THE GLOBAL NETWORK OF WHO COLLABORATING CENTERS FOR NURSING & MIDWIFERY PRESENTS:

DEC 2019
LINKS MAGAZINE
Welcome to the Links Magazine, December 2019 edition!

The Johns Hopkins School of Nursing, currently serving as the Secretariat to the World Health Organization's Collaborating Centers for Nursing and Midwifery, is proud to feature the remarkable and inspiring efforts of our colleagues around the world working to foster positive palliative care and coverage. In this edition of the Links Magazine, we highlight the current issues, research, innovations, and perspectives of these institutions around palliative care.

We recognize the importance of this human right and the role nurses and midwives have in advancing care for those in need of palliative health services. As is made evident in this publication, there are important areas where timely, evidence-based, and strategic efforts are needed to ensure that individuals are effectively cared for across the lifespan and varying levels of health and wellness. By promoting awareness and collaboration around this global health priority, we can ensure a healthier future for some of the most vulnerable of populations around the world.

We want to thank all of our collaborating centers and partner organizations for their continued support, especially those who have contributed to this edition of the Links Magazine. This includes our colleagues at the Catholic University of Korea, Paraclesus Medical University, Pontificia Universidad Católica de Chile, Peking Union Medical College, and Chiang Mai University.

Please feel free to reach out to us if you would like to be considered for future publication, or if you would like to learn more about the many exciting updates & opportunities presented here. We look forward to collaborating with more of our centers on upcoming editions of the magazine!

Patricia M. Davidson, PhD, MEd, RN, FAAN
Co-Secretary General

Nancy Reynolds, PhD, RN, FAAN
Co-Secretary General
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University of Malawi, Kamuzu College of Nursing, WHO Collaborating Centre for Interprofessional Education and Collaborative Practice  
University of Natal, School of Nursing, WHO Collaborating Centre for Educating Nurses and Midwives  
University of South Africa (UNISA), Department of Advanced Nursing Sciences, WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development |
| **AMRO** | University of São Paulo WHO Collaborating Centre for Nursing Research Development  
McMaster University WHO Collaborating Centre in Primary Care Nursing and Health Human Resources  
University of Chile WHO Collaborating Centre for Development of Midwifery  
Pontificia Universidad Católica de Chile WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care  
The UWI School of Nursing, Mona (UWISON) WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean  
Escuela Nacional de Enfermería y Obstetricia, Universidad Nacional Autónoma de México WHO Collaborating Centre for the Development of Professional Nursing  
University of Illinois at Chicago WHO Collaborating Centre for International Nursing Development in Primary Health Care  
University of Pennsylvania, School of Nursing WHO Collaborating Centre for Nursing and Midwifery Leadership  
University of Alabama at Birmingham, School of Nursing WHO Collaborating Center for International Nursing  
Columbia University, School of Nursing WHO Collaborating Centre for Advanced Practice Nursing  
University of Michigan, School of Nursing, Office of International Affairs WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing  
Johns Hopkins University School of Nursing WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing  
New York University Rory Meyers College of Nursing WHO Collaborating Centre for Gerontological Nursing Education  
University of Miami, School of Nursing and Health Studies WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety |
| **EMRO** | College of Health Sciences, University of Bahrain WHO Collaborating Centre for Nursing Development  
Jordan University of Science and Technology WHO Collaborating Centre for Nursing Development |
| **EURO** | Paracelsus Medical University, Institute of Nursing Science and Practice WHO CC for Nursing Research & Palliative Care Education  
Katholieke Universiteit Leuven, Research Unit, Institute for Healthcare Policy WHO Collaborating Centre for Human Resources for Health Research and Policy  
Nursing Research Foundation WHO Collaborating Centre for Nursing  
Lithuanian University of Health Sciences WHO Collaborating Centre for Nursing Education and Practice  
Nursing School of Coimbra WHO Collaborating Centre for Nursing Practice and Research  
Glasgow Caledonian University, Department of Nursing and Community Health WHO Collaborating Centre for Nursing and Midwifery Education, Research and Practice  
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences WHO Collaborating Centre for Midwifery Development  
Public Health England, Chief Nurse Directorate WHO Collaborating Centre for Public Health Nursing & Midwifery |
| **SEARO** | University of Technology Sydney (UTS) WHO Collaborating Centre for Nursing, Midwifery and Health Research Capacity-Building  
James Cook University Australia WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building  
The Hong Kong Polytechnic University (HKPU) School of Nursing, WHO Collaborating Centre for Community Health Services  
Peking Union Medical College School of Nursing WHO Collaborating Centre for Nursing Policy-Making and Quality Management  
St. Luke’s International University, College of Nursing WHO Collaborating Centre for Nursing Development in Primary Health Care  
University of Hyogo, Research Institute of Nursing Care for People and Community WHO Collaborating Centre for Disaster Risk Management for Health  
Yonsei University, College of Nursing WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care  
The Catholic University of Korea, College of Nursing, Research Institute for Hospice/Palliative Care WHO Collaborating Centre for Training in Hospice & Palliative Care  
University of the Philippines Manila WHO Collaborating Centre for Leadership in Nursing Development |
| **WPRO** | University of Technology Sydney (UTS) WHO Collaborating Centre for Nursing, Midwifery and Health Research Capacity-Building  
James Cook University Australia WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building  
The Hong Kong Polytechnic University (HKPU) School of Nursing, WHO Collaborating Centre for Community Health Services  
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University of the Philippines Manila WHO Collaborating Centre for Leadership in Nursing Development |
PALLIATIVE CARE
Advances in medical science have led to the development of various treatments and increasing life expectancy. Nonetheless, global health has seen a rapid increase of non-communicable and chronic diseases. According to the White Paper for Global Palliative Care Advocacy, 25.5 million people die each year with serious health-related suffering, mostly due to lack of proper treatment and care. This phenomenon is increasing the demand for palliative care worldwide, and recently expanded the target of palliative care to address a wide range of chronic illnesses in addition to terminal cancer.

