and few have a dedicated Chief Midwife. Over the past 18 months, a community of 21 Chief Midwives from across the globe has formed to share experiences and strengthen midwifery leadership. ICM recommends that all countries establish formal Chief Midwife positions with recognised authority and resources. A joint ICM–Burnet Institute study, to be completed in 2026, will provide evidence to support this recommendation.

Board leadership development programme

Recognising the importance of governance, ICM is introducing board leadership development for newly established Midwives Associations (MAs) to strengthen organisational leadership and sustainability.

Leading through education regulation and faculty standards

ICM continues to promote global standards for education and regulation. In partnership with the UNFPA Asia and the Pacific Regional Office (APRO), ICM, concluded a successful technical assistance project aimed at strengthening the regulation of pre-service midwifery education across 16 countries in the Asia-Pacific Region. Through a regionally tailored, online course, the project supported midwifery regulators and other participants to align their regulatory mechanisms for pre-service midwifery education with the ICM Global Standards for Regulation. Other courses of this nature are of increasing interest and are currently being planned



In conclusion

In an evolving healthcare landscape, midwife leaders must be adaptable, guiding teams through change and fostering innovation. Leadership remains the golden thread uniting ICM's work, essential for advancing midwifery, improving outcomes, and reducing maternal and perinatal mortality.

Global Chief Midwives
community of
practice –research
position paper

MA board leadership
development
programme- blended
–not funded

Leading through
education/regulation
Faculty standards

Empowering Nurses Thro

Sigma Launches the Nurse Learning Exchange

By Jasper Erwin Tolarba, EdD, DNP, RN, FACHE, FAAN

In its continuing effort to empower nurses across the globe, Sigma Theta Tau International Honor Society of Nursing (Sigma) has launched the Nurse Learning Exchange, an innovative and freely accessible professional development platform. Supported by the Johnson & Johnson Foundation, this initiative underscores a shared commitment to ensuring that nurses—regardless of where they live or practice—have access to relevant, evidence-based education that strengthens the profession and advances global health.

A Collaborative Approach to Lifelong Learning

Unlike traditional online learning hubs, the Nurse Learning Exchange represents a new era of collaboration among nursing organizations. Thirteen professional associations have already joined forces to develop a shared library of nursing continuing professional development (NCPD) contact hour courses, streamlining access to high-quality resources while avoiding the redundancy often seen across digital learning platforms.

The Nurse Learning Exchange's catalog covers an expansive range of topics that address the realities of modern nursing practice—ethics, human trafficking, leadership succession planning, oral health equity, technology and innovation in healthcare, and more. These courses are designed for nurses at every level, from bedside clinicians to emerging academic leaders, offering opportunities to refine skills, expand competencies, and strengthen professional identity.

Sigma's leadership views the Nurse Learning Exchange as an extension of its nearly century-long mission to cultivate leadership, scholarship, and service within nursing. The initiative reinforces Sigma's role as a trusted connector of nurses worldwide, committed to fostering growth, collaboration, and lifelong learning.

Expanding Access, Breaking Barriers

At launch, the Nurse Learning Exchange offers more than 30 NCPD contact hours, with additional content continuously added as new partners join the effort. The platform's free and open access through April 2026 removes financial barriers that often restrict nurses



FREE LEARNING

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ough Lifelong Learning:

from pursuing ongoing education.

This initiative could not have come at a more critical time. As the global nursing workforce faces unprecedented pressures—ranging from staff shortages to burnout—Sigma’s new platform offers an essential space for renewal and advancement. The self-paced structure allows nurses to learn when and how it fits their schedule, ensuring that professional growth remains attainable even amidst demanding workloads.

By partnering with the Johnson & Johnson Foundation, Sigma aims to narrow the educational gap and build capacity within the profession. The support from the Johnson & Johnson Foundation highlights the shared belief that education is a cornerstone of leadership and health equity, and that investing in nurses’ professional growth ultimately benefits the communities they serve.

An Invitation to Lead and Learn

The Nurse Learning Exchange is more than a repository of courses—it is a call to action for every nurse to embrace lifelong learning as a professional and moral imperative. By combining open access, collaboration, and forward-thinking design, Sigma and the Johnson & Johnson Foundation are charting a new path for nursing education—one that is inclusive, global, and deeply human. As nurses continue to serve as innovators, educators, and advocates across every corner of the world, this initiative serves as a powerful reminder: when nurses are given the tools to learn, lead, and grow, entire health systems thrive.

To explore the free courses available through the Nurse Learning Exchange, visit SigmaNursing.org and join the growing movement of empowered nurses transforming healthcare through lifelong learning.

Scan to learn more.



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Defining Nursing for the Future – ICN’s 2025 Global Definitions



Dr Michelle Gunn
*PhD, RN, LLB (Hons),
GradDipLegalPrac,
Lawyer of the QSC*

At the International Council of Nurses (ICN) Congress in Helsinki in June 2025, the global nursing community reached an important milestone: the launch of the new Definition of Nursing and the new Definition of a Nurse.

These definitions mark the first comprehensive revision in decades, and they come when health systems worldwide are undergoing profound transformations.

