Promoting Mental Health Among Junior High School Students in Lobatse

“Thank you… nurses of the globe, the time is NOW to champion policy, world-class education & research and fair jobs for all to strengthen health systems to achieve Universal Health Coverage and the SDGs”

-A Dr. Amelia Latu Afuhaamango Tuipulotu, WHO Chief Nursing Officer
As the Dean and Director of WHO CC for Nursing and Midwifery Development, Faculty of Nursing (FoN), Mahidol University, Bangkok, Thailand, I would like to congratulate WHO CC UTS for being the Secretariat of the Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM). I would like to thank Prof. Michele Rumsey, Chair of the Executive Committee of GNWHOCCNM, for giving me an opportunity to send a message in LINKS Magazine.

Since 1990, WHO Collaborating Centre for Nursing and Midwifery Development, FoN, Mahidol University has successfully developed activities following the Terms of Reference for collaboration between the FoN and WHO. The activities have contributed to building capacities in education, practice, and research for nurses, midwives and nurse educators from the South East Asian Region SEARO via training and education. To strengthen the capacity of nurses and midwives in SEARO, FoN has established the MU-JHU NCDs Research Collaborative Centre in 2021, aiming to build capacity in education, practice, and research for nurses, midwives to take the leading role in handling the challenges of NCDs, particularly in the aspects of education, practice, and disease prevention. With the support and engagement of global partners, we have become the Secretariat for the Global Network of WHO Collaborative Centres in the region. We have actively engaged in various activities such as webinars, doctoral nursing courses to strengthen capacity for NCD care and research with nurses and midwives in regional partners.

I sincerely appreciate the enduring work of GNWHOCCNM to strengthen and promote nursing and midwifery leadership, education, practice and research toward the goals of Health for All.

As the Co-Chair of the Executive Committee GNWHOCCNM, FoN commits to working closely with Prof. Michele Rumsey and WHO CC UTS to foster coordination, communication and support for the activities of our Network members.

I look forward to working collaboratively with all WHO CCs.

Dr. Yajai Sitthimongkol
Associate Professor
Dean - Faculty of Nursing, Mahidol University - Bangkok, Thailand

Dr. Nopporn Vongsirimas
Associate Dean for Research
Associate Professor
Dean - Faculty of Nursing, Mahidol University - Bangkok, Thailand
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 interested partners 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:
We find ourselves well into the mid-term phase of the implementation of the SEARO’s WHO Strategic Directions for Nursing and Midwifery Progress (referred to as ‘SDNM’), a framework that received endorsement during the 74th World Health Assembly in 2021. It is worth noting that the formulation of the SDNM was underpinned by robust evidence and insights gleaned from the State of the World’s Nursing (2020) and State of the World’s Midwifery (2021) reports. The SDNM’s four pivotal strategic pillars (see page 14-15) for strengthening nursing and midwifery within the WHO South-East Asia region (SEARO). Even before the SDNM was released, universal health coverage became a Regional Flagship Priority, and in 2014 Member States of the WHO South-East Asia Region agreed to “The Decade for Strengthening Human Resources for Health (HRH) in the South-East Asia Region 2015-2024.”

A noteworthy juncture for evaluating the policy dynamics tied to each facet of the SDNM emerged at the Tenth Global Forum for Government Chief Nursing and Midwifery Officers (GCNMOs), convened on June 6-7, 2023. Concurrently, within the SEARO context, a dedicated session led by the GCNMOs was orchestrated during the Regional Workshop on the Evaluation of the SEAR Decade for HRH Strengthening and Integration of Medical Humanities into HRH Education and Development. This event, held from July 10-12, 2023, facilitated an insightful assessment of SDNM progress alongside the challenges that manifest across the SEAR.

Among the notable strides within SEARO, significant headway was marked by three out of the eleven member countries, namely Bhutan, Nepal, and Thailand, as they diligently formulated their distinctive national strategic trajectories for nursing and midwifery. In a transformative move, the Maldives Ministry of Health forged the position of a GCNMO, thereby underscoring the elevated role that nursing and midwifery play within the healthcare landscape. Bangladesh, Bhutan, Indonesia and Thailand have assessed their staffing needs based on workloads or their annual plan, and India, Nepal, Sri Lanka and Thailand have been able to establish new cadres of nursing and midwifery to meet health service demands. Countries such as Bangladesh, Bhutan, India, Nepal and Sri Lanka have taken the initiative to update the nursing and midwifery curriculum to ensure graduates have the requisite knowledge, competencies and attitudes to meet national health priorities.

We refer to the SDNM as our ‘roadmap’ and ‘blueprint’ for health care reform that lies as a testament of work ahead. Even though the Regional Flagship of the Decade of Health Workforce Strengthening 2015-2024 is ending, SEARO is committed to strengthening nursing and midwifery through implementing the SDNM to progress toward universal health coverage and the sustainable development goals.
Dr. Amelia Latu Afuhaamango was appointed as the Chief Nursing Officer of the World Health Organization on the 14th of December 2022. In response to this appointment Amelia has been recognized as a Professor by the University of Sydney. In January 2023, Amelia started as the WHO Chief Nursing Officer in Geneva, Switzerland.

Amelia's particular research interests focus on professional standards issues in nursing and health care delivery. Amelia has led the development of patient satisfaction system, strategic directions, career pathways, policy and procedure manual, code of ethics, regulation system, visionary leadership programme, model of care, clinical review and productivity, research alliance, young future leaders, performance management system, annual planning, reading clubs and nurses' satisfaction survey.

In her role as Chief Nursing Officer of the WHO, Amelia is committed to supporting global nursing and midwifery to maximally transform health systems to serve all the population of the world and especially the most vulnerable communities.

Under Amelia's leadership, Tonga successfully responded to the measles outbreak in 2019 and the COVID-19 pandemic until December 2021, with zero fatalities recorded for both. Amelia is the former first female Minister for Health for the Kingdom of Tonga. She is the first Tongan to receive a PhD in Nursing in 2012. Amelia's PhD work informed the development of the Tongan National Professional Standards for the Registered Nurse which guide both nursing education and practice and is mandated within the Nurse Practitioners and Midwives Act 2021, passed during her time in the Legislative Assembly.

In 2021, Amelia was decorated with the Knight Grand Cross: Royal Order of the Crown of the Kingdom of Tonga by His Majesty King Tupou VI. Amelia has received the Prime Minister's Award, International Women's Award and Tongan Police Award and Patronage.

The 33rd International Confederation of Midwives (ICM) Triennial Congress was held in Bali, Indonesia from June 11-14th 2023 with the theme ‘Together again: from evidence to reality’. The congress offered an excellent opportunity for members of the Midwifery Network of WHO Collaborating Centres to come together and meet with the newly appointed Chief Nursing Officer of the World Health Organization, Dr. Amelia Latu Afuhaamango Tuipulotu.
The Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) held a meeting this year, bringing together representatives from World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery and partners. The meeting focused on fostering collaboration and synergy among these Collaborating Centres and fostered discussions around strengthening the capacities of nurses and midwives, enhancing research and data collection, and the sharing of tools and resources. Prof. Michele Rumsey, Director of WHO CC UTS, the Secretariat of the GNWHOCCNM, facilitated the meeting presenting findings from interviews held with each collaborating centre earlier this year.

