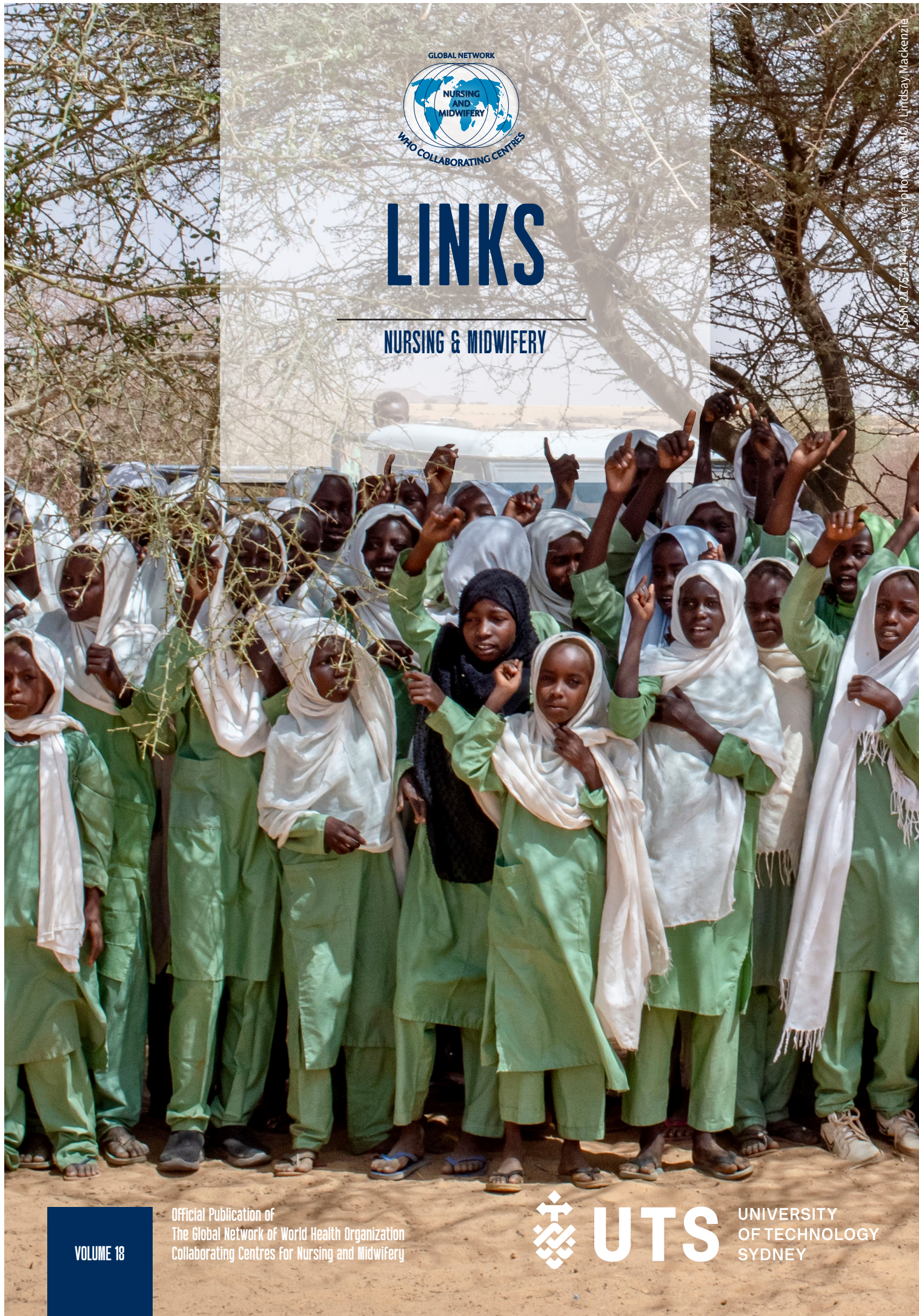




LINKS

NURSING & MIDWIFERY

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VOLUME 18

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



UTS

UNIVERSITY
OF TECHNOLOGY
SYDNEY



Darfur, Sudan: Health centre rebuilt after community dialogues

North Darfur, Sudan - 25 April 2022: Children from Abu Gaw participate in a celebration to mark the opening of the village's new health care centre. Prior to its construction, people from Abu Gaw had to travel long distances to reach health services, but many couldn't afford the cost of transport.

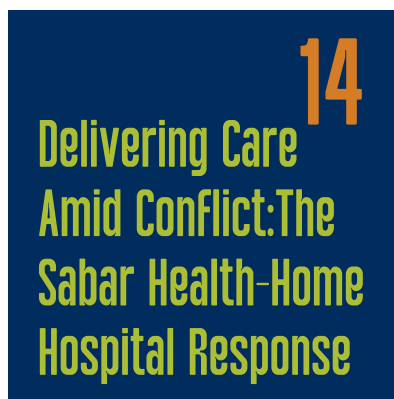
The previous health care centre was destroyed and workers were forced to flee during the war in Darfur in 2004. Since 2018, about 8000 people have returned to the village from displacement camps.

Cover photo © WHO / Lindsay Mackenzie

“Sexual and reproductive health and rights in Pakistan - A health worker who has been a champion of sexual and reproductive health and rights (SRHR) in her community for over a decade prepares to visit a community member who is pregnant in Bara Kahu, Islamabad, as part of outreach services of the “Lady Health Worker” programme.”



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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 CC UTS Secretariat



Professor Debra Anderson

*Co-Secretary General
Global Network of WHO CCs for
Nursing and Midwifery
Dean
Faculty of Health, UTS*



Dr. Ameporn Ratinthorn

*Co-Secretary General
Global Network of WHO CCs for
Nursing and Midwifery
Director, WHO CC for Nursing and
Midwifery Development
Dean, Faculty of Nursing, Mahidol
University, Bangkok Thailand*



Professor Michele Rumsey

*Co-Secretary General
Global Network of WHO CCs
for Nursing and Midwifery
Director, WHO CCNM, Faculty
of Health, UTS*



Professor Kathleen Baird

*Co-Assistant Secretary General
Global Network of WHO CCs for
Nursing and Midwifery,
Head of School, Nursing and
Midwifery, Faculty of Health, UTS*



Professor Angela Dawson

*Co-Assistant Secretary General
Global Network of WHO CCs
for Nursing and Midwifery
Associate Dean (Research)
Faculty of Health, UTS*



Amanda Neill

*Programs Manager
Global Network of WHO CCs
for Nursing and Midwifery
WHO CCNM, Faculty of Health, UTS*



Chris Rossiter

*Project Officer
WHO CCNM,
Faculty of Health, UTS*



Tasmin Goldsmith

*Project Officer
Global Network of WHO CCs for
Nursing and Midwifery
WHO CCNM, Faculty of Health, UTS*



Kerri Gianesi

*Project Officer
Global Network of WHO CCs for
Nursing and Midwifery
WHO CCNM, Faculty of Health, UTS*



Nathan Kelly

*Senior Programs Officer
Global Network of WHO CCs for
Nursing and Midwifery
WHO CCNM, Faculty of Health, UTS*

Meet the Secretariat

Editorial

Welcome to Volume 18 of LINKS Magazine. We are once again delighted to express our sincere thanks to the WHO Collaborating Centres for Nursing and Midwifery. Your collective dedication and contributions continue to drive significant advancements in global nursing and midwifery, and we deeply appreciate your unwavering support and commitment...

This issue reflects the strength of our community, featuring insightful contributions from our esteemed global partners and colleagues. The Global Network's mission remains focused on utilising the full potential of nursing and midwifery to promote health for all. We work hand-in-hand with WHO Member States, Collaborating Centres, NGOs, and other stakeholders to advance population health. Together, we continue to advocate and influence evidence-based policies, aligning with regional resolutions and WHO Programs of work, and within the framework of the WHO Strategic Directions for Nursing and Midwifery (2021-2025) Policy Priorities: Education, Jobs, Leadership, and Service Delivery.

In this edition, we are proud to share tools and crucial insights for working in fragile, conflict-affected, and vulnerable (FCV) settings. These environments present unique challenges to delivering quality healthcare, and our featured content explores strategies and practices to support health workers and strengthen systems in these contexts. This information

is critical for advancing our collective capacity to provide equitable care, particularly to those most at risk.

In addition, we are excited to highlight innovative educational advancements, practices, and initiatives that strive to deliver equitable healthcare to vulnerable populations. These efforts are significant steps toward achieving our collective goals and fulfilling our strategic priorities.

A special focus is given to the Eastern Mediterranean Region (EMRO) in this issue, celebrating the remarkable contributions of the WHO Collaborating Centres for Nursing and Midwifery in the region. We are confident that this edition will provide valuable insights, inspiration, and practical information to our Collaborating Centres and partners worldwide.

With sincere gratitude and warm regards, we wish you continued success as we work together to achieve Health for All through excellence in Nursing and Midwifery.

With gratitude,

**Professor
Debra Anderson**

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

Dean, Faculty of
Health, University of
Technology Sydney



GNWHOCCNM 2022-2026

Global Network of WHO Collaborating Centres for Nursing and Midwifery

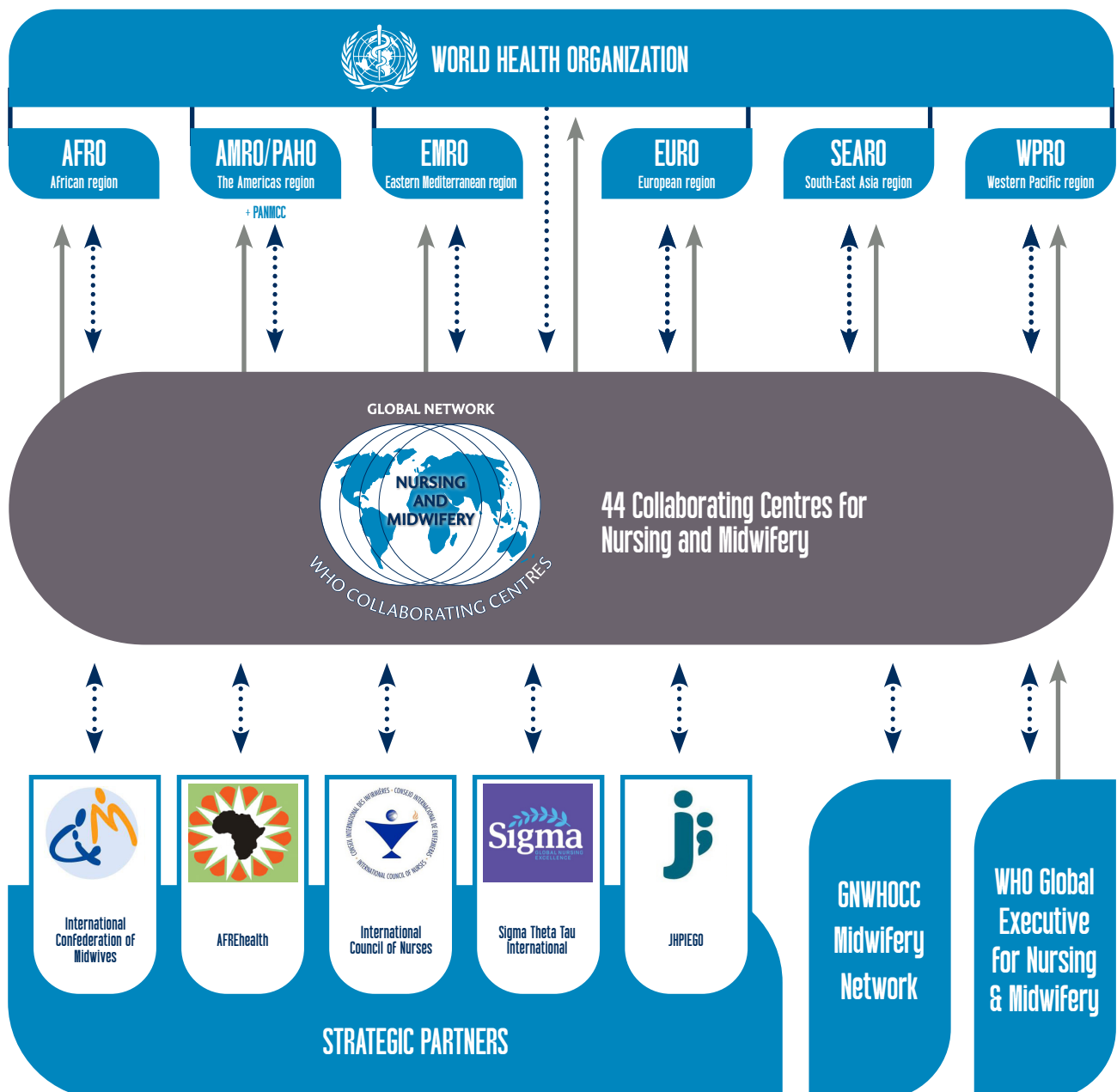
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) was first formed between 1987-1988. It is an independent, international, not-for-profit, voluntary organization comprising WHO CCs across all six WHO Regions. For 35 years, the network has worked to strengthen and promote 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 CC UTS was elected Secretariat of the GNWHOCCNM in 2022, following the 2018-2022 tenure of John Hopkins University in Baltimore, Maryland. WHO CC UTS seeks to further the vision and mission of the Global Network of WHO CC by being a reliable source of communication, community, and collaboration between Global Network CCs and partners.