Despite the growing attention to palliative care, there are substantial differences between countries and regions in standards of care. In developed countries, the attention is shifting from quantitative growth to qualitative improvement, trying to provide adequate care not only in hospitals but also within homes and communities. The funding opportunities such as the Palliative Care in Home and Community Settings by the National Institutes of Health (NIH) in the United States also demonstrate efforts to enhance community-based health care by translating research to practice. In less developed countries, however, the issue of general access to palliative care and controlled medicines often needed for effective care, including opioids, as well as a lack of government commitment still continues to be a pressing concern.

One of the major challenges for many countries is overcoming the misconceptions and misunderstandings about palliative care. In order to raise the awareness of clinicians, policy makers and the general public, investing in palliative care education is vital and will help to cultivate clinicians who accept the approach and can carry it out effectively. Specifically, integrating end-of-life learning and mandatory palliative care curriculum into medical and nursing schools may not only increase awareness but also the availability of palliative care providers.

In order to provide sufficient palliative services and reduce the cost of continuing care, an increasing number of health care systems may need to incorporate home-based services within the community. The core of community care is based on building a diverse network and requires the expertise of various professionals, such as clinicians, social workers, and chaplains. For instance, in order to meet the physical, psycho-social, and spiritual needs of patients and their families, clinicians will have to collaborate with professionals outside their field to provide proper care and support. We therefore hope to see more interdisciplinary teamwork in healthcare settings in the near future, enabling holistic care for everyone, everywhere.

References
Parkinson’s Disease is an illness rising in prevalence, affecting not only vulnerable elderly people, but to a large extent their families as well. Patients in an advanced phase of Parkinson’s face multiple obstacles, including impairments in mobility, nutritional and communication issues, and quite often loneliness. Families have to deal with major life changing factors that often come with financial constraints, social isolation, and fearing the approaching death of a loved one. Quite frequently end of life (EoL) decisions are made in haste, for instance when facing the question of artificial feeding tube placement to maintain a satisfactory quality of life.

Studies conducted in Austria demonstrate that classical quantitative assessments of psychometric parameters are not sufficient when studying patients in advanced stages of Morbus Parkinson, or Parkinson's Disease. Instead we have good experiences with triangulating the classical assessments used by experienced neurologists to verify the patient’s illness stage with a more in depth qualitative methodology to gain insight into patient's and carers' needs. A good example is using face-to-face family interviews in combination with qualitative observations.