Both the GNWHOCCNM Meeting, and the ICN Congress facilitated networking among participants, paving the way for future partnerships and collaborations. The exchange of ideas and experiences between nurses from different countries and specialties encouraged cross-cultural learning and the adoption of best practices worldwide.
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 (GNWHOCCNM) 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.

Service Delivery Priorities
Three quarters of the GNWHOCCNM 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 workforce 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.

Policy priority 1: Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management and input into health policy. Nearly all WHO CCs undertake activities related to the nursing and midwifery workforce planning and forecasting through a health labour market lens.

Policy priority 2: Adapt workplaces to enable midwives and nurses to meet or surpass health system demand.

Policy priority 3: Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Policy priority 4: Ensure that faculty are properly trained in the best pedagogical methods and technologies, with demonstrated clinical expertise in content areas.

The Global Network of WHO Collaborating Centres on 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.

Full details of the survey of GNWHOCCNM members will be shared in future.
<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>COLLABORATION CENTRE</th>
<th>CITY/COUNTRY</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Botswana, School of Nursing</td>
<td>WHO Collaborating Centre for Nursing and Midwifery Leadership</td>
<td>Gaborone, Botswana</td>
<td>BOT3</td>
</tr>
<tr>
<td>University of South Africa (UNISA), Department of Health Studies</td>
<td>WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development</td>
<td>Pretoria, South Africa</td>
<td>SOA44</td>
</tr>
<tr>
<td>University of Natal, School of Nursing</td>
<td>WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving</td>
<td>Durban, South Africa</td>
<td>SOA13</td>
</tr>
<tr>
<td>University of Malawi, Kamuzu College of Nursing</td>
<td>WHO Collaborating Centre for Interprofessional Education and Collaborative Practice</td>
<td>Lilongwe, Malawi</td>
<td>MAL3</td>
</tr>
<tr>
<td>University of Pennsylvania, School of Nursing</td>
<td>WHO Collaborating Centre for Nursing and Midwifery Leadership</td>
<td>Philadelphia, USA</td>
<td>USA206</td>
</tr>
<tr>
<td>McMaster University</td>
<td>WHO Collaborating Centre in Primary Care Nursing and Health Human Resources</td>
<td>Hamilton, Canada</td>
<td>CAN29</td>
</tr>
<tr>
<td>University of Michigan, School of Nursing, Office of International Affairs</td>
<td>WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing</td>
<td>Ann Arbor, USA</td>
<td>USA283</td>
</tr>
<tr>
<td>University of Alabama at Birmingham, School of Nursing</td>
<td>WHO Collaborating Centre for International Nursing</td>
<td>Birmingham, USA</td>
<td>USA241</td>
</tr>
<tr>
<td>Columbia University, School of Nursing</td>
<td>WHO Collaborating Centre for Advanced Nursing Practice</td>
<td>New York, USA</td>
<td>USA272</td>
</tr>
<tr>
<td>University of Illinois at Chicago</td>
<td>WHO Collaborating Centre for International Nursing Development in Primary Health Care</td>
<td>Chicago, USA</td>
<td>USA393</td>
</tr>
<tr>
<td>University of Miami, School of Nursing and Health Studies</td>
<td>WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety</td>
<td>Miami, USA</td>
<td>USA349</td>
</tr>
<tr>
<td>New York University, Rory Meyers College of Nursing</td>
<td>WHO Collaborating Centre in Gerontological Nursing Education</td>
<td>New York, USA</td>
<td>USA303</td>
</tr>
<tr>
<td>John Hopkins University, School of Nursing</td>
<td>WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing</td>
<td>Baltimore, USA</td>
<td>USA297</td>
</tr>
<tr>
<td>University of North Carolina at Chapel Hill, School of Nursing</td>
<td>WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery</td>
<td>Chapel Hill, USA</td>
<td>USA461</td>
</tr>
<tr>
<td>University of Sao Paulo, College of Nursing at Ribeirao Preto</td>
<td>WHO Collaborating Centre for Nursing Research Development</td>
<td>Sao Paulo, Brazil</td>
<td>BRA32</td>
</tr>
<tr>
<td>The University of West Indies School of Nursing, Mona (UNSWIN)</td>
<td>WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean</td>
<td>Kingston, Jamaica</td>
<td>JAM15</td>
</tr>
<tr>
<td>University of the West Indies (UWI) at St. Augustine, School of Nursing</td>
<td>WHO Collaborating Centre in Nursing Policies and Leadership</td>
<td>St. Augustine, Trinidad and Tobago</td>
<td>TRT1</td>
</tr>
<tr>
<td>Pontifical Catholic University of Chile</td>
<td>WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care</td>
<td>Santiago, Chile</td>
<td>CHI19</td>
</tr>
<tr>
<td>University of Chile</td>
<td>WHO Collaborating Centre for Development of Midwifery</td>
<td>Santiago, Chile</td>
<td>CHI18</td>
</tr>
<tr>
<td>University of Bahrain, College of Health &amp; Sport Sciences (CHSS)</td>
<td>WHO Collaborating Centre for Nursing Development</td>
<td>Manama, Bahrain</td>
<td>BAA1</td>
</tr>
<tr>
<td>Jordan University of Science and Technology</td>
<td>WHO Collaborating Centre on Nursing Development</td>
<td>Irbid, Jordan</td>
<td>JOR16</td>
</tr>
</tbody>
</table>
Capacity building of novice nurses through training can reduce the gap in availability of quality primary health care

Background
India has a population of 1.42 billion with a high burden of disease and poor access to health care owing to uneven distribution of qualified health care providers. There is a huge demand for health workforce in the country due to multiple factors such as ageing, alarming rise in non-communicable diseases, changing epidemiology and emerging new communicable diseases. The NITI Aayog (National Institution for Transforming India) Strategy for New India @ 75 has envisioned generating 1.5 million jobs in the public sector by 2022-2023. Concern prevails not only about quantity but also the quality of the knowledge and skills of health care providers. India’s active health worker density for doctors and nurse/midwives is estimated at 6.1 and 10.6 per 10,000 population respectively (National Sample Survey Office, 2017-8), with numbers further dropping to 5.0 and 6.0 respectively taking into account adequacy of qualifications. These figures are well below the World Health Organization (WHO) threshold.

It has been observed that while substantial proportion of health workers are not well qualified, nearly 20% of those qualified are not active in labour markets thus making the delivery of primary health care to the vulnerable population a challenge. The country needs to invest in human resources and explore possibilities of investing in quality education and capacity building.

Preparation of graduate nurses for providing Primary Health Care
The World Health Organization has identified the Global Strategic Directions for Nursing and Midwifery (2016–2020) that graduate nurses need to have the requisite knowledge, skills and attitudes to meet the national health priorities. Therefore, the Community Health Nursing Department of College of Nursing, Christian Medical College Vellore provides opportunity and prepares baccalaureate nursing students in taking care of individuals, families and groups in rural and urban communities both at home and in clinics, with an understanding of the concepts of health, disease and epidemiology with respect to maternal and child health, communicable diseases, non-communicable diseases and infectious diseases. Every student is guided and mentored by a Tutor [Baccalaureate Nurse with two years of Experience] and a Nurse Manager [Master’s with specialization in Community Health Nursing] during their training period in accordance with the educational competencies stipulated by the professional regulatory bodies in congruence with national and international standards.