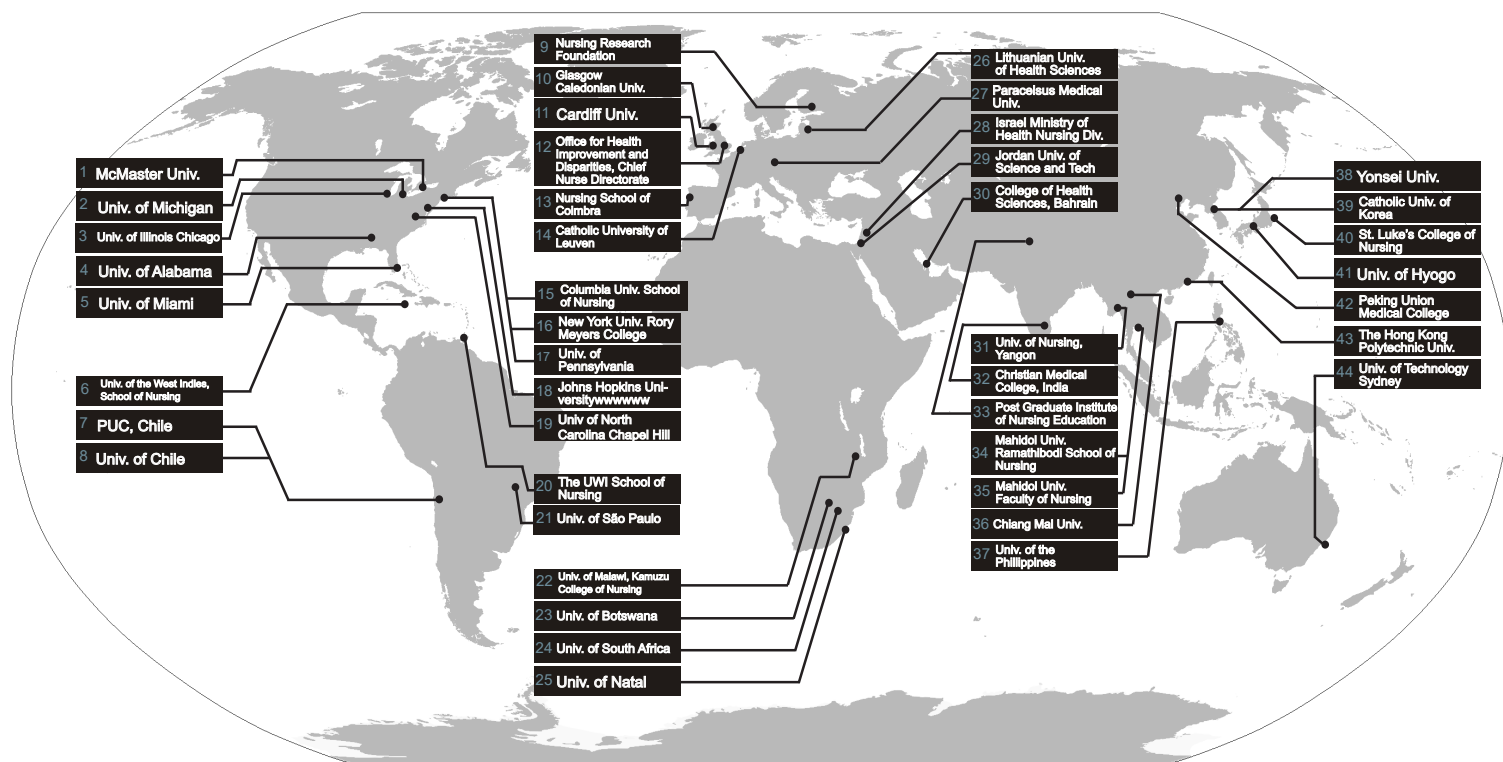
The relationship of the GNWHOCCNM with WHO, WHO Regional Offices, and key strategic partners is illustrated below:





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

WHO EMRO Nursing and Midwifery Update

In May 2021, the Seventy-fourth World Health Assembly adopted the Global Strategic Directions for Nursing and Midwifery (SDNM) 2021–2025, endorsing a comprehensive framework to guide the future of nursing and midwifery worldwide.



As we enter the final implementation phase of the SDNM, it is essential to reflect on the framework's four strategic directions—jobs, education, service delivery, and leadership—and how these pillars have fostered growth, empowerment, and resilience among nursing and midwifery professionals in the WHO Eastern Mediterranean Region (EMRO).

The nursing and midwifery workforce is fundamental to achieving Universal Health Coverage (UHC) and meeting the health needs of a growing and aging population. With rising demands for health services, we must prioritise training, recruiting, deploying, retaining, and supporting their nursing and midwifery workforce. This heightened focus on workforce policy, planning, production, and professional development is vital to strengthening health systems across all levels, from global to local.

The WHO Global Strategy on Human Resources for Health: Workforce 2030



outlines essential policy responses for health workforce challenges.

This strategy has informed region-specific frameworks, including those in EMRO. Recent studies supporting the Global Health Workforce Strategy estimate a global shortage of 4.5 million nurses and 0.31 million midwives by the year 2030, with the greatest gaps found in countries in AFRO, SEARO and EMRO. Currently, EMRO accounts for 17% of global nurse and midwife shortages. While human resource production capacity in EMRO has been increasing, for instance with the rapid establishment of more nursing and midwifery schools, more work needs to be done to achieve the ambitious targets of the Sustainable Development Goals (SDGs) and increasing population health needs. Most importantly, it is critical to have sustained policy support for the nursing and midwifery workforce.

In the EMRO region, WHO Collaborating Centres for Nursing Development have made significant advances to address these challenges in nursing and midwifery. For instance, the Faculty of Nursing (FON) at the Jordan University of Science and Technology (JUST) launched the Jordan Journal of Nursing Research and achieved National Accreditation for its Nursing and Advanced Practice programs. These initiatives enhance nursing competencies and underscore the importance of high-quality education and evidence-based practice in preparing future nurses. Similarly, the Bahrain WHO Collaborating Centre for Nursing Development initiated a research and education program addressing the delayed detection of female cancers, a critical public health issue in EMRO. This program, with its educational campaigns, equips future nurses and midwives to be advocates and deliverers of primary health care within their communities.

Despite progress, nursing and midwifery in EMRO continues to face unique and ongoing challenges. Geographic, skill-mix, and gender imbalances persist across the region, and there is high mobility of nurses and midwives both within and beyond national borders. Some countries remain heavily reliant on expatriate nursing and midwifery staff, while others are depleted of their workforce due to migration. Further, dual practice among nurses and midwives leads to public-sector shortages and high workloads. Compounding these challenges, nearly half of EMRO countries are affected by emergencies and conflicts, impacting the security and mobility of health workers and exacerbating shortages. Alarming, between 2023 to 2023, there have been over 1600 attacks on health personnel in EMRO, underlining the risks faced by the nursing and midwifery workforce.

Skilled and empowered nurses and midwives are central to the success of any health system, and regional investment, multisectoral collaboration, and resource-sharing for their development is essential to achieving UHC. EMRO's Regional Flagship Initiative, Investing in a Resilient Health Workforce, is committed to ensuring that member countries have access to a competent, sustainable, and resilient nursing and midwifery workforce. This initiative emphasises the importance of placing nurses and midwives at the centre of health teams and recognising them as champions of health and well-being. By strengthening their capacity, enhancing their competencies, and improving the quality of the regional health workforce, we can build a future that is responsive to the health needs of the Eastern Mediterranean Region.



SURVEILLANCE SYSTEM FOR ATTACKS ON HEALTH CARE (SSA)

INVEST IN, EMPOWER AND PROTECT

our health workforce for now and in the future



Tools and Resources for nurses and midwives working in fragile, conflict affected and vulnerable (FCV) settings

The World Health Organization uses the concept of ‘fragile, conflict-affected and vulnerable (FCV) settings’ to refer to a broad spectrum of contexts, including but not limited to humanitarian crises, protracted emergencies and armed conflict. With nearly a quarter of the global population living in FCV settings, it is an essential consideration within the sphere of global development (WHO, 2020).

Often the conditions that foster FCV settings also impact essential services, such as healthcare systems. This complicates the delivery of health services through disruptions to routine service provision, complexified health demands, increased vulnerability to health crises and complications to resource allocation.

Consequently, populations living in FCV settings are confronted with poor quality healthcare and an increased burden of disease, especially those who already face inequalities and vulnerabilities.

“60% of preventable maternal deaths, 53% of deaths in children aged under 5 years, and 45% of neonatal deaths take place in fragile settings where political conflict, displacement and natural disasters prevail”

Working in FCV communities requires specialized nursing and midwifery care as the “need is acute,” and there is no ‘one-size fits all’ solution. According to the International Council of Nurses (ICN, 2019), nurses play a vital role in all phases of disaster, including contributing their knowledge of community resources, their understanding of the needs of vulnerable populations, health workforce planning and clinical knowledge skills. Furthermore, the International Confederation of Midwives (ICM, 2024), states the presence and contribution of midwives is being more emphasized and “critical for anticipatory preparation and response for all types of emergencies.”

Furthermore, the understanding upheld by nurses and midwives regarding the complex experiences of local communities can also support harm reduction and strategic planning in FCV settings. Nurses and midwives have the tools to advocate for the specific healthcare needs of vulnerable populations, adopting a strategic position within research, strategy development and policy making. The advocacy role can also be adopted by nursing and midwifery associations, further contributing the representation of the healthcare needs of populations living in FCV settings.

Global efforts are placing emphasis on the need for quality guidance and strategy to address the healthcare challenges faced by populations living in fragile, conflict-affected and vulnerable settings. Although there is no ‘one-size fits all’ approach, the World Health Organization is working

alongside a range of partners to support the provision of quality care in FCV settings. Resources and guidance provided by the initiative are aimed at supporting local healthcare workforces, which largely consist of nurses and midwives, in service planning and implementation of a strategic initiative in FCV settings.

The nature of nursing and midwifery allows health professionals to maintain close ties with local communities and uphold understanding of their complex experiences and intricacies. As a result, nurses and midwives have the tools to provide responsive, quality care in FCV settings by expanding upon already existent relationships with local populations.

“In the aftermath of crises, women and girls are particularly vulnerable to sexual and gender-based violence (that may result in pregnancy), early and forced marriages, loss of livelihood, restricted access to education, and deterioration in sexual and reproductive health.” ICM



“Nearly a quarter of the global population - currently live in settings affected by conflict, displacement and natural disasters. Combined with weak national health systems, these settings make it difficult to deliver basic health services where they are most needed and would make the biggest difference. As a result, countries that host fragile, conflict-affected and vulnerable settings also have a high burden of disease and death.” WHO



“Nurses remain an underused resource in disaster risk reduction, response and recovery for communities around the world. The International Council of Nurses believes that the involvement of nurses is essential to prevent new and reduce existing disaster risk.” ICN



“We stand united in honouring the extraordinary dedication of humanitarian workers who, in the face of extreme adversity, continue to bring hope, relief and essential services to millions in need across the Eastern Mediterranean Region and, indeed, across the world.”

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, on World Humanitarian Day 2024



FCV - Articles and Resources

Quality of care in fragile, conflict-affected and vulnerable settings: tools and resources compendium

Compendium containing resources and tools for improving health care delivery in fragile and conflict-affected settings. It includes implementation tools, frameworks, guidelines and checklists to help relevant stakeholders provide quality health care services with great consideration to resource limitations, safety concerns and instability.



Refugee and Migrant Health Toolkit



Toolkit supporting implementation of activity regarding refugee and migrant health.



Japan supports WHO to strengthen response capacity for infectious diseases in Afghanistan

Around 560 000 children vaccinated in first round of polio campaign in Gaza



Polio campaign in Gaza was implemented as an urgent response to a poliovirus type 2 (cVDPV2) outbreak. The first round of the campaign occurred from 1-12 September 2024. The program was conducted by the

Palestinian Ministry of Health (MOH), with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) and other partners.



Polio immunization campaign, phase II, Gaza - 16 October 2024

Estimating Trauma Rehabilitation Needs in Gaza using Injury Data from Emergency Medical Teams



The exercise is a part of planning for the coming rehabilitation-related services needed in the Gaza Strip. It would be used as a resource for the effective allocation of resources and comprehensive holistic care for affected communities.

WHO analysis highlights vast unmet rehabilitation needs in Gaza



The report highlights urgency of the need for long term and long term and immediate support for the health system pressures in Gaza, with only 17 out of 36 hospitals functioning.

Rapidly detecting and responding to health emergencies



Highlights the roles of the WHO in global surveillance and processes taken within 48 hours of declared emergencies.

WHO EMRO Meet the heroes powering our emergency response



Focus story on WHO workers within EMRO and their experiences.