Telemedicine has proven to be a good possibility to get neurological expertise to patients and families who do not have regular access to neurological and palliative care. A pilot study demonstrated a high satisfaction with telepalliative care solutions in home care setting.

When taking the wish for a “good death” seriously, all possible energy toward research and policy should be gathered to improve the situation of patients and their families suffering from an advanced phase of Morbus Parkinson, independent of the setting in which people are currently living (at home, hospitals, nursing homes, etc.). Therefore, we are happy to be part of the Europe wide study PD_Pal (https://www.pdpal.eu/) that is working to validate a new model of palliative care, which would be easily integrated with traditional management when disability limits mobility and independence.

See also:
SHORT REFLECTION 2:
SURVEY DATA QUALITY EXAMINING CARE-RELATED DEMANDS IN PERSONS WITH POTENTIALLY DEATH-CAUSING ILLNESSES

Dr. Patrick Kutschar
Institute of Nursing Science and Practice,
Paracelsus Medical University Salzburg

Surveys are applied frequently to collect data from elderly with neurodegenerative illnesses; a vulnerable population often eligible for palliative care measures. In my PhD thesis, I examined the data quality of face-to-face surveys about pain, depression, and quality of life in 1,200 nursing home residents. Findings show that elderly with up to moderate cognitive impairment (Mini-Mental State Examination score≥10) are able to provide self-report data.

However, the data quality is limited. First, several respondent and instrument characteristics increase item non-response rates significantly. Second, responses vary considerably by interviewer characteristics leading to substantially different population estimates. Third, Brief Pain Inventory is affected by question order effects while Geriatric Depression Scale is susceptible to response order effects. Fourth, effects vary systematically according to the residents’ cognitive function. Finally, it becomes evident that population-specific, commonly used, and validated self-report instruments are prone to several methodological shortcomings if quality assurance is extended beyond standard psychometric characteristics.

My research clearly indicates the necessity for a population-specific survey theory in order to enhance data quality and to include people with age-associated or pathological cognitive decline into survey research adequately. This is especially important for palliative care research and practice when care-related needs, demands, wishes, or attitudes of people with life-limiting illnesses are of concern.

See also:
WHO Regional Office in Europe and Paracelsus Medical University (PMU) in Salzburg collaborate to strengthen palliative care education of all healthcare professionals at the post-graduate level. This collaboration works to develop an all-European (EURO) palliative care curriculum to promote health professionals’ education in the Eastern European and Central Asian regions. It further supports the education of healthcare professionals across all fields of responsibility in order to improve the access to palliative care services throughout the EURO region.

Between April and September 2018, fieldwork was conducted in Central Asia, Eastern Europe and Southeastern Europe. Select experts in palliative care education in 23 countries were invited to fill out a survey and discuss the status of post-graduate palliative care education in their region. The results demonstrate that in one third of the surveyed countries, there is still no postgraduate training in palliative care. The main barriers to the development of educational work are limited political interest, followed by limited educational structures, missing curricula, the lack of trainers and limited healthcare systems.

This information is essential for understanding the developmental needs of a united European palliative care curriculum. It becomes clear that to succeed, barriers to educational work must be tackled. The importance of global and country-level politics, budgeting, as well as supporting less-resourceful countries is the key to make a permanent change toward better access to palliative care, which after all, is a human right.

See also:
1. Paal Piret, Brandstötter Cornelia, Lorenzl Stefan, Larkin Philip, Elsner Frank 2019. Post-graduate palliative care education for all healthcare providers in Europe: Results from an EAPC survey. Palliative Care Supportive Care.
2. WHO collaborating Centre for Nursing Research and Palliative Care Education in Salzbug: whocc.pmu.ac.at
A TRANSITIONAL CARE EXPERIENCE IN POST-STROKE PATIENTS: ADVANCES IN SELF-MANAGEMENT SUPPORT IN SANTIAGO DE CHILE

Claudia Bustamante, Nurse Midwife, Master in Nursing Science, Assistant Professor Noelia Rojas, Nurse Midwife. Master in Nursing Science, Assistant Professor

Our School of Nursing (SON) at Pontificia Universidad Católica de Chile in Santiago de Chile, is a WHO-PAHO Collaborating Centre in NCD nursing and health care. Since 2004, we have developed and evaluated strategies for self-management support for people living with chronic diseases and their families. These initiatives have been developed mostly at the primary health care level, focused on continuity of care and using technologies (telephone and text messaging) for supporting people with chronic conditions. They have also helped with self-management support, case management and health literacy in continuing education for health teams. In 2017, a research study in Transitional Care applied to post-stroke patients started with the purpose of understanding the patients and organization’s related factors for a successful transition along pre- and post-discharge process.