Service Delivery
The National Health Policy of India (2017) calls for investment of a major proportion (2/3rd) of resources to Primary Health Care and WHO (2001) has laid priority over scaling up human resources. WHO also emphasizes (2016) enhancing both the number and quality of health workforce in achieving the Universal Health Coverage and Sustainable Development Goal 3. Though India has made a remarkable progress in the delivery of health care services, there exists an inequality in the provision of care between the geographical areas. The Community Health Nursing Department has set up a health care model by adopting 25 villages with a population of 73,276 to deliver preventive, promotive, curative, rehabilitative and restorative care by novice baccalaureate nurses using standing orders. On completion of training, one baccalaureate nurse is assigned a population of approximately 4,000 under the supervision of Nurse Mentors [Tutors/Nurse Managers] to be fully responsible and independent in providing primary health care services. The services include regular home visits, conducting health camps and screening and early management of noncommunicable diseases, health education and follow-up of referrals. The novice nurses are periodically supervised on-site by the mentors ensuring improved health outcomes.

Outcome
Nurse-led care has been found to be a successful sustainable primary health care model that is of high quality, comprehensive, affordable, achievable and cost-effective. Higher patient satisfaction is observed with well-qualified and well-trained nurses being their first contact. A reflection of patient-centric approach has resulted in the reduction of morbidity and mortality among the population served. Capacity building of novice nurses through training can reduce the gap in availability of quality primary health care irrespective of the workforce available.
Palliative care has been on the policy agenda in Thailand since 1997. In 2007, the National Health Act established that terminally ill people had a right to receive palliative care. In 2016, the Ministry of Health mandated that every hospital should have a dedicated palliative care unit with at least one palliative care nurse. However, research by the Ramathibodi School of Nursing at Mahidol University identified relatively few nurses and doctors with specialist knowledge and skills in palliative care.

Gaps in Palliative Care Education

Their review of health professional education highlighted an urgent need to train palliative care nurses in order to respond to national policy. Undergraduate nursing programs typically include only 2-3 hours of theoretical tuition on this topic and clinical practice offers few opportunities for nursing students to work with patients at the end of life.

The Ramathibodi School of Nursing at Mahidol University is a WHO Collaborating Centre on Nursing and Midwifery Development. Following their policy review and education analysis regarding palliative care, the School of Nursing has established a Center of Excellence in Palliative Nursing, in collaboration with the Nursing Department and the Center of Excellence in Palliative Care, Faculty of Medicine at Ramathibodi Hospital. As well as providing academic training for nurses at the undergraduate and postgraduate level, the Centre aims to develop policies to support nurses providing palliative care and to undertake key research to improve knowledge and evidence in this important practice area. The Centre also promotes upskilling and workforce development within the wider South East Asian region by offering training to nurses from Myanmar and exchanges with Master’s students from Taiwan.

Training in Palliative Care throughout the Health System

The Centre has responded to identified gaps in the health workforce by offering a Master’s degree with electives in palliative care nursing. It also recently developed a massive open online course (MOOC) for nurses. The MOOC has generated widespread interest, including from non-nurse health providers wishing to increase their knowledge of palliative care; to date, 4000 individuals have enrolled in the course over its first 18 months. In particular, more than 300 village volunteer health workers, who provide much primary healthcare in Thailand, have been trained on the intensive 2 days training program by the faculties from Center of Excellence in Palliative Nursing: Ramathibodi School of Nursing.

The Centre’s comprehensive work exemplifies the key policy priority for Nursing and Midwifery 2021-2025. It demonstrates innovation in a location by improving nurses’ competencies to meet the health and support needs of people with terminal illnesses. It increases the number of nurses capable of providing palliative care at all levels of healthcare, especially those practising in hospital palliative care units. The program offers opportunities for enhancing nursing expertise and leadership in academic and service delivery settings. Moreover, the program demonstrates leadership and advocacy with its commitment to training and supporting village health workers, who comprise a key component of the Thai healthcare system.

 Improved Referral Pathways

To further strengthen health systems to support the national policy, the Centre also supports referral pathways between primary healthcare in local communities and health professionals working in palliative care in tertiary units upon request. The Centre also provides information and resources to support primary care providers when patients return home after a tertiary hospital admission upon request. This process is facilitated by formal and informal networks through the Thai Palliative Care Nurses Society, with over 800 members in regions across the country. Feedback from patients demonstrates that they particularly value the continuity of care resulting from improved communication and linkages.

PhD candidate, Suchira Chaiviboontham, who was working with the WHO Collaborating Centre for Nursing and Midwifery Development, identified gaps in the health workforce in the wider South East Asian region. The Centre has responded to these gaps by offering training to nurses from local villages.

The Centre’s comprehensive work exemplifies the key policy priority for Nursing and Midwifery 2021-2025. It demonstrates innovation in a location by improving nurses’ competencies to meet the health and support needs of people with terminal illnesses. It increases the number of nurses capable of providing palliative care at all levels of healthcare, especially those practising in hospital palliative care units. The program offers opportunities for enhancing nursing expertise and leadership in academic and service delivery settings. Moreover, the program demonstrates leadership and advocacy with its commitment to training and supporting village health workers, who comprise a key component of the Thai healthcare system.

Improved Referral Pathways

To further strengthen health systems to support the national policy, the Centre also supports referral pathways between primary healthcare in local communities and health professionals working in palliative care in tertiary units upon request. The Centre also provides information and resources to support primary care providers when patients return home after a tertiary hospital admission upon request. This process is facilitated by formal and informal networks through the Thai Palliative Care Nurses Society, with over 800 members in regions across the country. Feedback from patients demonstrates that they particularly value the continuity of care resulting from improved communication and linkages.

For more information, please contact Suchira Chaiviboontham suchira.cha@mahidol.edu
The Department of Health Studies, now the Department of Health Studies, was established during 1975 under the leadership of Professor Charlotte Searle as part of the University of South Africa (UNISA). UNISA is South Africa’s largest university and one of the eleven mega-distance teaching universities in the world. UNISA was established in Cape Town 150 years ago on 26 June 1873 as the University of the Cape of Good Hope and changed its name to the University of South Africa in 1916. Its vision and mission, as also upheld by the Department of Health Studies, is to be the African Department of excellence in Community Health Nursing Science, Health Sciences Education and Health Services Management. The Department of Health Studies is currently developing a transformed curriculum for a Postgraduate Diploma program, offering three disciplines as follows:

- Postgraduate Diploma in Nursing Education
- Postgraduate Diploma in Health Services Management
- Postgraduate Diploma in Community Health Nursing

The newly developed program is aimed for implementation in 2025. The curriculum development activities include, amongst others, module development, obtaining service level agreements with relevant facilities for experiential learning and conducting situational analysis in preparation for clinical placement of students. Significant progress was achieved with the curriculum development process.

The staff establishment for the Department of Health Studies comprises nine (9) full professors, five (5) Associate Professors, sixteen (16) Senior Lecturers, two (2) lecturers and five (5) administrators, with two full professors holding a C2 National Research Foundation (NRF) Award and one senior lecturer who is NRF Y-Rated.

Group photo of the Department of Health Studies and SAMHS delegates.
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 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 outcomes 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. *

*www.who.int/health-topics/health-workforce#tab=tab_1
Introduction

The problem of bullying in schools is becoming widespread and affects all parts of the school, but its mental health effects go beyond the schoolyard. Bullied children face an increased risk of social and emotional problems in childhood and adulthood (Huddleston, Varjas, Meyers & Caderhead, 2011). This paper presents a case study that contributes to the literature by describing a community mini-mental health promotion project initiated by 4th year nursing students during their community practicum.