For more than 100 years, ICN has carried the responsibility of defining and upholding the profession of nursing. The definition of nursing, the most frequently accessed page on its website, has shaped education, regulation, workforce planning, and policy across the world. Yet, over the past two decades, the context of health care has shifted dramatically. Rising costs, rapid technological innovation, greater health literacy among populations, and increasingly complex global challenges have reshaped the expectations and contributions of nurses. New definitions were needed, ones that reflect contemporary practice and guide nursing and nurses into the future.

The development of the new definitions drew on wide consultation, including: National Nursing Associations, regulators, educators, students, advanced practice nurses, and ICN networks. Evidence and perspectives from across cultures and health systems were examined, and hundreds of nurses worldwide responded to open invitations to participate. The outcome was overwhelmingly endorsed by ICN’s Council of National Nursing

Association Representatives, uniting the profession globally.

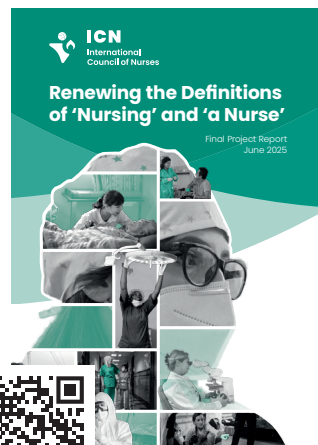
The new Definition of ‘Nursing’ opens with a powerful statement: ‘[n]ursing is a profession committed to upholding every person’s right to the highest attainable standard of health’. This situates nursing firmly within the framework of the International Right to Health. The definition goes on to describe the unique combination of science, technical capability, and advocacy that underpin practice, and it closes with nursing’s ‘...commitment to compassion, social justice and a better future for humanity.’

The Definition of ‘a Nurse’ highlights the essential attributes of professionalism: education, regulation, competence, and ethics. It portrays nurses as scientifically educated professionals who practise safely under regulatory standards and are accountable to ethical principles. Working both autonomously and collaboratively, nurses enhance health literacy, prevent illness, protect safety, alleviate suffering, and respond with skill and courage in times of crisis. They lead, manage, innovate,

and shape policy, affirming nursing’s standing as a regulated and evidence-based profession.

These definitions will be applied at multiple levels. At the international level, ICN is working with the World Health Organization (WHO), the International Labour Organization (ILO), the World Trade Organization (WTO), and other UN partners to embed them into global frameworks and data/classification systems. Our CEO, Mr. Howard Cattton, presented them at a recent WTO meeting on trade agreements and at several side events during the United Nations General Assembly (UNGA), highlighting their growing influence across global health and labour policy.

At the national level, many of our National Nursing Associations are presenting the definition to key authorities in their own countries and translating it



into local languages and cultural contexts to ensure its relevance in every setting. At the professional level, it provides educators, researchers, and policymakers with a shared reference point to strengthen curricula, guide scope-of-practice decisions, and shape models of care.

At the individual level, the impact has been profound. Nurses across the globe have described these words as moving, often bringing them to tears. For many, the definitions are more than technical descriptions: they are a recognition of who nurses are, what they do, and why they do it.

Just as importantly, these definitions also carry deep meaning for the public. They put into words what people everywhere expect, and should be able to demand, from nurses, health providers, and governments. They affirm that nursing is not only about delivering care, but also about protecting health as a human right and shaping healthier societies. In doing so, they give the public a shared language to understand and value the full scope of nursing's role, and to call for the kind of nursing that improves lives and advances the right to health. In this sense, the definitions articulate not just professional standards, but a right to quality that belongs to every member of the public.

The launch of the new definitions sits alongside ICN's long-standing advocacy for the WHO Strategic Directions for Nursing and Midwifery (SDNMs). ICN lobbied strongly for their renewal as part of the State of the World's Nursing 2025 (SOWN 2025) process and was active at the World Health Assembly (WHA) ensuring nursing voices were heard. We were delighted to see strong support from member states, many of whom explicitly referenced the

SDNMs in their interventions, calling for accelerated implementation and raising issues that echo ICN's concerns, including workforce retention, advanced practice, and the enabling conditions nurses need to thrive. The language agreed at the WHA on the need to accelerate progress was particularly welcome.

At the same time, ICN remains concerned about the potential impact of recent changes at WHO on the future of the SDNMs and on nursing more broadly. The momentum created by SOWN 2025 and the WHA must not be lost. To that end, ICN has been developing a global nursing plan, with the SDNMs at its core. Over the coming years, we will work alongside member states, WHO, and partners to support their implementation, ensuring they deliver tangible improvements in education, regulation, workforce retention, and the quality of care.

The 2025 Definitions of 'Nursing' and of 'a Nurse', together with the SDNMs, provide a foundation for the future of nursing. They are not static statements, but living tools, shaping how nurses are recognised, supported, and integrated into health systems, and inspiring nurses themselves and the public they serve to see nursing as a driver of healthier societies. From the right to health to a better future for humanity, they express both the foundation and the aspiration of nursing for the decades ahead.

For more information contact:

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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.

“Health is a unifier, allowing us to reach consensus on issues that impact countries big and small, by setting measurable health targets, we can ensure governments remain accountable to their people and empower citizens to take responsibility as well for their well-being.”



Dr Saia Ma'u Piukala,
WHO Regional Director for Western Pacific





LINKS

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

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

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