Stroke deeply affects the quality of life and functionality of the Chilean adult population. In the Health Objectives for the decade 2011-2020, the Ministry of Health encourage us to improve the survival and quality of life in patients with stroke through the implementation of strategies such as the Transitional Care. This involves actions that ensure the coordination and continuity of care during the period that the patient navigates between different levels of care, such as from hospital to ambulatory care, and especially when returning to their homes.

The first project[1] proposes to evaluate the effect of incorporating a transitional care model based on self-management support for post-stroke patients and their caregivers in a public hospital in the Metropolitan Region. This randomized clinical trial recently finished the sample recruitment and is currently applying the intermediate evaluation at six months follow-up. The intervention and control groups receive education and specific preparation prior to discharge, as well as the usual care from a neurologist pre- and post- discharge. The intervention group further receives post-discharge telephone counselling and visits lead by trained nurses, in addition to the standard follow-up visits to neurologic ambulatory clinic. The main outcomes will assess patient and caregiver functionality, quality of life, self-management support and user satisfaction. Further, another study[2] has just begun to incorporate the model in a stroke unit at a private hospital. To complement the experience and outcomes in patients and caregivers, this pilot study will also explore health team perceptions on barriers and facilitators to the implementation of transitional care.

References
1. Grant from National Fund for Health Research (Fonis) Proyecto Evaluación de efecto del cuidado de transición sobre el estado funcional, la re-hospitalización y la calidad de vida de los pacientes post Accidente Cerebro Vascular y sus cuidadores. IP Noelia Rojas, IAMarcela González Col: Claudia Alcayaga Claudia Bustamante, María Cecilia Arechabala, Cristóbal Padilla, Yerko Molina, Lisset Slaide, Andrés Silva, Gisella Figueroa, Heraldo Pérez, Eva Araya. Fonis SA16I0100
2. Grant from Interdisciplinary Faculty of Medicine at Pontificia Universidad Católica de Chile. Proyecto Implementación de un modelo de cuidado de transición basado en estrategias de apoyo al automaniego, en pacientes post ACV y sus cuidadores. IP Claudia Bustamante, IA Héctor Miranda, Col: Noelia Rojas, Diego Gutiérrez, Claudia Alcayaga, Marcela González, María Cecilia Arechabala.
The School of Nursing in Peking Union Medical College offers 18 hours optional courses of palliative care for undergraduate students each year, including 12 hours of theoretical courses and 6 hours of hospital visiting. Students can learn the status quo of palliative care at home and abroad, knowledge about palliative treatments, psychological and spiritual care, Advance Care Planning (ACP), family grief care, and more.

The hospital visiting sites include Songtang Hospice Hospital, Desheng Community Health Service Center with hospice care wards, and the department of oncology in Peking Union Medical College Hospital. At the end of the course, each of the students writes a piece on palliative care. Some of the students described their feelings after visiting the hospice care wards and proposed nursing measures combining their learning and living experiences to help the dying patients. Students who are extremely interested in palliative care may apply for a variety of school-funded projects through the guidance of teachers. Students have found that ACP may solve the problem of widespread over-medication in hospital and preserve patients’ self-determination right to choose treatments.

For example, one ACP-related project that students applied for in 2017 sought to understand the feasibility of implementing ACP in patients who are in stable disease period. The study described chronic disease patients’ readiness status and influencing factors and used a self-designed “ACP Readiness Questionnaire” to investigate chronic patients’ ACP readiness. Results showed that chronic diseases patients’ ACP readiness were mostly above the medium level, indicating that ACP implementation is feasible. The factors affecting ACP readiness included the coping styles, trust in physicians, duration of illness, experience of taking care family members in end-of-life. Findings further revealed that patients with a longer duration of disease, less negative/more positive coping solutions, higher levels of trust in doctors, and more experience of taking care family members during end-of-life demonstrated better ACP readiness.