Community mental health development program

The field of ‘global mental health’ can be described as the science and practice of improving care based on evidence and equity around the globe. It often focuses on parts of the world where mental health is most neglected. The Sustainable Development Goal (SDG) 3 focuses on ‘Ensuring healthy life and promote well-being for all ages’. Therefore, the students’ internship aimed to promote mental health through a psychoeducation program.

This paper reports a community mental health nursing project as part of a learning assignment for undergraduate and graduate psychiatric mental health nursing students. Nursing education strives to train competent and confident nurses with enhanced skills to provide care. Clinical education remains integral to the nursing curriculum and forms the foundation for bridging the theory-practice gap (Wells & McLoughlin, 2014). In nursing, experiential learning is emphasized, where learning occurs through doing, hence this project.

The community mini-mental health promotion project was implemented by nursing students to 1034 school students. The exercise engaged students in an activity that equipped them with skills for developing and administering a community mental health promotion program.

Case study:

Creating a safe and inclusive environment where every individual is respected, valued, and free from the harmful effects of bullying.

The nursing students conducted a needs assessment in a junior secondary school, which informed the psychoeducation process. The psychoeducation program initially focused on providing information and support to pupils on bullying. However, it became apparent that creating awareness, preventing harm, and supporting students was critical to fostering empathy, promoting positive relationships, and empowering students to stand up against bullying.

In collaboration with secondary school students, the guidance and counselling teacher, and social workers, the nursing students developed a program component that facilitated effective coping with bullying. They later formed the pact group, which supported students. The pact group was led by teachers and facilitated by students.

The anti-bullying group comprised 15 students who met weekly.

The activities planned included:

• Awareness Campaigns: Through the help of students, the club organized awareness campaigns within the school by conducting presentations to raise awareness among pupils and teachers during assembly.

• Peer Support Programs: The club established peer support programs where other club members acted as mentors or buddies for pupils affected by bullying. These mentors can offer emotional support, guidance, and friendship to help victims cope with their experiences.

• Artistic and Creative Projects: The club organized art exhibitions, poetry slams, and other creative projects that allowed pupils to express their thoughts and emotions about bullying. These activities raise awareness and serve as a platform for self-expression and catharsis.

• Collaboration with School Administration: The nursing students collaborated with the guidance and counselling teacher and social worker to provide input and suggestions for strengthening the school’s response to bullying and to hand over the project.

Evaluation

The school students described the project as helpful as some came out and wanted one-on-one consultation. The nursing students identified several key issues arising from the project:

• Promoting mental health is essential as one is exposed to the community’s social fabric firsthand.

• Social problems are about mental health.

• Many people are suffering, and often remain untreated.

• Anti-bullying interventions have implications for practice and related policies regarding bullying.

Lessons learned

Nursing students identified several key issues arising from the project:

• Promoting mental health is essential as one is exposed to the community’s social fabric firsthand.

• Many people are suffering, and often remain untreated.

• Anti-bullying interventions have implications for practice and related policies regarding bullying.

References


Nurses provide care to individuals, families, and communities. Scott, Matthews, & Kirwan (2014) observe that the 21st century finds many communities facing an era of uncertainty, characterized by profound changes and complex restructuring of the economic, social, political, cultural, and environmental order that affects their lives and health. For nursing training to remain relevant, it must be aligned with the new global environment and emerging healthcare demands, (Sabone, Tshiamo, and Rapinyana 2018). The World Health Organization has put increasing emphasis on Community Health Nursing (CHN) care with the community as the client.

Graduate and undergraduate students in Botswana take courses in CHN and are expected to carry out community projects. These projects are in line with Sustainable Development Goals (SDGs) and Vision 2036, the Botswana vision to drive the SDGs. Student community outreach projects are specifically aligned to SDG Goal #3 (Ensure healthy lives and promote well-being for all at all ages) and Target #3.3 which seeks to end the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, waterborne, and other communicable diseases.

The aim of the community outreach projects is for students to engage in comprehensive community assessment and intervention. This involved 107 undergraduate students attached to 14 different communities. Students undertook several activities in schools and the wider community.

School Health Project
A total of 14 primary schools were assessed, reaching 600-1000 pupils per school. CHN students undertook various health promotion activities under the supervision of lecturers:

- Assessment of the school environment (physical and psychological environment)
- Health assessment of pupils
- Review of committees and school clubs that support the day-to-day running of the school (e.g., environmental committee, health club, parent-teacher organizations, etc).

Diagnoses were made following assessment and analysis of data. These were prioritized, and various health promotion interventions were implemented such as:

- Health talks and demonstrations on good personal hygiene
- Health talks on preventing common accidents and using First aid measures in the event of an accident.

Community Projects

1. NCD Screening
A total of fourteen communities within Greater Gaborone District were involved. The Management Team worked with students to implement projects in the form of wellness days.

2. Positive Contribution to the Community, through Community Engagement
Other interventions were focused on health promotion to eliminate the various health risks.

Conclusion
The new global configuration brings new challenges, such as the need to deploy innovative community interventions and ways of thinking and learning. Therefore, the construction of knowledge through democratic work processes committed to ethical, humanistic, and equal values in a supportive community environment becomes crucial.
A teacher-led, student-centered, competence-building, task-driven teaching model. The School of Nursing, Peking Union Medical College (PUMC) was designated as WHO Collaborating Centre for Nursing Policy-Making and Leadership in 2010. The work of the Centre aims to provide knowledge and technical assistance to member states in strengthening and expanding leadership capacity of the nursing and midwifery workforce as well as nursing students, to improve nursing education and service delivery of primary care with focus on women and children, and to enable and empower community- and home-based nursing practice for ageing populations.

WHO emphasises realization of the social goal of ‘Health for All’ through primary health care (PHC). The Healthy China Plan has set targets for strengthening PHC networks to enable and empower community- and home-based nursing practice for ageing populations. WHO has been working to integrate national, regional and global strategic directions into the nursing curriculum; design competency-based education programs; apply effective learning methods and meet quality standards and population health needs.

Task-driven approaches
In order to activate undergraduate students and promote their health education skills, the Nursing Education course adopted a task-driven approach; designing health education posters was one such task. Since 2015, a Contest of Health Education Poster for Nursing Students has been conducted every year. The activity was organised by undergraduate students themselves, and conducted in groups of 4-5 students guided by a teacher. Each group selected a healthcare topic, such as management of NCD, breastfeeding or mental health, and used communication strategies to jointly design a poster. Some groups also filmed short videos, or made posters in both Chinese and English. Posters were displayed around campuses and community healthcare centres, and posters and videos were also displayed on Wechat (a Chinese mobile social media app that provides instant messaging services), so audiences could access them via mobile phone. After the activity, students, teachers, and community residents voted to select outstanding posters.

Student-centered learning
In implementing this task-based teaching model, the relationship between teaching and learning has been repositioned. Students are the subject of learning and completing tasks, while teachers are the creators of learning tasks, providers of learning resources, organisers and coordinators of teaching activities, mainly providing inspiration and guidance. Unlike passive knowledge reception in the past, students are required to work in groups to collaborate and complete specific learning tasks using the knowledge they have acquired and relevant materials.

Student groups form a learning community, where they negotiate among themselves, construct knowledge, and form solutions to problems. During group discussions outside of class, students with different backgrounds actively explore and solve practical problems through division of labor and other methods within the learning community. Team members influence, learn from, and promote each other, sharing and constructing knowledge. Teamwork skills, self-directed learning ability, and the spirit of exploration are all enhanced.