"Nearly a quarter of the global population - currently live in settings affected by conflict, displacement and natural disasters. Combined with weak national health systems, these settings make it difficult to deliver basic health services where they are most needed and would make the biggest difference. As a result, countries that host fragile, conflict-affected and vulnerable settings also have high burden."

Statement by Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, on World Humanitarian Day 2024



WHO Regional Director for EMRO claims Act for Humanity as the 2024 theme for World Humanitarian Day. She honours recently deceased service workers including patient administrators and public health officers whom worked in conflict affected regions.

FCV - Articles and Resources

WHO EMRO Country Health Emergency Preparedness and International Health Regulations



Webpage with an overview of WHO EMRO's work specifically to Country health emergency preparedness and international health regulations.

WHO Clinical Care in Crises



Tool with a focus on digital application "Frontline"

International Confederation of Midwives (ICM)

Navigating Birth and Conflict in the West Bank: A Documentary Film About the Work of Midwives - Ana Gutierrez



Article portraying the experiences of midwives in areas of ongoing conflict as well as highlights these midwives' dedication to their work.

The Role of Midwives in Humanitarian Crises



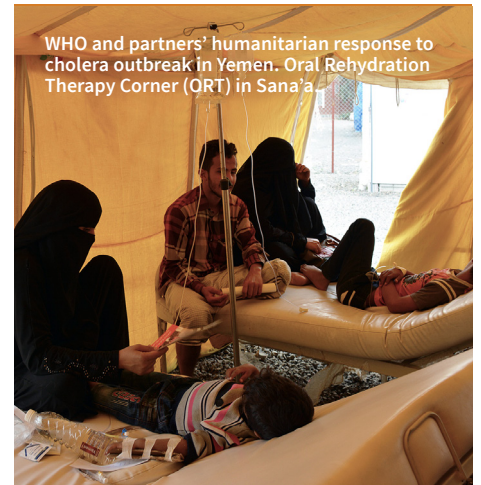
Resource depicting roles of midwives in humanitarian crises and preparations during disasters and health emergencies

Midwives and Climate: A Toolkit for Midwives and Midwifery Advocates During the UN Climate Change Conference (COP)



Toolkit and the advocacy of midwives and their role in climate change

WHO and partners' humanitarian response to cholera outbreak in Yemen. Oral Rehydration Therapy Corner (ORT) in Sana'a



International Midwives Day: Maternity and newborn, Baghdad, Iraq - May 2023



International Council of Nurses

ICN Partners With Humanitarian Aid Distribution Experts Direct Relief to Maximize the Efficient Delivery of Disaster Relief Supplies



Announcement of the collaboration between the International Council of Nurses and Direct Relief

SHCC Report 2021: UNRELENTING VIOLENCE: Violence Against Health Care in Conflict



Report produced by Safeguarding Health in Conflict Coalition and Insecurity Insight. It highlights the incidents of violence or obstruction of health care in regions experiencing conflict.

Core competencies in disaster nursing: competencies for nurses involved in emergency medical teams (Level III)



Resource about relevant competencies implemented for nurses in disaster nursing

Israel Ministry of Health Nursing Division. Community Health in Times of War



A webinar featuring a variety of health experts discussing flexible healthcare responses during conflict, use of digital health tools and proactive health strategies.

Disaster Resilience in Older Adults

A webinar regarding vulnerability and the state of vulnerability in elderly populations during disasters.





Delivering Care Amid Conflict: The Sabar Health-Home Hospital Response

*By Glynis Katz and Tal Sapir, Knowledge & Quality Expert and
Chief Nurse, respectively, at Sabar Health Home Hospital.*

Working in fragile, conflict-affected, and vulnerable (FCV) settings requires immense resilience and adaptability from healthcare providers. On October 7th, 2023, Israel faced an unexpected outbreak of war, following an attack that plunged the country into a state of shock and vulnerability. As a provider of home hospital services, Sabar Health was confronted with unprecedented challenges—disruptions in service delivery, surging health needs, resource scarcity, and the emotional toll on healthcare professionals. This article highlights the response of Sabar Health-Home Hospital in delivering quality care amid these significant challenges, demonstrating how adaptability and resilience were essential to continuing patient care in the face of adversity.

Challenges in Delivering Home Hospital Care During Conflict

1. Disruption of Routine Care

Before the conflict, Sabar Health provided home hospital services to more than 2,000 patients across Israel, ensuring that people could receive hospital-level care in their natural environment. However, the sudden outbreak of war disrupted routine care delivery. Daily missile attacks and general insecurity made it dangerous for healthcare workers to travel to patients' homes, severely limiting the continuity of care.

Restricted mobility due to missile threats and safety concerns hindered the accessibility of healthcare services, with healthcare workers forced to delay or cancel visits. Communication breakdowns further added to the complexity, making it challenging to coordinate with team members and patients alike. Routine, uninterrupted care, which was at the core of Sabar Health's mission, became difficult to maintain in the face of ongoing attacks.

2. Increased Health Needs

The ongoing conflict led to increased health needs, particularly trauma-related care. Hospitals became overwhelmed by the sudden surge in patients requiring urgent care for burns, orthopedic injuries, and other trauma. This surge put additional pressure on home hospital services, which were relied upon to support the healthcare system as hospitals struggled to cope with the influx.

The stress and anxiety caused by the war also exacerbated pre-existing health conditions for many patients. Chronic diseases and mental health issues became more severe as people struggled to cope with insecurity and vulnerability caused by the ongoing attacks. Healthcare workers had to adapt to address both physical health conditions and the increased mental health needs of their patients, requiring a more comprehensive and integrated approach.

3. Resource Scarcity

The war created significant challenges related to resource management. Human resources were severely constrained,

with 56 staff members called up for military service, and many others facing displacement or personal loss. The impact of the conflict on staff members' families further strained the availability of healthcare professionals, leading to a limited capacity to provide home hospital services.

Additionally, supply chain disruptions resulted in shortages of essential medical supplies and protective equipment. The unpredictability of resource availability made it difficult to ensure that staff and patients had the tools they needed for effective care, adding another layer of complexity to the challenges faced by Sabar Health.

4. Heightened Vulnerability and Emotional Strain

Healthcare workers faced significant emotional strain as they worked in an environment characterized by ongoing missile attacks and widespread vulnerability. Many healthcare workers themselves experienced displacement, with some returning to find their homes destroyed. The emotional toll of balancing personal safety, family concerns, and their responsibilities to patients added immense pressure on healthcare workers.

Patients and their families were similarly vulnerable, grappling with the emotional impact of the conflict while also needing continued healthcare. The vulnerability faced by patients, families, and healthcare workers alike highlighted the importance of resilience and the need to support emotional wellbeing throughout the crisis.



Sabar Health's Response to Challenges in FCV Settings

1. Ensuring Safety and Adapting Care Delivery

To address the safety risks associated with home visits, Sabar Health distributed protective equipment, including helmets and bulletproof vests, to its staff. These measures were vital in ensuring that healthcare workers could continue to deliver care in high-risk areas while minimizing the danger to themselves.

Flexibility in care delivery also became a critical strategy. Home visits were modified according to real-time safety assessments, and remote consultations became a lifeline for maintaining patient contact. Although remote consultations could not completely replace the value of in-person visits, they allowed healthcare workers to continue providing care and support despite restricted mobility.

2. Providing Emotional Support for Staff

Recognizing the emotional strain faced by healthcare workers, Sabar Health expanded access to emotional support services. Staff members were given access to external resilience centers for confidential counseling, with up to ten sessions provided at no cost. Additionally, the Adler Institute was brought on board to offer family support interventions, helping staff members navigate personal and familial challenges arising from the conflict.

HR also played an active role in supporting team members through internal resilience initiatives. Managers proactively reached out to team members to provide support, both work-related and personal, and projects were initiated to support staff from areas directly affected by the conflict, such as the West Negev.

3. Maintaining Team Cohesion and Organizational Transparency

Organizational transparency and consistent communication became pillars of Sabar Health's response to the crisis. Management was available 24/7 to provide support to all team members, and regular Zoom meetings were held to keep staff informed about the evolving situation and organizational strategies.



WhatsApp groups and a needs assessment questionnaire were used to maintain open lines of communication and understand the needs of healthcare workers. This transparency and ongoing connection helped mitigate the uncertainty faced by staff members and reinforced a sense of shared purpose.

4. Fostering a Sense of Belonging and Community

Fostering a sense of belonging was critical for maintaining morale and resilience among healthcare workers. Routine activities recognizing significant life events continued during the conflict, including providing gifts for birthdays, weddings, and other occasions. These gestures helped sustain a sense of normalcy and connection for healthcare workers during an otherwise chaotic time.

The organization also organized volunteering efforts, including helping local farms in conflict-affected areas and preparing meals for security personnel. Engaging in these activities fostered a sense of community and mutual support among healthcare workers, allowing them to contribute meaningfully beyond their direct healthcare responsibilities.

5. Collaborative inconsistent Efforts for Resilience

To support the wellbeing of both patients and staff, Sabar Health collaborated with external entities, including government organizations and the Ministry of Health, to provide resilience and stress management tools. These initiatives helped healthcare workers develop coping strategies that were essential for continuing the delivery of care for patients effectively under challenging circumstances.

Conclusion

Delivering home hospital care in an FCV setting, as demonstrated by Sabar Health–Home Hospital during the 2023 conflict, requires adaptability, resilience, and a multifaceted approach to both patient and staff wellbeing. The disruptions in routine care, increased health needs, resource scarcity, and emotional strain posed significant challenges. However, through a combination of safety measures, emotional support, adaptability in care delivery, and fostering a sense of belonging, Sabar Health was able to navigate these challenges effectively.

The experience of Sabar Health illustrates the importance of prioritizing both physical and emotional safety, maintaining transparent communication, and fostering resilience among healthcare workers. By addressing the unique challenges of an FCV environment, Sabar Health demonstrated that quality healthcare can still be provided, even in the most difficult of circumstances.

These practices did not offer respectful maternity care, despite its importance to realising the United Nations' Sustainable Development Goals 3.1 and 3.2. The evidence of poor quality care, condescending attitudes and lack of autonomy are worrying and indicate a violation of women's right to dignity. Obstetric violence and abuse pose a serious threat to women's safety and wellbeing. It will also deter them from seeking support from skilled birth attendants in future pregnancies.

The study demonstrates the importance of ongoing education for midwives in similar settings, including access to mentors who model respectful care for pregnant and labouring women to promote their autonomy and dignity.

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

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

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

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

Leadership Priorities

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

Education Priorities

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

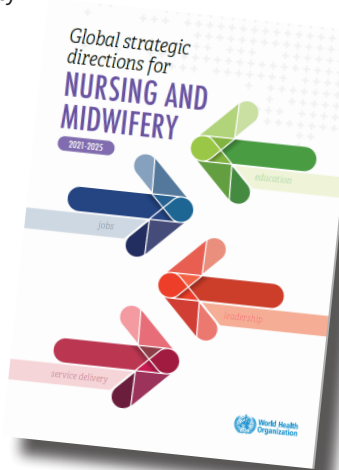
Service Delivery Priorities

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

Jobs Priorities

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

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



WHO Global Strategic Directions for Nursing and Midwifery

jobs

Strategic direction for jobs:

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

Policy priority

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

education

Strategic direction for education:

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

Policy priority

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

service delivery

Strategic direction for service delivery:

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

Policy priority

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

leadership

Strategic direction in leadership:

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

Policy priority

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

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



World Health
Organization

Bahrain WHO Collaborating Center for Nursing Development Launched Pink University Campaign: Insights on Breast Self-Examination Among Students at University of Bahrain

Breast cancer stands as one of the most prevalent cancers among women globally and is characterized by the abnormal growth of breast cells. The World Health Organization (2022) reported that breast cancer is the most common type of cancer worldwide, affecting 2.3 million women and is responsible for 670 000 deaths in 2022. In the Kingdom of Bahrain, breast cancer is the most prevalent type of cancer, accounting for 37.9% of cancer cases in women. The WHO emphasized that prevention and early detection are crucial and can dramatically empower women to take proactive steps, enhancing treatment success and survival rates. Undoubtedly, preventing breast cancer also involves a combination of lifestyle modifications such as eating a balanced diet, exercising frequently,

maintaining a healthy body weight and smoking cessation.

Under the umbrella of early detection, women can adopt many strategies to identify any changes that could happen in their breasts. In October 2023, the WHO Collaborating Center (WHOCC) for Nursing Development at the University of Bahrain, College of Health and Sports Sciences, Nursing Department (BAA1), conducted a needs assessment survey study entitled "Assessment of University Students' Knowledge, Attitude and Practice Regarding Breast Self-Examination in Bahrain: A Call for Action". The study revealed a significant gap in students' knowledge about the importance of breast self-examination and the use of proper techniques. The study also indicated that students had limited

knowledge about correct practices for breast self-examination.