Through courses and nursing research, students are better able to apply curriculum knowledge into the actual research process, deepen their understanding of palliative care, and set a foundation for better palliative care service in the future.
NURSING LEADER HIGHLIGHT
Mentorship and networking are two factors Dr. Kunaviktikul sees as central to her own leadership journey. She explains how one of her early mentors, Prof. Emeritus Wichit Srisuphan, modelled an approach characterized by dedication and compassion. Trust, accessibility, and lifelong learning are other cornerstones of Dr. Kunaviktikul's leadership style.

With more than two decades of research experience in nursing administration, policy, and quality of care, Dr. Kunaviktikul is keenly aware of the need for nursing leaders amidst the rapidly shifting dynamics shaping the field of healthcare in East and Southeast Asia today. As population shifts in Thailand and across Asia escalates, the Faculty of Nursing (FON) has been engaging in international collaboration to seek out the experiences of other countries in areas spanning early childhood to older adults.

The FON is also committed to deepening knowledge sharing with Chinese health professionals and scholars to foster mutual understanding across national boundaries. As such, the FON has contributed greatly to nursing there. Under Dr. Kunaviktikul's leadership, the FON crafted and implemented the Program of Higher Nursing Education Development (POHNED), through which, over the course of a decade, China's first master's programs in nursing were established. This model was replicated in SE Asia in Laos, Myanmar, and Vietnam. These graduates have gone on to serve as deans and top administrators in the field. Today, the FON continues to build capacity through in-service trainings, like the recent, five-week workshop that brought in health professionals from 19 countries across 4 continents.

When midwives are educated to international standards, licensed and regulated, more than 80% of maternal deaths, stillbirths and neonatal deaths could be averted.

Quality midwifery care improves over 50 other health-related outcomes.

Midwives are uniquely able to provide essential services to women and newborns in even the most difficult humanitarian, fragile and conflict-affected settings.

Educating midwives to international standards is a cost-effective investment for governments, which saves resources by reducing costly unnecessary interventions.

But despite this evidence, there is a ‘startling lack of investment in quality midwifery education’. Collective action is urgently needed.

The Framework includes a 7-step action plan for strengthening midwifery education, which should be very useful for all WHOCCs, midwifery educators and policymakers working in this area. The document is available for download on the WHO website.

Midwifery Network members have supported WHO Headquarters with a number of other activities, in addition to working on their regional workplans. Prof. Jody Lori, Director of the University of Michigan Collaborating Centre led a Technical Working Group of ten Collaborating Centres, to quality review a new AFRO region antenatal care course.

The past few months have been exciting ones for global midwifery. In May 2019, the WHO Framework for Action: Strengthening Quality Midwifery Education for Universal Health Coverage 2030 was launched at the 72nd World Health Assembly. Developed by WHO, UNFPA, UNICEF and ICM, this important document has major implications for midwifery education globally. Members of the Network contributed to the development and review of the Framework, which contains 5 key messages:

1. When midwives are educated to international standards, licensed and regulated, more than 80% of maternal deaths, stillbirths and neonatal deaths could be averted.
2. Quality midwifery care improves over 50 other health-related outcomes.
3. Midwives are uniquely able to provide essential services to women and newborns in even the most difficult humanitarian, fragile and conflict-affected settings.
4. Educating midwives to international standards is a cost-effective investment for governments, which saves resources by reducing costly unnecessary interventions.
5. But despite this evidence, there is a ‘startling lack of investment in quality midwifery education’. Collective action is urgently needed.

The Midwifery Network aims to strengthen midwifery research, education, collaboration, visibility and voice across the Global Network by sharing information and opportunities and providing leadership.

In our first year as a Midwifery Network, we have focused on connecting with members to build a strong sense of midwifery identity in the wider Global network. In May we held a webinar celebrating the International Day of the Midwife (facilitated by the Global Alliance for Nursing and Midwifery). Dr Michelle Munro-Kramer, University of Michigan presented on a topic of concern to midwives worldwide: ‘What happened to you? Gender-based violence, trauma, & the Midwifery role’. Also presented in Spanish, the webinars were very well attended by participants from across the world.