Students’ feedback noted, ‘It is important to carefully select the knowledge points to be presented to the audiences, and the way of expression is also crucial. Because, women in menopause are not medical students, so it is essential to translate specialized terms into easily understandable language. The purpose of creating posters is to help them better understand menopause’. Another stated ‘Each person can wholeheartedly participate, and each person wants to contribute their own strength to every aspect. Every detail reflects their own ideas, and every step is an opportunity for growth and progress’.

To sum up, this “Nursing Education” course adopts a teacher-led, student-centered, competence-building, and task-driven teaching model. This model combines abstract knowledge with solving specific tasks, which helps stimulate students’ interest in learning, achieve a deep understanding of knowledge, cultivate students’ comprehensive abilities, and lay a solid foundation for the development of their role as clinical educators. working to integrate national, regional and global strategic directions into the nursing curriculum.
The Research Institute for Hospice/Palliative Care (RIHPC) has initiated a project to standardise Electronic Medical Records (EMR) for Hospice and Palliative Care in the Catholic Medical Center (CMC), starting with a seminar held on December 14, 2022. In this seminar, RIHPC invited hospice and palliative care (HPC) staff from the Hospice and Palliative Care Centers at eight hospitals in the CMC’s network. The Director of RIHPC led discussions for establishing a standardized electronic medical record (EMR) within the Centers using a neuro-Ubiquitous health information system. The project will follow the four main stages: 1. Assessment of the current status, 2. Organization, 3. Review and adjustment, and 4. Implementation.

The standardization of EMR can improve the quality of HPC services due to increasing work efficiency with standardized communication in the EMR and reducing the burden of maintaining all records. Furthermore, it can build a comprehensive database in HPC. The RIHPC plans to utilize a research project to develop guidelines for evidence-based practice using the database as a next step.

International Collaborative Research Project with the Cicely Saunders Institute, UK
Dr. Sujeong Kim, an affiliate faculty member in the RIHPC, has participated in a research project for developing the Children’s Palliative Care Outcome Scale (C-POS) led by a research team in the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation (CSI) in London, UK since 2022. For the C-POS study, over 40 multidisciplinary partners, including King’s College London, the European Commission, and the European Research Council, participated. The RIHPC will be responsible for developing the Korean version of C-POS in the project. Under the supervision and guidance of Dr. Sujeong Kim, Dr. Eunsook Kim, a nurse practitioner in the neonatal intensive care unit of Samsung Medical Center, was sent as the project manager for the Korean C-POS development research project with CSI with financial support from the Korea Health Technology R&D Project, the Korea Health Industry Development Institute, funded by the Ministry of Health & Welfare in December 2022.

Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access. - WHO 2020
LEADERSHIP

By Keiko Takahashi and Enika Ota

In 1990, WHO designated St. Luke's International University as the only WHO Collaborating Centre in the nursing field in Japan. Our university is endorsing practical and developmental research on People-Centered Care (PCC) to manage the super-agings and low birth rate society in Japan. PCC has broader implications than patient-centered care, which focuses on the individual seeking care, as PCC also focuses on the health of the people in the community and the important role of people in shaping health policy and services (WHO, 2010). PCC was defined as “a partnership between community members and healthcare providers to improve the health problems of individuals or the community and an initiative whereby those who receive care play a central role” by the PCC Practice Development Research Department, St. Luke’s International University (Takahashi et al., 2018).

We hereby introduce the People-Centered Care Model (PCCM) concept (Figure 1), a PCCM evaluation tool we have developed, and educational materials for People-Centered Care (PCC).

Evaluation Tool for Assessing People-Centered Care

The PCCM evaluation tool is based on partnerships between community, people and healthcare professionals. To develop the tool, we first reviewed relevant literature and gathered practical information on 11 PCC activities and cases of their implementation provided by our university concerning small children and parents, women, people living with chronic disease and older adults. As a result, eight primary PCC components were extracted, namely;

1. Understanding each other
2. Trusting each other,
3. Respecting each other
4. Using each other's strengths
5. Taking on each other's roles
6. Overcoming problems together
7. Shared decision making
8. Learning together.

Next, ten experienced researchers devised a preliminary evaluation scale comprising 37 items arranged in five levels. The draft scale was distributed to community members and healthcare providers using two surveys. The first survey assessed the content validity of the scale, and second survey assessed reliability, validity, the confirmatory factor analysis, and model suitability of the scale. We then developed the final PCC Partnership-16 tool (8-factor with 16-item in five levels) and confirmed its reliability and validity. (Figure 2).

Education Materials for Promoting Partnerships

We are also developing PCC educational materials for community, people and healthcare professionals to think together. The content of the PCC educational material website is based on the definition of PCC and the eight components of partnerships between community people and healthcare professionals, which are essential for PCC. We also created a video.

Education materials are aimed at nursing students to enhance their care, and in responding to population health needs. Materials are also intended for continuing education of practising health professionals and others interested in PCC activities. Partnership between community, people and healthcare professionals (Figure 3).

The educational material consists of three parts:

Part 1: What is People-Centered Care (animated version) - LINK (under adjustment)

Part 2: Examples of PCC practice (video and consultation service)

Part 3: Examples of PCC activities (five cases in different areas)

‘Part 2’ and ‘Part 3’ English versions will be uploaded this year.

In the future, we plan to conduct a user survey to evaluate the convenience and potential utilisation of these materials.
The Pan American Nursing and Midwifery Collaborating Centres is a network of 16 PAHO/WHO CCs within the region of the Americas that supports nurses and midwives in advancing Universal Health Coverage by promoting regional priorities and cooperation.

Formed in 1999, the network has been guided by the expertise, skillset, and passion of many extraordinary nursing and midwifery leaders. We wish to honor our past by recognizing the outstanding leadership of our honorary and emeriti members.

For more information, please visit our website here.

---

**Honorary members**

- Lorena Binfa
- Patricia Davidson
- Doreen Harper
- Eulalia Kahwa
- Silvina M. Malvarez
- Madeline Naegle
- Rosa Zarate Grajales
- Elizabeth T. Anderson
- Isabel Amelia Costa Mendes
- Fabiola Castellanos Soriano
- Mi Ja Kim
- Maricel Manfredi
- Linda McCreary
- Ruta Valaitis
- Lynda Wilson

**Emeriti members**

- Patricia Davidson
- Doreen Harper
- Eulalia Kahwa
- Isabel Amelia Costa Mendes
- Fabiola Castellanos Soriano
- Mi Ja Kim
- Maricel Manfredi
- Linda McCreary
- Ruta Valaitis
- Lynda Wilson
A focus on nursing and midwifery response to the pandemic as a current global health crisis. In 2021, a team at the University of Pennsylvania School of Nursing (Penn Nursing) in the United States (US) began hosting a virtual multinational exchange for nursing and midwifery students. The virtual exchange uses an educational model called COIL – Collaborative Online International Learning (see https://coil.suny.edu for more information) – that rose in popularity around the world during the COVID pandemic. The team at Penn Nursing decided to use it as they thought about maintaining international student exchange at a time when travel was impossible. Developing a virtual exchange meant too that they could offer an accessible and equitable alternative to in-person exchange, one that might transcend the pandemic.