Based on the findings of the needs assessment, the nursing department under the supervision of Dr. Leena Khonji, Director of the WHOCC for Nursing Development, launched an educational initiative entitled "Pink University Campaigns: Breast self-examination Saves Your Life" to improve students' awareness regarding breast self-examination and enhance personal motivation toward the healthy practice. The WHOCC for Nursing Development collaborated with all colleges at the University of Bahrain, to conduct the educational initiative. By partnering with various university colleges, the initiative fostered a collaborative environment focused on equipping students with essential knowledge





and skills. During the campaign, nursing faculty and postgraduate midwifery students delivered an in-depth explanation of breast self-examination, emphasizing the importance of early detection. They utilized mannequins for practical demonstrations, allowing participants to visualize and practice the self-examination techniques step-by-step. In

addition to the demonstrations, the campaign distributed a range of educational materials. These resources emphasized key topics such as recognizing the early signs of breast cancer, understanding the risk factors, and the procedure for self-examination. The interactive nature of the campaign encouraged many female students to be actively engaged. The colleges also offered

private places where faculty members examined some students and facilitated hands-on practice. This reinforced learning and built confidence in their self-examination practices. Overall, the campaign served as a vital platform for raising awareness and equipping future generations with the tools necessary for promoting breast health in the Bahrain community.

Jordan University of Science and Technology

- Faculty of Nursing Update

Jordan University of Science and Technology (JUST) is a leading public research university in Irbid, North Jordan. Founded in 1986, it offers undergraduate and graduate programs across various fields, including nursing, engineering, medicine, pharmacy, dentistry, computer science, agriculture, architecture, and applied sciences.

JUST is known for its high academic standards and innovative research, focusing on science, technology, and healthcare education. The University has several well-equipped research centers, such as the Nanotechnology Center. JUST's campus is large and modern, providing facilities like advanced laboratories, a university hospital, and on-campus student housing. It attracts a diverse student body, including international students from the Middle East and beyond. The University also strongly emphasizes sustainability

and community service, aiming to contribute to Jordan's economic development and address environmental and social challenges in the region.

The Faculty of Nursing (FON) at JUST is 1 of only 2 WHO CCs for Nursing and Midwifery in the EMRO region, providing a distinguished program for preparing skilled, compassionate nursing professionals who can meet the healthcare needs of Jordan and the wider region. Established as part of JUST's commitment to healthcare education, the FON offers nursing and midwifery undergraduate programs, five different graduate programs, and we are looking forward to establishing a PhD nursing program in the future. The FON/ JUST has many achievements in curriculum and training, research and innovation, facilities, and community and global outreach. With the support of the Deanship of

Scientific Research at JUST, the FON established the Jordan Journal of Nursing Research.

The FON has undergone a rigorous accreditation journey, reflecting its commitment to maintaining high standards in nursing education, aligning with global best practices, and assuring that they meet established educational standards and produce competent, qualified nursing professionals. The faculty recently gained an eight-year Accreditation (2024-2032) from the Accreditation Commission for Education in Nursing (ACEN). In addition, the FON gained National Accreditation from the Accreditation and Quality Assurance Commission for Higher Education Institutions and is the first among all specialists and nursing programs to achieve national Accreditation.



عمادة كلية التمريض

DEANSHIP FACULTY OF NURSING



One of the marvelous initiatives for the FON is establishing the Youth Clinic as a Wellness Clinic at JUST focused on addressing the unique health needs of students within the university. Recognizing the importance of preventive health, wellness, and education for youth, the clinic is vital in promoting a holistic approach to health, offering services tailored specifically for young adults. The clinic ensures students and young adults have a safe space for health consultations, guidance, and support. The clinic educates young people about healthy lifestyle choices, disease prevention, and early detection to foster long-term health and well-being.

The clinic focuses on physical, mental, and emotional well-being, recognizing the significant impact of mental health on overall wellness. The clinic provides a safe, supportive, and non-judgmental space for youth to discuss health issues openly, which can be particularly important for sensitive topics like mental and reproductive health. The counseling services provide support for stress, anxiety, depression, and other mental health concerns common among young adults. In addition, consultations on reproductive health and sexual health education are offered. If specialized care is needed, the clinic refers the student to the university hospital or

appropriate specialists or healthcare facilities within JUST's network. Through educational programs and workshops, the clinic seeks to empower youth with knowledge on various health topics, from nutrition and fitness to sexual health and mental health support.

JUST's Faculty of Nursing is a pivotal contributor to Jordan's healthcare sector, producing graduates who are equipped to work in diverse healthcare environments and respond to the changing demands of the nursing profession.



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 Michigan, School of Nursing, Office of International Affairs	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA	USA283
University of Alabama at Birmingham, School of Nursing	WHO Collaborating Centre for International Nursing	Birmingham, USA	USA241
Columbia University, School of Nursing	WHO Collaborating Centre for Advanced Nursing Practice	New York, USA	USA272
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development in Primary Health Care	Chicago, USA	USA193
University of Miami, School of Nursing and Health Studies	WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety	Miami, USA	USA349
New York University, Rory Meyers College of Nursing	WHO Collaborating Centre in Gerontological Nursing Education	New York, USA	USA303
John Hopkins University, School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA	USA297
University of North Carolina at Chapel Hill, School of Nursing	WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery	Chapel Hill, USA	USA461
University of Sao Paulo, College of Nursing at Ribeirao Preto	WHO Collaborating Centre for Nursing Research Development	Sao Paulo, Brazil	BRA32
The University of West Indies School of Nursing, Mona (UWISON)	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica	JAM15
University of the West Indies (UWI) at St. Augustine, School of Nursing	WHO Collaborating Centre in Nursing Policies and Leadership	St. Augustine, Trinidad and Tobago	TRT1
Pontifical Catholic University of Chile	WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care	Santiago, Chile	CHI19
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile	CHI18
University of Bahrain, College of Health & Sport Sciences (CHSS)	WHO Collaborating Centre 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 Public Health Education and Research	Glasgow, Scotland	UNK160
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helenski, Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
Office for Health Improvement and Disparities (OHID), Chief Nurse Directorate	WHO Collaborating Centre for Public Health Nursing & Midwifery	London, England	UNK277
Paracelsus Medical University, Institute of Nursing Science and Practice	WHO CC for Nursing Research and Education	Salzburg, Austria	AUT15
The Israeli Ministry of Health, Nursing Division	WHO Collaborating Centre for Leadership and Governance in Nursing	Jerusalem, Israel	ISR32
Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA35
Mahidol University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA34
Chiang Mai University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand	THA43
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India	IND138
University of Nursing, Yangon	WHO CC for Nursing and Midwifery Development	Yangon, Myanmar	MMR4
Postgraduate Institute of Medical Education and Research (PGIMER), National Institute of Nursing Education	WHO Collaborating Centre for Nursing and Midwifery Development	Chandigarh, India	IND140
University of Philippines, Manila	WHO Collaborating Centre for Leadership in Nursing Development	Manila, Philippines	PHL13
University of Technology Sydney	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia	AUS93
St Luke's International University, College of Nursing	WHO CC for Nursing Development in Primary Health Care	Tokyo, Japan	JPN58
University of Hyogo, Research Institute of Nursing Care for People and Community	WHO Collaborating Centre for Disaster Risk Management for Health	Kobe, Japan	JPN77
The Hong Kong Polytechnic University (HKPU), Faculty of Health and Social Sciences, School of Nursing	WHO Collaborating Centre for Community Health Services	Hong Kong, China	CHN89
Peking Union Medical College, School of Nursing	WHO Collaborating Centre for Nursing, Policy-Making and Leadership	Beijing, China	CHN129
Yonsei University, College of Nursing	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea	KOR16
The Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Training in Hospice & Palliative Care	Seoul, Republic of Korea	KOR104

EURO

SEARO

WPRO

Empowering Community Health Workers to Improve Clean Water Access in Papua New Guinea

The Strengthening Health Workforce Education (SHWE) program in Papua New Guinea (PNG) focuses on supporting nurses and community health workers (CHWs) as the country's largest health workforce cadre and involves a comprehensive review, development, and implementation of an updated National Curriculum for the Diploma of General Nursing (DGN) and the Certificate IV for Community Health Worker (CHW) Program. The program is implemented by the WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney (WHO CCNM UTS), in partnership with the PNG National Department of Health (NDoH), University of Papua New Guinea (UPNG) and the PNG Department of Higher Education, Research, Science and Technology (DHERST) with funding provided by the Australian Department of Foreign Affairs and Trade (DFAT).

As part of the recently updated national curriculum for the CHW Certificate IV program in PNG, CHW students are participating in community placements that address vital public health challenges. The new curriculum, launched in January 2024, is aligned with the PNG National Health Plan and prioritises local community engagement and health promotion. One of the critical focus areas of the program is environmental health, which directly impacts the well-being of many Papua New Guineans.

In a recent community placement in Salamo Ward, Milne Bay Province, students worked alongside local leaders to address water quality concerns. During a series of meetings, a community survey revealed significant issues with the town's water drainage system and the quality of water from the local well. In response, the students, with guidance from their educators, identified practical solutions to tackle these environmental hazards.

The first priority was to restore the town's water drainage system. The students collaborated with community members to clear and maintain the drainage pathways, digging new channels where necessary to ensure proper water flow. As

they worked, the students engaged in discussions with community members, using the opportunity to educate them on the importance of maintaining a clean drainage system to prevent waterborne diseases.

Next, the students turned their attention to the community's well, the primary source of drinking water. They assisted the well owner in bailing out stagnant water,

allowing the well to refill with fresh, clean water. The surrounding area was also cleaned and maintained to ensure safe access to the well. These actions resulted in consistent access to safe, clean water for the entire community.

Feedback from local leaders was overwhelmingly positive, with one educator noting the community's "joy and excitement" at the students' involvement in resolving these issues. This hands-on, collaborative approach has demonstrated the value of the new CHW

curriculum in fostering community-driven solutions and empowering local residents to take ownership of their health needs.

By integrating practical learning with real-world problem-solving, the new CHW curriculum is equipping students to address the physical, social, emotional, and environmental health needs of the communities they serve. This innovative approach is not only improving public health outcomes in rural PNG but also strengthening the country's capacity to achieve its broader health goals under the National Health Plan.





The WHO CCNM UTS Pacific Leadership Program

The 2024 Pacific Leadership Program (PLP) was held at the University of Technology Sydney (UTS) between April 8-19. This marks the first in-person PLP since the pandemic, with the previous one in 2022 held virtually. The Program was jointly hosted by the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney (WHOCC UTS) and the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA).

Fellows in attendance included 26 Pacific nursing and midwifery leaders and chief nursing and midwifery officers (CNMOs) from 13 Pacific Island countries and territories: Cook Islands, the Federated States of Micronesia (FSM), Fiji, Kiribati, Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

One of the highlights of this year was the presence of the WHO Chief Nursing Officer Dr Amelia Latu Afuhaamango Tuipulotu, who is a Pacific (Tongan) Leader herself. Her expertise and words of advice were greatly appreciated by the WHO CC Nursing and Midwifery Team, invited UTS faculty members, and the fellows.

Despite making up close to 75% of the regulated health workforce, nurses and midwives continue to be underrepresented in the region, both in leadership and policy. As one fellow put it, they are pushed “from bedside nursing to boardroom nursing” with little capacity building. The PLP addresses this gap. The aim of the program has been to enhance the leadership capacity

within the Pacific by developing the skills of nursing and midwifery leaders through exposure to expertise on various topics. Other program activities included country reflection and prayers which provided great insight into participating countries and project presentations that outlined the work the fellows would be engaging in upon their return.

A virtual conference was also held on the morning of April 18th in collaboration with JHPIEGO, with participants from the Caribbean, extending the reach of the Program beyond the Pacific. Dr Carey McCarthy, Technical Officer, Health Workforce Department, WHO HQ, joined in for an update on the upcoming State of Worlds Nursing Report 2025.

A wonderful Welcome Reception was held on the evening of April 10th graced with esteemed guests including Professor Andrew Parfitt (Vice-Chancellor, UTS), Adj. Prof. Alison McMillan (Australian CNMO), Ms. Emeline Cammach (Director, Specialist Health Advice, DFAT), Prof. Debra Anderson (Dean, Faculty of Health, UTS), Sr Mele Sii Inukihaangana Filise (CNO, Tonga), Sr Colleen T Wilson (CNMO, Fiji), Prof. Kathleen Baird (UTS), Prof. Angela Dawson (Assoc. Dean of Research, Faculty of Health, UTS), Ms. Amy Persson (Interim Pro Vice Chancellor, Social Justice and Inclusion, UTS), and newly appointed Centre Patron Ms. Stephanie Copus Campbell (AM) (Ambassador for Gender Equality, DFAT).

The Program overall was a testament of regional identity and collaboration, and as one fellow stated, “... it shapes the future of all Pacific countries for [the] better”.

WHO CC NM UTS 2024 Pacific Leadership Program Brief



WHO CCNM UTS team and PLP fellows with
Dr Amelia Latu Afuhaamango Tuipulotu



WHO CCNM UTS Director Prof. Michele Rumsey
with PLP fellows at the Welcome Reception

Capacity-building for implementing WHO's ICOPE locally and internationally



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



Ivy Yan Zhao
PhD, Msc, Bsc, RN

[Assistant Professor] made a big leap forward out on the Western-Pacific stage by training healthcare professionals including geriatricians, medical doctors, nurses, physical/occupational therapists, psychiatrists, dietitians, medical social workers, etc., employed by the Ministry of Health in Brunei.