In September, we held a Zoom meeting of Network members, where we shared activities and discussed ideas for the Network’s future aims and development. We are planning future webinars and meetings, and really want to hear your views, so watch out for further news!

2020 will be a busy year: it is WHO Year of the Nurse and Midwife, the Biennial WHO Collaborating Centres for Nursing and Midwifery Conference in Chiang Mai and ICM Conference 2020. We hope to meet you at some of these events.

TO JOIN US, PLEASE CONTACT THE MIDWIFERY NETWORK COORDINATORS AT:
LBINFA@UCHILE.CL OR HUNTERB1@CARDIFF.ACU.K

Prof. Lorena Binfa from the University of Chile Collaborating Centre led a WHO review of a new draft curriculum for Indian Midwifery Educators. Prof. Billie Hunter contributes to a Technical Advisory Group developing a WHO Midwifery Education Toolkit (name to be confirmed).

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EVENTS & OPPORTUNITIES
WHOCC BIENNIAL NURSING & MIDWIFERY CONFERENCE
16-18 JUNE 2020

Join us! Our respected colleagues at the Faculty of Nursing, Chiang Mai University will be hosting the 2020 Global Network for WHO Collaborating Centres for Nursing & Midwifery's 13th Biennial Conference. The theme of this conference is Advocacy and Policy: Strengthening the Voices and Capacities of Health Professionals. The general conference will be held in Chiang Mai, Thailand from June 16 to 18, 2020. We look forward to seeing our Global Network collaborating centers, partners, and WHO colleagues there!

THE 32ND ICM TRIENNIAL CONGRESS
21-25 JUNE 2020

Save the date and be sure to register for the 32nd Triennial Congress for the International Confederation of Midwives, to take place in Bali, Indonesia from 21-25 June 2020. This congress will be focusing on the theme of ‘Midwives of the world: delivering the future’. The Indonesian Midwives Association (IBI) will ensure the warmest welcome, as will the people of Bali.

THE 31ST STTI INTERNATIONAL NURSING RESEARCH CONGRESS
23-27 JULY 2020

Join Sigma on the 23-27th of July 2020 for its 31st International Nursing Research Congress in Abu Dhabi, United Arab Emirates, to connect and engage with over 800 nurse researchers, students, clinicians, and leaders who are focused on evidence-based research. The Congress' theme will be "Transforming Global Nursing Research and Scholarship Through Connections and Collaborations." Through this lens, the 31st Congress will seek to catalyze scholarship, connection, and innovation within the global nursing community.

2020 TAIWAN INTERNATIONAL NURSING CONFERENCE ENDORSED BY ICN
9-12 SEPTEMBER 2020

The Taiwan Nurses Association (TWNA) will host the 2020 Taiwan International Nursing Conference Endorsed by the International Council of Nurses (ICN) on September 9-12, 2020 in Taipei, Taiwan. The theme of this conference will be "The Vital Roles of Nurses in Global Health," which reflects the important and, often-times, leading roles that nurses take within healthcare systems to address global health challenges, as well as recognizes the critical role that nurses will surely play in achieving the ultimate objective of Health for All.
The WHOCC for Nursing & Midwifery is proud to announce that it has a new strategic partner, AFREhealth.

AFREhealth is an interdisciplinary health professional forum which seeks to improve health care in Africa through research, education and capacity building. The Initiative was launched by the joint leadership of MEPI (Medical Education Partnership Initiative) and NEPI (Nursing Education Partnership Initiative) during the MEPI/NEPI Symposium in Nairobi on 2nd August 2016 through adoption of the Nairobi Resolution on AFREhealth. It seeks to build on the achievements of MEPI and NEPI, as well as the President’s Emergency Plan for AIDS Relief (PEPFAR), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA).

A warm welcome to our colleagues at AFREhealth, we look forward to collaborating with you and strengthening the role of nurses and midwives in the African region!
The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world, to achieve common goals in the care of mothers and newborns.

Operated by nurses and leading nurses internationally, the International Council of Nurses (ICN) works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

Jhpiego works to prevent the needless deaths of women and their families by developing strategies to help countries care for themselves by training competent health care workers, strengthening health systems and improving delivery of care.

Sigma aims to advance world health and celebrate nursing excellence in scholarship, leadership, and service.