A permanent focus for this global endeavor

As the pandemic abated, the original host team at Penn Nursing, Sarah Kagan, Nina Junterele, and Maria White, considered options for the 2022 exchange. Quickly realizing the full enormity of the planetary crisis, they knew they had found the permanent focus for this global endeavor. The Penn Nursing team recruited content expert Emma Pascale Blakney from NHS England who was then the first nurse to serve as an NHS Chief Sustainability Officer’s Clinical Fellow. With Emma Palaganas, a nurse consultant and activist in the Philippines (http://ecpalaganas.com), and the Green Team from the Nursing Department at Clínica Alemana (https://www.clinicaalemana.cl) in Chile.

Having hosted the exchange with a focus on sustainability for two years now, the Penn Nursing Team – Sarah, Nina, Maria, and Emma – are working hard to advance the content for both students and teachers. Each partner school can bring as many as three teachers and twelve students each year. Unsurprisingly, as the pandemic has abated, student interest has flagged slightly. From peak enrollment in the first year of the pandemic of over 100 students, participation leveled off at about 50 students and more than 30 teachers. Similarly, finding a time and place that would work for two years now, the Penn Nursing team has identified world-renowned guest experts to a more specific structure that delves more deeply into topics both students and teachers. The team has collaborated with the WHO Collaborating Centers and elsewhere who are interested in learning more and either replicating this learning experience in their region or joining the exchange hosted by Penn Nursing. They can be reached via Sarah Kagan’s email address skagan@nursing.upenn.edu or Penn Nursing’s who will then respond to all queries with the other members of the host team to provide information, support, relevant materials and resources to those who are interested in learning more.

Onboard, Sarah, Nina, and Maria started to learn more about the planetary crisis as a health crisis and the need for sustainable healthcare. They recruited more than a dozen partner schools spanning five continents, including the University of Botswana home to one of the WHO Collaborating Centers, and identified world-renowned guest experts. Experts taking part hail from Penn Nursing, WHO Collaborating Centers and elsewhere who are interested in learning more and either replicating this learning experience in their region or joining the exchange hosted by Penn Nursing. They can be reached via Sarah Kagan’s email address skagan@nursing.upenn.edu who will then respond to all queries with the other members of the host team to provide information, support, relevant materials and resources to those who are interested in learning more.

The 11-week exchange will conclude, as it did this year, with Dr. Teddie Potter, a renowned expert in the field of climate change, an NHS Officer’s Clinical Fellow. With Emma Palaganas, a nurse consultant and activist in the Philippines (http://ecpalaganas.com), and the Green Team from the Nursing Department at Clínica Alemana (https://www.clinicaalemana.cl) in Chile.

Having hosted the exchange with a focus on sustainability for two years now, the Penn Nursing Team – Sarah, Nina, Maria, and Emma – are working hard to advance the content for both students and teachers. Each partner school can bring as many as three teachers and twelve students each year. Unsurprisingly, as the pandemic has abated, student interest has flagged slightly. From peak enrollment in the first year of the pandemic of over 100 students, participation leveled off at about 50 students and more than 30 teachers. Similarly, finding a time and place that would work for two years now, the Penn Nursing team has identified world-renowned guest experts to a more specific structure that delves more deeply into topics both students and teachers.

The team at Penn Nursing who conceived the idea stepped forward to host it, garnering resources to in-person exchange, one that might transcend the pandemic.

A virtual exchange quickly took shape in 2021 with partners in the US, Australia, the United Kingdom, and Norway. A team at Penn Nursing who conceived the idea stepped forward to host it, garnering resources from Penn Abroad to provide the learning management system and synchronous sessions via a video conferencing platform. The exchange focused on nursing and midwifery response to the pandemic as a current global health crisis, featuring experts on the pandemic from around the world.

Experts taking part hail from Penn Nursing, WHO Collaborating Centers and elsewhere who are interested in learning more and either replicating this learning experience in their region or joining the exchange hosted by Penn Nursing. They can be reached via Sarah Kagan’s email address skagan@nursing.upenn.edu who will then respond to all queries with the other members of the host team to provide information, support, relevant materials and resources to those who are interested in learning more.

The 11-week exchange will conclude, as it did this year, with Dr. Teddie Potter, a renowned expert in the field of climate change, an NHS Officer’s Clinical Fellow. With Emma Palaganas, a nurse consultant and activist in the Philippines (http://ecpalaganas.com), and the Green Team from the Nursing Department at Clínica Alemana (https://www.clinicaalemana.cl) in Chile.

Having hosted the exchange with a focus on sustainability for two years now, the Penn Nursing Team – Sarah, Nina, Maria, and Emma – are working hard to advance the content for both students and teachers. Each partner school can bring as many as three teachers and twelve students each year. Unsurprisingly, as the pandemic has abated, student interest has flagged slightly. From peak enrollment in the first year of the pandemic of over 100 students, participation leveled off at about 50 students and more than 30 teachers. Similarly, finding a time and place that would work for two years now, the Penn Nursing team has identified world-renowned guest experts to a more specific structure that delves more deeply into topics both students and teachers.

The team at Penn Nursing who conceived the idea stepped forward to host it, garnering resources from Penn Abroad to provide the learning management system and synchronous sessions via a video conferencing platform. The exchange focused on nursing and midwifery response to the pandemic as a current global health crisis, featuring experts on the pandemic from around the world.

Experts taking part hail from Penn Nursing, WHO Collaborating Centers and elsewhere who are interested in learning more and either replicating this learning experience in their region or joining the exchange hosted by Penn Nursing. They can be reached via Sarah Kagan’s email address skagan@nursing.upenn.edu who will then respond to all queries with the other members of the host team to provide information, support, relevant materials and resources to those who are interested in learning more.
A low-cost strategy to bridge the obstetric gap care between rural and urban areas

Nearly 300,000 women continue to die during and following pregnancy and childbirth with 95% of all maternal deaths in low and middle-income countries (LMICs). Access to quality childbirth care in LMICs, hard-to-reach, rural communities is often impacted by long travel distances and poor transportation to a health facility. Maternity waiting homes (MWHs) have been identified as a strategy for improving birth outcomes. They are defined as facilities that accommodate women in the last few days or weeks of pregnancy, offering easy access to a nearby healthcare facility capable of providing emergency obstetric and newborn care (EmONC) once labor begins.

Descriptions of MWHs date back as far as the 1950’s with examples from multiple continents. In the 1980’s, “Casa Maternas” were successfully developed in Nicaragua to address the growing rates of maternal mortality in rural areas. They provide short-term residence, free of charge, to high-risk expectant and postpartum mothers. MWHs have been successful as a vital element of a low-cost strategy to bridge the obstetric gap care between rural and urban areas in places as diverse as Eritrea, Liberia, Nepal, and Zambia.

Best MWH practice for nurses, midwives and other health care providers

Working with a member of the PAHO Nicaragua country office, a team of University of Michigan faculty, staff, and students conducted an extensive search of the literature for evaluations of MWH policies, examples of operational protocols, and program descriptions in LMICs.

We identified and reviewed over 300 documents. Our final output is a web-based toolkit, available free of charge, in English and Spanish that provides information on best practices for nurses, midwives and other health care providers and policy makers in the region https://maternitywaitinghometoolkit.squarespace.com/. The toolkit provides information, resources, and examples of protocols for communities and health systems that are considering MWHs as part of a strategy to improve maternal and newborn health. Individual communities and health systems will need to design their own approach and protocols but can learn from and adapt tools and policies that have been helpful in other settings. The toolkit is presented in chapters that include an introduction to MWHs, the planning process, examples of the built environment, potential services to be offered, designing an MWH for sustainability, recommendations for program evaluation, examples of operational guidelines, and an extensive resource chapter.