From 3 to 7 August, Prof. Leung and Dr Zhao trained participants on the use of the WHO ICOPE Framework, to assess the intrinsic capacity of older adults in the community and integrating the framework into their workplaces and communities for providing comprehensive care services and enhancing the intrinsic capacity of older adults in Brunei.

Case studies were used in the presentations and group discussions to guide participants to understand the six domains of intrinsic capacity: cognitive capacity, vitality, locomotor, visual, hearing and psychological capacities. Prof. Leung and Dr Zhao shared their experience in promoting the use of the WHO ICOPE framework in the social service/health care centres in Hong Kong and encouraged participants to mobilise available services and resources to develop personalised care pathways for older adults.

Promoting the implementation of the WHO ICOPE Framework locally and in Western Pacific is one of the key objectives of the Centre. The Brunei training is a big step forward in our 4-year effort in achieving this objective, responding to the United Nations' Decade of Healthy Ageing (2021–2030).

"The importance of the concept of intrinsic capacity for older adults to maintain their independence in the community was highlighted."

Implementing WHO ICOPE model in the primary health care services and the long-term care settings in Hong Kong

The centre has launched the first-and-ever research collaborative projects with primary health care services in Christian Family Service Centre and the long-term care service of Sheung Kung Hui. This is the first time to implement the WHO ICOPE model in primary health care services and the long-term care settings in Hong Kong to assess middle-aged or older people's intrinsic capacity, develop and evaluate personalized care plans to maximize their functional abilities so that they can live independently in the community.

First-ever ICOPE training in Brunei

The WHO Collaborating Centre for Community Health Services at School of Nursing, the Hong Kong Polytechnic University, has been actively supporting WHO in implementing the WHO Guidelines on Integrated Care for Older People (ICOPE) through evidence gathering and conceptual adaptation in the Western Pacific region. Invited by the WHO and the Ministry of Health, Brunei Darussalam, Director of the Centre, Prof. Angela Leung [Associate Head (Research) & Professor] and Deputy Director, Dr Yan Ivy Zhao



Led by Prof. Angela Leung, the School's WHO CC for Community Health Services conducted the first-ever ICOPE training in Brunei, one of the Western Pacific countries.



“ Promoting the implementation of the WHO ICOPE Framework locally and in Western Pacific is one of the key objectives of the Centre. Training is a big step forward in our 4-year effort in achieving this objective “





Challenges and Options to Improve Availability and Accessibility to Nursing Professionals in Brazil: Evidence to Inform Policies in a Timely Manner

By

Ana Paula Cavalcante de Oliveira,
Ana Beatriz Zanardo Mion,
Mariana Lopes Galante,
Carla Aparecida Arena Ventura

In the context of the International Year of the Nurse and the Midwife (2020), two reports were organized with contributions from representatives of the Member States of the World Health Organization (WHO) and the different regions: the State of the World's Nursing 2020 and the State of the World's Midwifery 2021.

Brazil contributed to these reports by creating the "State of Nursing in Brazil Working Group" consisting of (:) the Brazilian Nursing Association (ABEn), the Brazilian Association of Obstetric Nurses and Midwives (Abenfo National), the Federal Nursing Council (Cofen), the Ministry of Education, the Ministry of Health, the Collaborating Center of the Pan American Health Organization (PAHO/WHO) for Nursing Research Development at the University of São Paulo at Ribeirão Preto College of Nursing, the Nursing Now Campaign Working Group in Brazil, the United Nations Population Fund (UNFPA), and PAHO/WHO representation Brazil (PAHO/WHO/BRA).

In recent years, the working group has produced editorials on the state of nursing and midwifery, as well as infographics on these topics.

The creation of this group established a unique opportunity for collaborative data collection and discussion among key actors in planning and regulating the nursing workforce in Brazil. In this scenario, the "Challenges for Nursing Availability and Accessibility" project was developed. This project aimed to understand the state of nursing in Brazil, with six guiding questions:

1. What is the state of the nursing workforce in terms of availability and accessibility in Brazil?

2. What are the challenges and their causes in ensuring nursing availability and accessibility in Brazil?

3. What strategies and policies have been implemented to address the challenges in ensuring nursing availability and accessibility in Brazil?

4. What are the challenges identified as priorities and the weighted interventions to address these challenges?

5. What are the viable strategies to address the identified priority challenges to ensure nursing availability and accessibility in Brazil?

6. Have the strategies aimed at using the best available evidence made the research results accessible and relevant to stakeholders, while supporting the objectives and intended research use by key actors?

To answer these questions, a multimethod study was conducted, consisting of:

1. A descriptive and cross-sectional study with retrospective secondary data collection, identified through a combination of databases such as the Interagency Health Information

Network (RIPSA) and National Health Workforce Accounts (CNFTS) and;

2. A scoping review covering scientific articles, technical and policy documents, with searches in eight databases such as the Latin American and Caribbean Literature in Health Sciences via the Virtual Health Library (Lilacs via BVS) and Web of Science, and seven websites, such as the Ministry of Health, the Federal Nursing Council (Cofen), and workstations of the Human Resources Observatory (ObservaRH). The identified documents totalled 10,045, with 188 documents included and analysed. These steps resulted in several articles.

With the main results obtained from the study, a Report (including an Executive Summary) was developed. This was a valuable resource for policymakers and health managers, as it provided a comprehensive overview of the main challenges faced by Nursing in Brazil. The document displays the challenges and determinants, as well as policy suggestions for areas of intervention and strategic guidance for designing policy options aimed at mitigating issues and ensuring adequate



availability and accessibility to nursing professionals in the country.

As a result, the challenges were identified as:

1. Imbalance in the composition of the nursing team in Brazil;
2. Persistent asymmetry in the geographical distribution of professionals in the country;
3. Mismatch between the demand and supply of professionals in the labor market; and
4. Insufficiency of evidence for nursing workforce planning.

This process aimed to stimulate constructive discussions and promote concrete actions to strengthen the nursing workforce in Brazil as well as to drive policies and investments that ensure adequate accessibility and availability of nursing professionals, thus promoting more equitable, safe, and effective health care.

The Report served as a basis for a Prioritization Workshop held on March 13, 2023, at the PAHO - Brazil Representation in Brasília. The Working Group met, discussed the project's findings as evidenced in the Report, and ultimately voted on the priority challenge through a methodology validated by the research group. Based on the voting results, Challenge (Insufficiency of evidence for nursing workforce planning) scored highest and showed the greatest consensus of its importance among participants. They also discussed possible interventions

and stakeholders who could be involved in implementing strategic guidelines to overcome this challenge.

Workshop participants validated the synthesized document, emphasizing the importance of methodological strategies that allow the translation of knowledge into dialogue spaces among stakeholders, to contribute to policy recommendations, as well as the relevance of intersectoral responses to challenges.

Subsequently, a rapid literature review was conducted to identify successful experiences using tools and/or strategies for health workforce planning informed by evidence (data and information) to contribute to nursing workforce planning in Brazil.

A total of 1,560 documents were identified in databases (Pubmed, Scopus, BVS, and Epistemonikos), of which 145 provided information on the implemented strategies. However, the majority (106 documents) were merely descriptive studies that did not demonstrate the utilization of their results in health workforce planning at the national or regional level (1 not available). At the end of the review, 38 strategies used in some countries for health workforce planning informed by evidence were identified. The documents predominantly presented tools/strategies for workforce planning (32 documents), with scenario modelling/forecasting and Workload Indicators of Staffing Need (WISN) being highlighted.

In the final stage of the research project, those responsible for developing selected strategies based on those identified in the rapid review were invited to present them to the Working Group. The webinar entitled “Challenges for the availability and accessibility of health professionals: experiences in different countries for health workforce planning” was held in June 2023, through the Zoom platform and broadcasted on the YouTube channel of the Collaborating Centre and the Unified Health System (SUS) Management Innovation Portal, with simultaneous translation into Portuguese, English, and Spanish. The event featured presentations of successful strategies used in Peru, Malta, and Brazil, as well as argumentation and discussion by important experts in the field. The discussions were guided by leading questions regarding context, planning, concrete experience, challenges, and lessons learned.

In conclusion, the project “Challenges and Coping Options to Improve Availability and Accessibility to Nursing Professionals in Brazil: evidence to inform policies in a timely manner” successfully understood the challenges to the availability and accessibility of nursing professionals in Brazil, as well as evidenced some robust policy options to improve the availability and accessibility of these professionals, informing policy developers in a timely manner.



NURSES & MIDWIVES

account for more than half
the professional health workforce

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

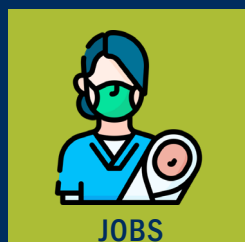
Nurses and midwives bring people-centred care to the communities where they are needed, helping to improve health outcome and deliver cost-effective services.

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.](#)



“In addition to individual midwives, midwives’ associations (MAs) also have an important role to play in anticipatory emergency planning and response. MAs advocate for better healthcare services for women and gender diverse people during complex emergency response where there is otherwise no access to services. MAs have a crucial role advocating for and ensuring the sexual and reproductive maternal, neonatal, adolescent health (SRMNAH) needs of a population are met in crises, can advocate and help organise midwives to pivot their activities to respond to ensure SRMNAH care is part of an emergency response.”



The Diabetes Doesn't Take Medicine Project

The Role of Community Nurses and the Contribution of the Faculty of Nursing, Mahidol University in Diabetes Control towards Diabetes Remission, Collaborating with Sumpun Community

By Assistant Professor Saovaros Meekusol, Assistant Professor

Dr. Weha Kasemsuk, and Associate Professor

Dr. Piyatida Nakagasien from Department of Public Health Nursing, Faculty of Nursing, Mahidol University

Diabetes is a chronic disease that is an important public health problem both globally and nationally due to the increasing number of patients at all ages. There were many limitations in controlling and preventing diabetes in various aspects including cooperation in disease prevention, problems in providing health services covering all conditions, difficulties with accessing information, as well as in building knowledge and self-care skills and community participation in self-management and health literacy.

The Diabetes Doesn't Take Medicine Project at Sumpun Community, Bangkok Yai District, Bangkok, Thailand is a joint operation between five network partners including 1) Faculty of Nursing, Mahidol University and WHOCC for Nursing and Maternity Development 2) Public Health Center 33, Wat Hong Rattanaram, 3) Health Promotion Division, Department of Health, Bangkok Metropolitan Administration 4) Policy Research and Development Institute Foundation (PRI), and 5) Sumpun Community, Bangkok Yai District, Bangkok. This project was a trial under the urban health promotion service system aimed at advancing diabetes control and addressing the 'new normal' for lifestyles and medicine resulting from the COVID-19 emergency outbreak. The goal of the project was to create and test an innovation center called "Sandbox", which included co-organized health promotion services in urban areas using a people-centered approach. The aim was to empower individuals and communities with knowledge and skills related to diabetes care using the concept of "Diabetes Remission is Possible". Nurses played a role in each step of the implementation as follows.

Step 1: Pre-project implementation phase: In this phase, community nurses played an important role in preparing the community to participate in the Sandbox, starting with building trust with the community leader and people in the community. In addition, nurses created a community database, community assessment, geo-social mapping, and diabetic patient profiles to assist in data analysis and community diagnosis, and then returning the information back to the community. Moreover, nurses had a responsibility to encourage people to participate in prioritizing problems, recognizing the importance of diabetes in the community and committing to solve problems together.

Step 2: Project Implementation Phase: In this phase, community nurses played an important role as mediators in team building and collaboration by creating a mutual understanding of the objectives, methods of joint operations, and the roles, responsibilities, and indicators of the project. They did this together with the healthcare team which involved multidisciplinary professionals. The working teams in each sector started various activities as follows:

- **Announcing the Project:** The project took place in the community activity area, where project goals were announced. Twenty-nine community members were invited to participate over a 3-month period.

- **Organizing Group Discussions** (Focus Group): The activity was organized twice, with community nurses serving as facilitators for creative group

learning. During the first activity, the participants shared their diabetes experiences, set personal goals, and engaged in activities related to diet, exercise, and safe herb usage. Additionally, the participants received a Personal Health Diary for monitoring their daily well-being. In the second activity, the participants learned about normal blood sugar levels and how to interpret blood sugar test results, enabling them to assess their health status and adjust their goals accordingly.

"Community nurses play a crucial role in this process, they need to be aware of differing methods to engage target groups who have diverse educational backgrounds, beliefs, and lifestyles"



Monitoring sugar levels from fingertips (capillary blood glucose), by the community volunteers



Following up on sugar levels and providing health screening



Returning health records and providing advice on behavior modification



Knowledge sharing on behavior modification



Providing knowledge of Thai herbs for controlling sugar levels modification

- Opening the Diabetes Classroom: This activity was held every Wednesday afternoon in the community and served as a platform for exchanging information and feedback on diabetes self-control practices. In this activity, community nurses were the main facilitators in creating a space for learning and communicating health promotion information for empowering all participants. Representatives from each group measured blood sugar levels, blood pressure, and weight before participation. Nurses provided skills training to empower representatives to manage these tasks independently. The participants submitted homework in their Personal Health Diary before each session. In addition, participants requested activities in the focus group including learning about carbohydrate-calorie counting, proper exercise, and safe use of herbs for diabetic patients. Community nurses acted as both educators and coordinators, identifying expert speakers for each topic.

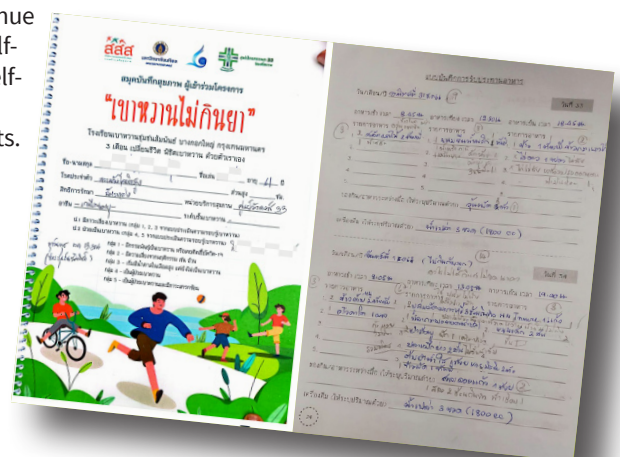
Step 3: Assessment Phase: Community nurses collaborated with the team for assessment of health status changes and compared to established goals. Data from participants reflected changes in their self-care skills. The project evaluation spanning 3 months

(from November 14, 2023, to February 14, 2024) revealed that 46.67% of diabetic patients successfully ceased diabetes medication upon project completion. For participants in the diabetic risk group, their HbA1C values decreased.

The project implementation also emphasized the application of health literacy into practice. It serves as a starting point to raise awareness and encourage individuals to modify their health behaviors where public health staff, especially community nurses, play a vital role throughout the process. From the assessment, the participants agreed to continue developing knowledge in self-care through goal setting, self-monitoring, and evaluating behavior modification results.

To achieve diabetes remission, we must proactively transform our approach by emphasizing concepts and services that empower patients, people in at-risk groups, and communities. This process involves fostering diabetes literacy, self-management, and peer group support. As community nurses play a crucial role in this process, they need to be aware of

differing methods to engage target groups who have diverse educational backgrounds, beliefs, and lifestyles. Effective communication to encourage self-learning and enhance life skills (Up-skill or Re-skill) is therefore an important approach that must be designed specifically for each community. By understanding the community context, community nurses will be able to strategically and proactively communicate, operate, and manage different types of knowledge to achieve positive health outcomes.



Personal Health Diary



Strengthening Nursing Research in Kyrgyzstan: A Collaborative Effort

By Dr Rivka Hazan-Hazoref,
Director of the WHOCC for
Leadership and Governance in
Nursing. Representative of the
WHO collaborative centers in
nursing and midwifery in Europe.

Introduction

In a significant step towards enhancing the relevance of Collaborating Centre work with country activities, the WHO European Office's Nursing and Midwifery Program organized its annual CC meeting in Kyrgyzstan. In addition to the annual meeting of Nursing and Midwifery CCs, the Nursing and Midwifery program, led by Maggie Langins, partnered with the WHO Collaboration Centre for Leadership and Governance in Nursing and the Kyrgyzstan Chief Nursing Officer's office to organize a pivotal conference on July 9-10, 2024, for nursing stakeholders in Kyrgyzstan titled **"Catalyzing Nursing Research in Kyrgyzstan."**

Participants arrived on July 8 and were welcomed with a tour of the Kyrgyz State Medical Academy, followed by a reception with the Minister of Health and leadership team.

The two-day conference was then held at the picturesque Royal Beach Hotel on Lake Issyk-Kul, one of the largest lakes in Central Asia. The event brought together a diverse group of healthcare professionals dedicated to advancing nursing science in the region.

The conference began with a warm welcome from representatives of the Ministry of Health of Kyrgyzstan, the WHO Country Office in Kyrgyzstan, and various academic and healthcare institutions. Gulnaz Azhymambetova, the Chief Nursing Officer of Kyrgyzstan, set the stage by highlighting the current state of nursing and midwifery in the country. Maggie Langins, Policy Advisor for Nursing and Midwifery at the WHO Regional Office for Europe, followed by emphasizing the critical role of nursing science in improving healthcare outcomes.

A key highlight was the workshop on empowering nursing and midwifery research through leadership, led by Dr. Rivka Hazoref from the Nursing Division at the Israeli Ministry of Health. This session focused on building research competencies and

leadership skills among Kyrgyz nurses, which are crucial for advancing nursing research and practice.

Throughout the conference, participants engaged in sessions on innovative nursing science, bridging research to policy, and the continuous professional development of nurses. Esteemed professionals such as Irma Brito, a researcher from Escola Superior de Enfermagem de Coimbra, and Walter Sermeus, Professor of Healthcare Management at the Leuven Institute for Healthcare Policy, shared their insights and expertise, inspiring attendees to elevate their practice through research.

Interactive workshops and case study presentations explored various research methods and their applications in mental health rehabilitation, hospital care, primary care, and diabetes research. These sessions provided valuable insights and practical knowledge, inspiring attendees to incorporate research into their clinical practice.

Dr. Sooronbayev, Director of the National Centre of Cardiology and Therapy, spoke about the development of nursing science in the context of challenges and opportunities in Central Asia. His insights provided a regional perspective, emphasizing the importance of innovation and strategic planning in advancing nursing research.

During the conference, the importance of continuous professional development and advanced training to ensure quality care was highlighted by Professor Shin Hyun Sook from Kyng Hee University. Young Seung Hyun, PhD, Research Professor at Kyng Hee University, discussed the critical role of nurses in improving public health, further underscoring the need for ongoing education and research.

The conference also included inspiring stories of nurses who have made significant contributions to healthcare through their research. Dr. Kathleen

Dracup's work in cardiovascular nursing and Jason Farley's research in infectious diseases were highlighted, showcasing how asking the right questions and pursuing research can lead to impactful breakthroughs in patient care.

On the second day, attendees visited primary healthcare centers and participated in workshops on designing effective research projects. Dr. Rivka Hazoref, along with Walter Sermeus and Jurate Macijauskienė, Dean of the Lithuanian University of Health Sciences, led these sessions, focusing on strategic approaches to building nursing research capacity in Kyrgyzstan.

This event not only enhanced the research skills of Kyrgyz nurses but also fostered a sense of community and shared purpose among participants by providing a platform for attendees to discuss the integration of research into nursing education. With Kyrgyzstan recently launching its first bachelor's degree program in nursing and establishing a new advanced simulation centre, the timing of the conference was ideal. The support from the Kyrgyz government, evident in the 20% salary increase for nurses, underscores the country's commitment to enhancing the nursing profession.

The conference concluded with reflections and discussions on the next steps for nursing research in Kyrgyzstan. Participants praised the event for its comprehensive approach and the valuable contributions from international experts. The collaborative efforts of the WHO European Office, the Kyrgyzstan Chief Nursing Officer's office, and the WHO Collaboration Centre for Leadership and Governance in Nursing were instrumental in the success of the conference, highlighting a model of effective international collaboration in nursing.

The WHO Collaboration Centre for Leadership and Governance in Nursing, along with the other



contributing collaborating centres, played a crucial role in organizing the conference and facilitating workshops. Their involvement reflects an ongoing commitment to empowering nurses and advancing nursing education and research globally. By collaborating with international partners and supporting local initiatives, these centres continue to contribute to the global advancement of nursing science and healthcare quality.

The conference venue's vibrant decor, reflecting the rich cultural heritage of Kyrgyzstan, added a unique touch to the event, fostering a warm and welcoming atmosphere for all attendees. The collaborative environment was further enhanced by the hospitality extended to the international delegates, which included traditional Kyrgyz meals and cultural tours.

The success of this conference marks a significant milestone in the efforts to strengthen nursing research in Kyrgyzstan and sets a precedent for future collaborations aimed at enhancing healthcare outcomes through evidence-based nursing practices. As Gulnaz Azhymambetova aptly put it:

"This conference has sparked a renewed energy and commitment to nursing research in our country. We are excited to see where this collaboration will take us."

Annual Meeting of Nursing and Midwifery Collaborating Centres with WHO Regional Office for Europe

The impact of this conference extended beyond the two-day event, as it was followed by a series of engaging activities and meetings for the WHO/Europe Nursing and Midwifery Collaborating Centres from July 8-12, 2024.

Once the conference came to a close, WHO Europe's Nursing and Midwifery Program hosted a two-day annual meeting for WHO Collaborating Centres to learn more about Kyrgyzstan. The first day of discussions involved the WHO European Region sharing updates, discussing ongoing projects, sharing successes, and addressing challenges in nursing and midwifery. Collaborating Centres also had a chance to talk to the Universal Health Coverage Policy Adviser for WHO's Country Office in Kyrgyzstan and hear about the ongoing work in the country. Dr. Rivka Hazoref and Michele Rumsey presented a global update on the Collaborating Centres' community of practice, highlighting collaborative efforts and achievements across different regions. This was followed by discussions led by Dona Zilstorff, the Collaborating Centre Coordinator for Europe, who provided updates and facilitated conversations on strengthening the network's impact. All collaborating centres were also able to share updates on their activities and identify ways in which they could work together, as well as provide feedback to WHO.

As Maggie Langins, Nursing and Midwifery Policy Adviser, said:

"We cannot do this work without our collaborating centres, but it is also so important that our collaborating centres understand the realities on the ground. These five days have been an incredible opportunity to bridge that research-to-policy gap. We are eternally grateful for the work you collaborating centres do!"

On July 12, the Collaborating Centres visited medical colleges and the Nursing Association, engaging in roundtable discussions and tours that provided valuable insights into Kyrgyzstan's healthcare education and infrastructure. A visit to the Cardiology Centre highlighted ongoing research and advanced medical practices in the country.

These additional activities not only provided deeper insights into Kyrgyzstan's healthcare system, but also strengthened the bonds between international collaborators, setting the stage for future initiatives and projects.

Global Health Recalibration Conference: A Collaborative Approach to Strengthening Outcomes, Education, Clinical Practice, and Research

*By Pattaporn Srisombat
and Michael Cote*

From September 4 to 6, 2024, the Faculty of Nursing at Chiang Mai University hosted the Global Health Recalibration Conference 2024 supported by eight leading global educational institutions, including the University of Adelaide, Columbia University, Duke University, the University of Illinois at Chicago, Johns Hopkins University, Kagawa University, the University of Michigan, and Taipei Medical University. The collective efforts of these institutions proved instrumental in ensuring the conference's success.

Held at the International Convention Center at The Empress Hotel in Chiang Mai, Thailand, this long-awaited event attracted a diverse group of participants, including

academics, health researchers, and students from countries such as Australia, China, Hong Kong, India, Indonesia, Japan, the Maldives, New Zealand, Pakistan, the Philippines, Singapore, Sri Lanka, the United States, Vietnam, and Thailand.

Theme and Objectives

Under the theme "Strengthening Outcomes, Education, Clinical Practice, and Research," the conference emphasized the necessity of resetting and realigning global health practices. Dr. Jos Vandelaer from the World Health Organization served as a distinguished

keynote speaker, sharing invaluable insights regarding not only the challenges, but also the opportunities emerging in health systems at present. We at the Faculty of Nursing at CMU reiterate our sincere gratitude to the distinguished speakers and moderators for their essential contributions and insights, which were crucial to the conference's success.



Interactive Sessions and Collaborative Learning

Participants engaged in dynamic sessions addressing key topics such as interdisciplinary collaboration, health promotion, and future pandemic preparedness. The first two days also included two symposiums: “Strengthening Health Outcomes through Interdisciplinary Collaboration” and “Preparing for Future Pandemic Risks”. These panel sessions fostered dialogue among the invited experts who shared from their specific areas of expertise, while also fielding audience questions, creating a fertile environment for shared learning and the innovative exchange of ideas.

The Scientific Committee received an impressive array of abstracts, culminating in 236 research presentations—120 oral and 116 poster sessions. This interactive format not only showcased cutting-edge advancements in global health education but also provided the opportunity for healthcare professionals to network more closely with their peers, all of which advances the ever-present goal of improving health outcomes.

Networking and Future Directions

Another highlight of this conference was the special afternoon tea held for representatives of the Global Network of WHO Collaborating Centres (WHOCCs) who were in attendance. This meeting provided an invaluable opportunity for networking and exchanging ideas. Led by Professor Dr. Nancy R. Reynolds, participants engaged in meaningful discussions about the best approaches for cooperating with each other to strengthen nursing and midwifery practices worldwide, fostering the spirit of partnership and innovation.

Reflecting on our conference’s success, interdisciplinary collaboration will only continue to be vital in addressing the complexities of global health. In light of this reality, the Faculty of Nursing

at Chiang Mai University remains committed to promoting global health knowledge and supporting the WHO Strategic Directions for Nursing and Midwifery, with a focus on education, leadership, and service delivery.