It is our hope that collaborating centers working with rural and remote communities around the globe will use and share this toolkit with partners. Please feel free to provide us with any feedback you believe will enhance the content.
WHO Quality Rights e-training on Mental Health, Recovery and Community Inclusion
Published by WHO

The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)
Published by WHO

The State of the World’s Midwifery 2022: East and Southern Africa Region (ESARO)
Published by UNFPA

Global Community of Practice for Nursing and Midwifery - Live updates
Published by WHO

Emergency Care Saves Lives
Published by WHO

WHO Quality Rights e-training on Mental Health, Recovery and Community Inclusion - register here
Published by WHO

The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)
Published by WHO

Global Strategy for Women’s, Children’s and Adolescents’ Health Data Portal (2016-2030)
Published by WHO

The Road Map Targets for 2030
Published by WHO

ICN E-Learning Training and Educational Platform
Published by ICN

A Review of WHO Resources and Contributions
Published by WHO

ICM E-Learning Platform
Published by ICM

Global Strategy for Public Health 2021-2025
Published by UNHCR

ICN SDNM Toolkit
Published by ICN

Quarterly Newsletter: WHO Antimicrobial Resistance Division
Published by WHO

Universal Health Coverage (UHC)
Published by WHO

World Suicide Prevention Day
10 September 2023
WHO

World Diabetes Day
14 November 2023
WHO

World Patient Safety Day
17 September 2023
WHO

47th Biennial Convention
11-15 November 2023
San Antonio, Texas, USA
or
28-30 November 2023
Virtual
SIGMA

The 26th International Nursing Philosophy Conference
27 - 29 September 2023
University of Sydney - SIGMA

5th Asian Congress in Nursing Education
24-25 November 2023
Istanbul, Turkey
SIGMA

3'83&6
2023 Yonsei International Nursing Conference
5-7 October 2023
Yonsei University
College of Nursing
GWNOCCMN face to face meeting

World Mental Health Day
10 October 2023
WHO

World AIDS Day
1 December 2023
WHO

Celebrating International Day of Persons with Disabilities
3 December 2023
WHO

Health Aging Conference 2023
26 -27 October 2023
Hong Kong PolyU

Universal Health Coverage Day
12 December 2023
WHO

75 Years of Improving Public Health
1 January 2023 - 7 April 2024
WHO

46-0
World Health Day
7 April 2024
WHO

77th World Health Assembly 2024
May 2024 (exact dates not released yet)
WHO

International Nursing
25-28 July 2024
Singapore
or
6-8 August 2024
Virtual
SIGMA

0-2/7

0-2/7
Nursing and Midwifery Global Community of Practice (NMGCOP)

The NMGCOP aims to contribute to building sustainable health systems globally by providing a space for nurses and midwives to meet one another, share information and evidence, discuss important topics, and support one another.

The community fosters collective contribution through forums for discussion and teaching. It has three main objectives:

• To support an international community of nurses and midwives to build strategies towards achieving Universal Health Coverage
• To develop compassionate leaders who are powerful and inspirational agents for change
• To create opportunities to develop sustainable high-quality health care systems that are evidence based and data driven

The NMGCOP facilitates an environment where nurses and midwives are inspired and motivated to collaborate, engage and work together to meet the ‘World Health Organization Triple Billion” targets by 2030. It is governed by a steering committee made up of global experts in nursing and midwifery.

Join in 2 easy steps:
1. SIGN UP to NMGCOP
2. LOGIN to NMGCOP

www.nursingandmidwiferyglobal.org

Call for abstracts

Abstracts are invited from health professionals, researchers, and students in English, French, or Portuguese under the following Subthemes:
1. Health professions education and future health workforce
2. Building research capacity for addressing epidemiological transitions, pandemics, one health and climate change
3. Addressing service delivery issues in the face of epidemiological transition
4. Strengthening Africa’s service capacity, including diagnostic services

Abstract guidelines:
• Title, Background and Objectives
• Methods or Description
• Results or Lessons Learned
• Conclusions or Way Forward

• A maximum of 1000 words, Calibri font, point 12
• No graphic images, tables, graphs or columns should be submitted with your abstract
• Include names, titles, highest degrees, and affiliations of authors, email address for the corresponding author

NB: Abstracts will be published as received and therefore should be proofread prior to submission.

Abstract submission:
Abstracts are to be submitted electronically using the link:
https://afrehealth.org/2023symposium/

6th Annual Symposium
Theme: Addressing service, research and educational needs in the context of epidemiological transition and climate change. 1-3 August 2023; Maputo, Mozambique

Submit by: March 31st 2023

Visit www.afrehealth.org for more information

Advancing interprofessional excellence in health professions education, research, and service for Africa.

The African Forum for Research and Education in Health (AFREhealth) is an interdisciplinary health professional grouping that seeks to work with Ministries of Health, training institutions and other stakeholders to improve the quality of health care in Africa through research, education and capacity building. It is a conglomorate of individuals, institutions, associations and networks from all the geographic and linguistic regions of Africa namely Anglophone, Francophone, Lusophone and Arabophone. Membership is open to African and external stakeholders committed to an Africa with strong, self-sustaining and robust health systems.

Vision:
To be a responsive and leading African forum in the pursuit of excellence in health research education and service provision.

Mission:
To provide African leadership for responsive health professions education, training, research and service delivery through:
(a) Partnership/Collaboration,
(b) Networking,
(c) Advocacy,
(d) Resource mobilization,
(e) Strategic communication,
(f) Sharing best practices,
(g) capacity building, and
(h) Transformation of responsive health professions education.

Value Proposition:
Working in Africa to achieve excellence in health professions’ education, research and service by influencing a new interprofessional narrative that will result in sustainable and continuous quality improvement for the populations we serve.

VALUES
a. Professionalism
b. Accountability
c. Mutual respect
d. Team spirit
e. Gender sensitivity
f. Excellence
g. Equity
h. Inclusiveness

AFREhealth Newsletters:
2023 6th AFREhealth 1-3 August AFREhealth 6th Annual Symposium

VALUES
a. Professionalism
b. Accountability
c. Mutual respect
d. Team spirit
e. Gender sensitivity
f. Excellence
g. Equity
h. Inclusiveness
Building the Mental Health Resiliency of Midwives through Midwives’ Social Clubs – the ConvoCare Activity in Ghana

Midwives play a crucial role in the healthcare system, providing essential care and support to expectant mothers during one of the most important phases of their lives. However, the demanding and emotionally challenging nature of their work often takes a toll on their mental health and overall well being. Recognizing the need to address this issue, an innovative initiative called ConvoCare (Converging to Care) was introduced in Ghana. This article highlights the importance of prioritizing the well-being of midwives and how the ConvoCare activity is making a significant impact on their mental health resiliency.

Understanding the Challenges
Midwives around the globe face tremendous stress, as the experience of pregnant women receiving maternal health care services. The implementation of the initiative involved the formation of midwifery clubs in pilot health facilities across the country. These clubs consist of approximately 10-15 midwives who meet at least once every month. The venue for the meetings is decided by the club members, and their discussions and activities are independent of facility authorities. The members utilize their resources to ensure the success of the meetings.