International Conference 2024 Global Health Recalibration

Strengthening Outcomes, Education, Clinical Practice, and Research

4 – 6 September 2024, Chiang Mai, Thailand
Organized by the Faculty of Nursing, Chiang Mai University



NurseCMU
Faculty of Nursing, Chiang Mai University



Co-Hosts



Co-Sponsors



50th anniversary of the Expanded Programme on Immunization (EPI)

Vaccines have emerged as a cornerstone of public health, preventing the spread of deadly diseases and saving countless lives. The Expanded Programme on Immunization (EPI), an initiative launched by the World Health Organization in 1974, stands as a global endeavor to ensure equitable access to life-saving vaccines for every child, regardless of their geographic location or socioeconomic status. Over the past five decades, EPI has evolved and achieved remarkable milestones that reshaped the global health landscape.

At its inception, EPI focused on protecting all children against six childhood illnesses, including tuberculosis, diphtheria, tetanus, pertussis, polio, and measles. Today, this number has grown to 13 universally recommended vaccines across the life course, and 17 additional vaccines with context dependent recommendations.

EPI has marked several key milestones over the years, including the eradication of smallpox in 1980, which stands as a monumental triumph in the history of immunization. The global expansion of childhood vaccination programmes and the establishment of a robust vaccine supply chain were equally critical, allowing vaccines to reach even the most remote areas and endure extreme temperature conditions.

Thanks to a unique public-private partnership between WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance, polio has been reduced by more than 99%. The world stands on the threshold of eradicating a human pathogen globally for only the second time in history, after the eradication of smallpox.

In the 1980s, UNICEF and partners embarked on a bold mission – to immunize every child against preventable diseases. Governments and partners facilitated one of the greatest logistical mobilizations in peacetime history. By the early 1990s, global childhood immunization levels reached 80%.

Over the 50 years, we have witnessed the development and introduction of vaccines targeting diseases like Hib, Pneumococcal infections, rotavirus, HPV, meningitis A, Japanese encephalitis, and malaria.

EPI's evolving Impact:

The EPI's journey began with a focus on protection against 6 childhood vaccine-preventable diseases (Bacillus Calmette-Guérin (BCG), diphtheria, pertussis, tetanus, polio, and measles).

Over the course of 5 decades, its impact has grown. The vaccines available in the programme now encompass older children, adolescents, and adults. The incorporation of new vaccines has significantly amplified the scope of immunity offered by immunization, rendering defense against a wider spectrum of diseases.

This comprehensive array of vaccines underscores the EPI's commitment to safeguarding individuals from infancy through adulthood, embodying a holistic approach to health and wellbeing.

Through collaborative efforts, the EPI contributes to improving the health and resilience of populations across the globe. Immunization is one of the most efficient and cost-effective healthcare interventions, bringing the most marginalized communities into contact with primary health care.

EPI's 50th anniversary is an opportunity to both honor its achievements and set new ambitions for the future. The programme's success in preventing numerous diseases, improving child and maternal health, and advancing equity in healthcare access underscores the significance of immunization as a cornerstone of public health.



Promoting evidence-based and high-quality nursing



*Heidi Parisod, director,
WHO Collaborating Centre
for Nursing, Finland*



*Hannele Siltanen, deputy
director, WHO Collaborating
Centre for Nursing, Finland*

Within its terms of reference, the WHOCC is committed to supporting WHO in assessing the quality of evidence-based nursing and midwifery practice in select Member States. The NRF has developed an instrument that can be utilized for this purpose. The instrument is meant for assessing actualisation of evidence-based nursing and its support structures within social and health care services. The instrument consists of two parts: one focusing on individual level support structures and the other on organizational level support structures for evidence-based nursing.

The instrument called Actualisation of Evidence-Based Nursing (ActEBN) includes three different versions that are targeted to

- 1) nurses working in clinical practice,
- 2) nurse specialists and
- 3) nurse managers.

The instrument is available upon request in Finnish, Swedish, and English, and the version targeted at nurses has been scientifically validated. Besides evaluation, the instrument can be utilized as a guiding tool when developing support structures for evidence-based nursing in different nursing practice settings.

The ActEBN-instrument is utilized in Finland in a national survey conducted every three years to recognize current development needs and follow up the progress.

The latest survey conducted in 2021 indicated a need for improvement in evidence dissemination and implementation structures within social and healthcare organizations, and in the support received for evidence-based nursing from nurse leaders and managers. There was also variation between different nursing practice settings. The most positive results were observed within preventive healthcare and the least favorable were noted in institutional care settings, health

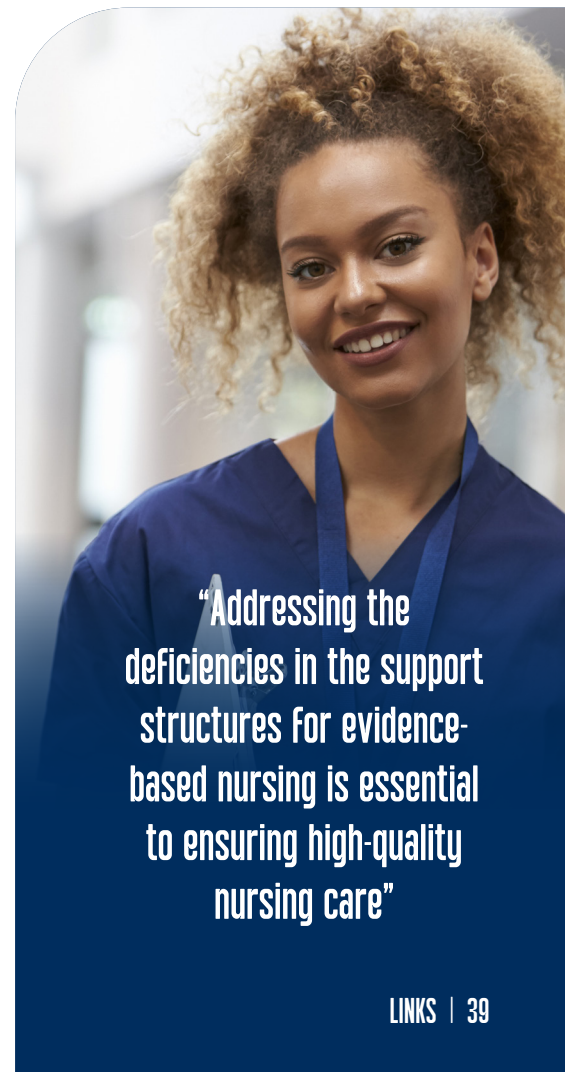
centers, and home care settings. The data collection for the next national survey was conducted in September-October 2024, and the results are currently being analyzed.

Identifying and further addressing the deficiencies in the support structures for evidence-based nursing is essential to ensuring high-quality nursing care across all nursing environments.

The focus of developing and implementing evidence-based nursing should not be solely on the role of individual nurses but also on the national and organizational support structures. Strengthening these structures is crucial for ensuring the implementation of evidence-based nursing in clinical practice.

Basing nursing practices on evidence aims to promote the quality and safety of care while reducing unjustified variation in nursing practices. The WHO Collaborating Centre for Nursing (WHOCC) operates in the European region and is located in Finland within the Nursing Research Foundation (NRF). The NRF is a national, non-profit research and development organization whose mission is to promote evidence-based nursing in Finland.

It fulfills this mission by, for example, producing national evidence-based clinical guidelines for nursing. The activities of the WHOCC focus on advancing evidence-based nursing in collaboration with the WHO.



**“Addressing the
deficiencies in the support
structures for evidence-
based nursing is essential
to ensuring high-quality
nursing care”**



Understanding Effective Upward Referral: Insights From Midwives at Community Health Centers in the Eastern Cape, South Africa

An ongoing study by the World Health Organization (WHO) Collaborating Centre at the University of KwaZulu-Natal in South Africa examined how midwives conceptualize the upward referral of obstetric emergencies. Utilizing a qualitative Grounded Theory approach within a social constructivist framework, the study collected data from focus group discussions with midwives across five community healthcare centres (CHCs). It highlighted essential aspects of effective referral processes as identified by these midwives. Midwives highlighted the importance of early identification of obstetric complications through routine risk assessments during antenatal visits. By flagging high-risk pregnancies early, they can engage in proactive monitoring and planning, thus preventing complications from escalating. When emergencies do arise, a robust triage system is crucial. Midwives highlighted the need for rapid assessment and prioritization of patients requiring immediate referral. Standardized triage protocols aid in making swift, accurate decisions, ensuring timely and potentially lifesaving interventions.



Dr O. B. Baloyi



Ms. Z.F. Juqu

Stabilizing patients before referral emerged as another critical component. Midwives emphasized the necessity of immediate medical interventions such as administering IV fluids, managing haemorrhages, controlling blood pressure, and providing oxygen to stabilize patients before they are transferred. The availability of standardized emergency care kits stocked with essential medications and equipment, is vital for managing emergencies while awaiting transport. These measures help ensure that patients are transported safely without their condition worsening.

Effective communication between CHCs and referral hospitals is fundamental to successful referrals. Midwives noted that clear, structured communication protocols, such as the SBAR (Situation, Background, Assessment, Recommendation) framework, are essential for preparing receiving hospitals for incoming patients. Direct communication channels, including dedicated phone lines or digital platforms, facilitate real-time updates and consultations, reducing misunderstandings and enhancing coordinated care.

Transport remains a challenging aspect of the referral process. Midwives identified delays in arranging transport as a major barrier. To mitigate this, pre-arranged transport systems with priority service agreements for obstetric emergencies significantly reduce delays. Transport preparation protocols also ensure that patients are stabilized for the journey, with IV lines secured, vital signs monitored, and necessary medical records and medications ready.

“Routine risk assessment and triaging are important from antenatal throughout... we can easily flag complicated cases if we triage....in case of an emergency we need an effective triage system so we can quickly check and decide which patients need urgent referral. In emergencies, we don't have much time.”

“In our practice, effective communication with referral hospitals is crucial for managing patient transfers smoothly.... communication is not only verbal, but clear guiding protocols and guidelines would be appreciated.”

Teamwork and collaboration are crucial for effective emergency management. Midwives emphasized the importance of regular interdisciplinary training involving midwives, nurses, and doctors to clarify roles and responsibilities during referrals. Simulation drills replicating real-life scenarios were also highlighted as valuable for refining skills and improving efficiency in emergency situations.

“Transport, such as ambulances, is a major challenge. It’s impractical to have just one ambulance serving the entire area of xxxx {withheld for confidentiality}. The government is failing us, as many of the vehicles are designated for patient transport rather than being proper ambulances. I remember a time when a vehicle arrived, and it didn’t have oxygen and a monitor, so we had to borrow a monitor to transport a sick mother. We need ambulances to be available 24 hours.”

“We must have a telephone dedicated to the maternity section only to avoid delays in outgoing and incoming communications...this will also make it easy for us to consult with doctors and update them so that information does not get lost along the way.”

“We also have to work well as a team, I mean not only us midwives but doctors, paramedics we are all here for the patient”

Finally, post-referral feedback is essential for continuous improvement. Midwives value feedback from referral hospitals to gain insights into patient outcomes and identify areas for process enhancement. Regular case reviews and debriefing sessions contribute to a culture of learning and ongoing refinement of the referral process.

In summary, the study by the WHO Collaborating Centre highlights the vital components of effective upward referral for obstetric emergencies. The findings align with SDG 3.1’s goal of reducing maternal mortality and SDG 3.3’s objective of strengthening healthcare systems. Addressing challenges like transport delays and enhancing feedback mechanisms offers valuable insights for optimizing maternal healthcare and advancing global health goals.



Strengthening partnerships for nursing and midwifery healthcare and research in South Africa

Compiled by

SM Zuma, RN, D Lit et Phil: Coordinator UNISA-Health Studies CNA

S Shakwane, RN, RM, D Lit et Phil: Coordinator UNISA-WHOCC

MC Matlakala, RN, D Lit et Phil, Director UNISA-WHOCC

Introduction

The University of South Africa (UNISA) WHOCC is an active member of the WHO-Africa Region. To realise the WHO Strategic Directions for Nursing and Midwifery Policy Priorities 2021-2025, its mandate is Postgraduate Distance Education and Research in Nursing and Midwifery Development and contribute towards the WHO objective of universal health coverage.

In accelerating research collaboration and building leadership capacity within the health sector, the UNISA WHOCC hosted a Health Studies Catalytic Niche Area Symposium which was attended by nurse leaders, government executives and community activists, academics and researchers to reflect and engage on the key challenges in leadership and provisions of quality health care. The focus was on identifying the key challenges that affect service delivery and the opportunities emanating from the identified challenges.

The symposium was a form of stakeholder engagement on key healthcare issues.



Key Stakeholders at the
Health Studies Catalytic
Niche Area Symposium
hosted by University
of South Africa
WHOCC



Key message for improved leadership and service delivery

The stakeholders identified an overworked health workforce, health workforce, leadership challenges, and poor practice environments as key obstacles to quality healthcare service delivery in South Africa.