During club meetings, discussions are guided by toolkits which focus on four thematic areas: self-care, care for family, care for colleagues, and care for clients. From time to time, club members utilize the Professional Quality of Life scale for health workers (ProQoL) to assess the impact of their compassionate work on their well-being. By regularly evaluating their levels of compassion fatigue and burnout, midwives could identify areas for improvement and take necessary steps to prioritize self-care.

Results and Benefits
The ConvoCare initiative has already shown promising results in improving the mental health resiliency of midwives. By providing a platform for open discussions and sharing experiences, midwives can support and uplift one another, reducing feelings of isolation and burnout. Moreover, the initiative empowers midwives to advocate for their well-being and demand the necessary support from health systems and policymakers.

Rabiatu, a midwife and participant in the ConvoCare activity, shares her experience: "Being part of the ConvoCare club has been immensely beneficial for me and my colleagues. We finally have a safe space to discuss our challenges, share our experiences, and support each other. The club has helped us develop coping strategies and prioritize self-care, making us more effective in our work. It’s amazing to see how this initiative has positively impacted not only our mental well-being but also the quality of care we provide to pregnant women."

Conclusion
The ConvoCare activity in Ghana is an essential step towards building the mental health resiliency of midwives. By prioritizing the well-being of those healthcare professionals, the quality of care provided to expectant mothers will be enhanced. Together, we can build a healthcare system that values and uplifts the mental health of midwives, ultimately leading to improved outcomes for both caregivers and those they serve.
We develop nurse leaders anywhere to improve healthcare everywhere.

From clinicians and administrators to academic nurse educators and researchers, Sigma Theta Tau International Honor Society of Nursing (Sigma) members are transforming global healthcare. Sigma develops nursing leaders by providing recognition, education, and global opportunities, including these international events:

47th Biennial Convention
11-15 November 2023 | San Antonio, Texas, USA
28-30 November 2023 | Virtual
Attend Sigma’s largest event, which features more than 2,000 nurses, outstanding plenary speakers, networking opportunities, and over 800 oral and poster presentations, all set against a colorful, multicultural background.

Creating Healthy Work Environments
8-10 March 2024 | Washington, DC, USA
14-15 March 2024 | Virtual
Connect with like-minded peers from nursing education and clinical practice settings, all focused on practical ways to improve work environments and value those who do the work of providing care.

35th International Nursing Research Congress
25-28 July 2024 | Singapore
6-8 August 2024 | Virtual
Join Sigma in beautiful Singapore to connect and engage with more than 1,000 nurse researchers, students, clinicians, and leaders who are focused on evidence-based nursing science and research.

Learn more at SigmaNursing.org/Events.
Caroline and Deepti KC on a tour round Glasgow Caledonian University

50  |  LINKS

On 8th October 2022, Caroline Lopes Ciofi Silva, an Intensive Care Unit Nurse and Researcher, travelled from Sao Paulo, Brazil to Glasgow, Scotland for an exchange visit. The main goal of the visit was to strengthen the partnership and network between the Safeguarding Health through Infection Prevention (SHIP) research group at Glasgow Caledonian University and the Universities of Sao Paulo & Campinas. Therefore, building synergy to improve research skills and facilitate the development of future collaborative projects on antimicrobial resistance.

The exchange visit was supported by The Global Health Network and Global Research Nurses Pump-priming Grant Travel Award. Global Research Nurses funded by the Burdett Trust for Nursing is a network developed by nurses for nurses. The prime focus is to help nurses and midwives engage, learn and seek opportunities to work in clinical research, and ultimately develop and lead their own studies. The ultimate goal is to foster nursing and midwifery research leadership in low- and middle-income countries (LMICs).

As part of the exchange visit, Dr Valerie Ness who leads public engagement and involvement at SHIP organised a visit to the Queen Elizabeth University Hospital with Ph. D. student, Ayodeji Matuluko. They joined Dr Andrew Seaton, Consultant in Infectious Diseases and General Medicine and Chair of the Scottish Antimicrobial Prescribing Group – SAPG, on an antimicrobial ward round and were introduced to the Outpatient Parenteral Antibiotic Therapy (OPAT) service.

Caroline met Professor Jacqui Reilly to discuss how she has been involved at a national level in developing and managing infection prevention and control over the years and continues to do so as part of her role in National Services Scotland (NSS). She learnt about the nationally held database on nurses’ prescribing, national surveillance system for healthcare associated infection, and efforts to improve cleaning practices in healthcare facilities in Scotland.

Discussions also took place on future research projects that could flourish from the partnership between the Brazilian Universities and Glasgow Caledonian University. In the first instance, plans were made to share their experiences by publishing a paper on how the experiences of Scottish nurses in AMS can contribute to the fight against antimicrobial resistance in Brazil.

Now, Professor Valerie Ness and Caroline Lopes Ciofi Silva are working together on a research project about the role of nurses in antimicrobial stewardship programs in Brazil. This demonstrates the far-reaching impact of small pump-priming grants to connect excellence, transfer knowledge, build capacity and foster exchanges in health research between and across diseases, regions and organisations. This works towards The Global Health Network’s vision to enable research in every healthcare setting - driving equity in where research happens, who leads and who benefits.

Prof. Caroline Lopes Ciofi Silva, Nursing School of the University of Campinas, Brazil (UNICAMP), Intensive Care Unit Nurse and Researcher, winner of the Global Research Nurses Pump-priming Grant Travel Award 2021.

“I had the opportunity to travel and gain a better understanding of the activities performed by the SHIP team, as well as a greater insight into the role of Scottish nurses in Antimicrobial Stewardship (AMS). This is important because in Brazil, there is a lack of awareness concerning the importance of nurses’ role in AMS and the Brazilian research team intend to address this issue through implementation research. At Queen Elizabeth University Hospital, Glasgow, I hoped to understand more about how nurses’ work with AMS in Scotland. It was fascinating to notice how much autonomy the nurses in this service had, how they work collaboratively with the inter-professional team, as well as understanding the approaches of nurse prescribers and what the requirements are to become one in Scotland.

I also had the opportunity to attend two undergraduate classes: one of them on research methods and planning a research project, and the other about public health policies in Scotland. It was riveting to observe the educational strategies used by the lecturers aiming to foster the development of critical thinking among the students.

It was amazing to see how everyone went out of their way to make me feel at ease and were always available to answer my every question. I am confident that the invaluable opportunity in observing and Scottish nurses’ working in AMS, in understanding the enablers and challenges they encounter, and in talking face-to-face with the stakeholders in Scotland, will motivate me to continue working to expand AMS in Brazilian nursing. I am forever grateful for the amazing reception of Dr Valerie Ness and all of the SHIP research group.

On 30 September 2023 for a chance to apply before midnight (BST) and will be awarded competitively. Funds for the scheme are limited to cover the costs of conducting small new research projects, such as proof-of-principle studies, and aim to support proof-of-concept projects, research, and ultimately development of research projects that could flourish from the partnership between the Brazilian Universities and Glasgow Caledonian University. In the first instance, plans were made to share their experiences by publishing a paper on how the experiences of Scottish nurses in AMS can contribute to the fight against antimicrobial resistance in Brazil.
LINKS is the Official Publication of The Global Network of World Health Organization Collaborating Centres for Nursing and Midwifery.

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

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

Email:
gnwhocnm@uts.edu.au

Websites:
www.globalnetworkwhoccm.com
www.uts.edu.au/research/who-collaborating-centre