In light of nursing being the main stakeholder in health services provision, a concern was the mental health and wellbeing of nurses and midwives. The panel and discussants proposed that nurse leaders should be supported to provide exemplar leadership. Recommended action points for nurse leaders include:

- demonstrating care to the workforce by being present and visible in operations
- galvanising support for quality health services
- looking at better ways to improve health care through new technologies
- unlocking health systems bottlenecks
- appreciating the workforce

Plans to strengthen partnerships and collaborations

One of the recommendations from the symposium was to establish a Nurse Leaders Community of Practice (NLCoP) which will design projects to address the identified challenges. Subsequently, the department of Health Studies WHOCC has identified stakeholders from diverse backgrounds, for partnership in conducting operational research.

At the start of NLCoP, the WHOCC Director addressed nurses and midwives on mental wellbeing at a Critical Care Nurses forum held in August 2024. This commitment by the WHO Regional Office for Africa recognises the diverse contributions of the workforce to the achievement of organizational goals. The address was with specific reference to caring for the carer in the intensive care unit.

A debate following the address sparked an urgent need to address the mental health and well-being of ICU nurses - to ensure their ability to continue providing high-quality patient care.

A panel discussion with key leaders in the critical care units, including unit managers, quality assurance managers and researchers, was held on critical care nursing issues that relate to leadership in the intensive care unit. The leadership and role of the unit manager in building a resilient ICU workforce was emphasised.

In line with the recommendations from the CNA symposium, UNISA WHOCC plans to further develop distance education competency-based leadership programs to facilitate capacity building as well as to engage nurses and midwives in service-based research.

The WHO Collaborating Centres stand as resilient pillars, anchoring the advancement of nursing and midwifery



Prof SM Zuma, the coordinator for Health Studies catalytic niche area facilitating the panel discussion on leadership and service delivery

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1 December 2024

[WHO](#)



**International Day of
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**Universal Health Coverage
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World Immunisation Week

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25 April

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MAY

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5 May

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**International Day of the
Midwife**

5 May

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International Nurses Day

12 May

[WHO](#)



**78th World Health
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19 – 27 May
Geneva, Switzerland

[WHO](#)



**23rd Nordic Congress for
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31 May

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JUNE

ICN Congress

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World Blood Donor Day

14 June

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JULY

World Population Day

11 July

[UNITED NATIONS](#)



36th International Nursing

17 – 20 July

Research Congress
Seattle, Washington
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**World Drowning Prevention
Day**

25 July

[WHO](#)



World Hepatitis Day

28 July

[WHO](#)



AUGUST:

World Breastfeeding Week

1 – 7 August

[WHO](#)



SEPTEMBER

World Patient Safety Day

17 September

[WHO](#)



**8th AFREhealth Annual
Symposium**

Dakar, Senegal
22 – 24 September

[AFREHEALTH](#)



World Rabies Day

28 September

[WHO](#)



OCTOBER

World Mental Health Day

10 October

[WHO](#)



NOVEMBER

48th Biennial Convention

8 – 12 November

Indianapolis, Indiana
[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](#)





World Health
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Nursing and Midwifery

Photo by Ilyas Ahmed

www.nursingandmidwiferyglobal.org

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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.

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Midwives are Key Health Workers During Crisis

Preparedness Planning and Response

By Neha Mankani and Liselotte Kweekel,
International Confederation of Midwives

Crises caused by natural disasters, conflicts, and the escalating impact of climate change are growing globally. In these crises, women, girls, and newborns are particularly vulnerable, where access to essential sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) services are often severely disrupted. Midwives, capable of providing up to 90% of these services, are critical first responders and also sustainable healthcare providers, who can ensure that essential care is provided with minimal environmental impact. However, midwives are often not included in crisis preparedness planning and response.

At the International Confederation of Midwives (ICM), we recognise the interconnectedness of SRMNAH with environmental health, and we are working to empower midwives to play a vital role in climate change adaptation and mitigation efforts. Midwives need to be included in preparedness planning and response at all levels to ensure that women's rights to SRMNAH services are upheld. To this end, we are implementing key initiatives to ensure that midwives are well-prepared for this critical role:

Building partnerships: ICM is actively forging new collaborations to advocate for the vital role of midwives in crisis settings and secure essential funding and resources for their work.

- Establishing dedicated funding: ICM is working to establish dedicated funding mechanisms to provide midwives with essential resources during humanitarian crises.
- Enhancing training: Comprehensive training programs are being developed and rolled out to strengthen midwives' crisis response capabilities, emphasising leadership, knowledge-sharing, and adaptation to challenging environments.
- Inclusion in the ICM Essential Competencies for Midwifery Practice: ICM sets the global standards for midwifery practice, and in 2024, we updated our Essential Competencies to include the knowledge, skills, and behaviors required to provide midwifery care in humanitarian crises caused by natural disasters, climate change, pandemics, and conflicts. Read more here.

- Dedicating International Day of the Midwife to the role of midwives as a vital climate solution, to help initiate discussions locally, nationally and globally on the critical and often overlooked role of midwives in crises.

Practical Tools for Midwives

ICM has developed a suite of practical tools and resources to support midwives in crisis settings. These resources, designed to be digitised and easily accessible, cover a wide range of topics crucial for effective crisis preparedness planning and response. Some are available to the public on the ICM website, while others are available to ICM member associations;

- The role of midwives in humanitarian crises
- Conducting Rapid Needs Assessments (RNAs)
- The Minimum Initial Service Package (MISP) for sexual and reproductive health in crises
- Disaster management and supporting birth in humanitarian contexts
- Essential newborn care in humanitarian settings
- Respectful Maternity Care in humanitarian settings
- Building resilience and self-care for midwives
- Training rollout and facilitation skills
- Power mapping and advocacy in humanitarian settings
- Midwives in climate change and climate response

Pilot Project Success in Morocco

The effectiveness of ICM's approach was recently demonstrated in a pilot project following a devastating earthquake in Morocco. In partnership with the Moroccan Midwives Association (AMSF) and Direct Relief, ICM provided emergency response training and connected AMSF to financial support for mobile health services, enabling midwives to deliver critical care to communities that were difficult to reach after the earthquake.

Midwives are vital healthcare providers in humanitarian and climate crises. They ensure the health and well-being of women, girls, and newborns in the most challenging circumstances. Supporting midwives through training, resources, and integration into crisis preparedness planning and response is an investment in community health, resilience and gender equality. ICM's innovative tools and initiatives, exemplified by the successful pilot in Morocco and the modification of the Essential Competencies for Midwifery Practice, demonstrate the tangible impact of empowering midwives in crisis settings.



Navigating Healthcare Delivery in Fragile Settings

Insights from the Field

By Abeer Alharthi, PhD, MSN, RN; Regina Yuen, MPH, RN; Sigma Youth Representatives to the United Nations

In today's world, geopolitical tensions significantly impact healthcare systems, often leading to instability in service delivery. This situation is particularly challenging in fragile, conflict-affected, and vulnerable (FCV) settings, where routine health services are frequently disrupted, and health needs escalate.

The United Nations (UN) established the Sustainable Development Goals (SDGs) as a roadmap for creating a better future for all. These goals focus on eradicating poverty, improving health, promoting equality, and ensuring peace by 2030.¹ However, achieving these objectives in regions affected by conflict presents substantial hurdles. Countries with weakened healthcare systems often struggle to meet critical SDG targets, such as reducing child mortality and improving maternal health.² For instance, in Gaza, significant damage, including reports of damage to more than 20 hospitals, has severely impacted the provision of essential services, leaving many individuals in urgent need of care.^{3,4} In July 2024, we delivered a statement at the UN High-Level Political Forum, where we advocated for the urgent need to strengthen healthcare systems worldwide. We emphasized that without robust healthcare infrastructure, achieving the SDGs is not only challenging but impossible.⁵

The challenges of fragility extend beyond active conflict zones; they often worsen in the aftermath, especially for populations of refugees and internally displaced persons (IDPs). Our personal experiences in camps like Zaatari and in South Sudan with Médecins Sans Frontières (Doctors Without Borders) reveal the overwhelming strain placed on under-resourced clinics and hospitals. In these healthcare settings, we have witnessed large numbers of refugees and displaced individuals suffering from both chronic conditions, such as diabetes and cardiovascular diseases. However, access to essential medications, specialist care, and even basic healthcare services remains critically limited. In South Sudan, the situation is further complicated by insecurity and epidemics. In addition, humanitarian settings often face overcrowded and unsanitary living conditions, which can lead to increased rates of infectious diseases such as measles and cholera.⁶ It is also critical to underscore the importance of mental health services, as we have witnessed immense psychological distress from both patients and healthcare providers in the field. This is unfortunately all too frequent during emergencies, with 1 out of 5 people experiencing depression, anxiety, post-traumatic stress disorder, bipolar disorder or

schizophrenia in conflict settings within a 10-year period.⁷ Therefore, a holistic, person-centered approach to healthcare is crucial in meeting the diverse and multifaceted needs of refugees and IDPs.

As humanitarian crises continue to affect millions worldwide, funding for these efforts has decreased by 19% this year compared to 2023, posing additional challenges for effective health interventions.⁸ It is vital to encourage donor countries to provide equitable aid to alleviate suffering.

The safety of humanitarian aid workers is also a growing concern. In 2023, this trend reached a tragic peak, marking the deadliest year on record with 595 aid workers targeted in violent incidents.⁹ According to International Humanitarian Law, protection must be afforded to these workers and healthcare facilities and attacks are against the Geneva Conventions.¹⁰ Unfortunately, ongoing attacks hinder the ability to deliver critical healthcare services in conflict-affected regions. Global action is urgently needed to address these challenges, mobilize funding, and safeguard healthcare operations in fragile settings. Ensuring the safety of humanitarian efforts is crucial for saving lives and making progress toward the SDGs. As humanitarian crises become increasingly complex, frequent and protracted, it is essential to adopt multilateral approaches that address the underlying issues, including those exacerbated by climate change to ensure a climate-resilient future.^{11,12}

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International Council of Nurses launches position statement and discussion paper on Primary Health Care

*By Howard Catton, Chief Executive Officer,
International Council of Nurses.*

The end of 2024 marks the three-quarters point of the timespan of the World Health Organization's (WHO) Global Strategic Directions for Nursing and Midwifery 2021–2025.

The focus of the GSDNM was evidence-based practices and policy priorities in education, jobs, leadership and service delivery. It was intended to ensure that nurses and midwives made the best contribution possible to universal health coverage (UHC) and other population health goals.

The International Council of Nurses (ICN) has supported and promoted the goals of the GSDNM during what has been a tumultuous time for health care over the past four years, dominated of course by the second year of the COVID-19 pandemic and its aftermath.

In the 2018 Astana Declaration, the nations of the world agreed that primary health care (PHC) is the only way to achieve meaningful Universal Health Coverage (UHC), and ICN strongly advocated that nurses were the drivers of PHC and therefore, the catalysts of UHC. This was further reinforced in the Political Declaration on UHC adopted by United Nations member states last year.

To this end, ICN has recently published a position statement and discussion paper on PHC, detailing the vital contribution of nursing to the transformation of the world's health services that is required if the goal of UHC is ever to be achieved. ICN welcomes feedback on the discussion paper.

Launched at ICN's 2024 Nurse Practitioner/Advanced Practice Nursing Network Conference in Aberdeen, Scotland, the position statement provides guidance for individual nurses, National Nurses Associations, healthcare organizations and governments about how investment in nursing will create the most inclusive, effective and efficient way to make UHC a reality for everyone.

The position statement addresses the many challenges ahead, including resource constraints, an underused workforce, gaps in professional preparation for certain health care needs, concerns about patient safety, and a lack of continuity of care.

ICN believes nursing is the key profession within the multidisciplinary team to overcome those challenges, and that reinvigorated and properly funded PHC services will improve the health of populations everywhere.

Our PHC position statement shows governments and healthcare organizations the changes and investments needed to empower nurses as the key to making real, substantial strides towards the goal of UHC through expansion of PHC by 2030.

We know from our member National Nurses Associations around the world that what is needed is a complete reorientation of health systems from their current focus on sickness, disease, hospitals and a medical-orientated approach. Instead, we need to have health systems that are oriented towards health, wellbeing, integration and people-centredness.

Nurse-led PHC is the way forward if our health systems are to thrive and be sustained in the years to come. We need to harness the power and influence of nurses and translate it into properly funded, people-centred nurse-led models of care.

Many nurses around the world are already practising at a higher level in larger numbers than ever before. There is the potential for these cadres of nurses to expand as funding is put in place to train and educate increasing numbers of colleagues who will, in turn, move the focus of care into the community.

Because that is where the vast majority of conditions originate, and it is where they can be prevented if the correct interventions are delivered by the most appropriate professionals in a timely manner, right inside people's homes and communities.



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EDITORIAL OFFICE

WHO Collaborating Centre for Nursing,
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University of Technology Sydney
15 Broadway, Ultimo
NSW 2007 - AUSTRALIA

Layout by:
All Things Graphic
v. Sofie Blinkenberg

Email:
gnwhocnm@uts.edu.au

Websites:
www.globalnetworkwhocc.com
[www.uts.edu.au/research/
who-collaborating-centre](http://www.uts.edu.au/research/who-collaborating-centre)

