

SECRETARIAT REPORT

Official Publication of the Global Network of World Health Organization
Collaborating Centres for Nursing and Midwifery

JULY 2022 TO JUNE 2024



GLOBAL NETWORK



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1. Welcome

Dear Colleagues,

Welcome to the Secretariat Report 2022- 2024 for the Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM). As GNWHOCCNM Secretariat 2022-2026, WHO Collaborating Centre for Nursing, Midwifery, and Health Development at the University of Technology, Sydney (WHO CC UTS) will support the vital and ongoing activities of Network partners, institutions, and Collaborating Centres around the world to improve lives and make positive and lasting change by strengthening connections, partnerships, collaboration and communication between Collaborating Centres and key institutional stakeholders. We look forward to working closely with all Nursing and Midwifery Collaborating Centres globally throughout our tenure as Secretariat to support and accelerate strategic collaboration in partnership.

We are very honoured that our Centre was elected as Secretariat and would like to offer our thanks to our predecessors, the WHO Collaborating Center for Nursing Knowledge, Information Management and Sharing at the Johns Hopkins School of Nursing, Baltimore, USA for their work over the previous four years and for facilitating a smooth transition. In addition, we welcome Dr Ameporn Ratinthorn, Director of the WHO CC at Mahidol University, Bangkok from SEARO who is co-chairing the Secretariat and who will be a valuable asset through our tenure.

This report provides some background to the GNWHOCCNM and its Strategic Plan. The report presents an outline of the work carried out by the Secretariat with reports on meetings and other relevant activities, the results of the 2023 survey of members, and a financial summary for the Secretariat's role for the Global Network. We look forward to collaborating with our partners and continuing our work as Secretariat over the four-year term until 2026.

With best wishes and kind regards,

Prof. Debra Anderson, Dr Ameporn Ratinthorn and Prof. Michele Rumsey



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2. Background and strategic plan

2.1 The Secretariat

The WHO CC UTS was elected Secretariat of the Global Network in 2022 with a four-year tenure. WHO CC UTS seeks to further the vision and mission of the Global Network by being a reliable source of communication, community and collaboration between the Global Network and its partners. The Secretariat sees the need to increase the visibility of the WHO CCs as a priority going forward.

Key activities include: identifying and implementing activities which will promote the aims of the Network; maintaining awareness of emerging issues and supporting response; disseminating best practice tools and policies; and promoting good communication. Information dissemination takes place through many and diverse means, notably the GNWHOCNM website (www.globalnetworkwhocc.com), the Nursing and Midwifery Global Community of Practice (NMGCoP) (NMGCoP), the biannual LINKS magazine, webinars, social media, face to face and virtual meetings. Examples include a webinar held in January 2023 about re-designation guidelines, which was well attended and informative; LINKS magazine's promotion of upcoming events and new resources, and in-person meetings of the Global Network as side meetings at major conferences. The Global Network has 70 members; the NMGCoP, has over 6000 members and provides a fantastic forum for peer support, learning and resources.

2.2 Background of the Global Network of WHO Collaborating Centres for Nursing and Midwifery

WHO policy is that health research is best advanced by supporting, coordinating and utilising the activities of existing institutions. WHO defines a Collaborating Centre as *"an institution designated by the Director-General of WHO to form part of an international collaborative network set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels"*. There are over 800 WHO Collaborating Centres (WHO CCs) in over 80 Member States working on diverse health issues from nutrition to mental health; currently out of the 44 centres in our network, 42 have a focus on nursing and 20 on nursing and midwifery, 2 solely on midwifery. Additional details of these WHO CCs, including their Terms of Reference can be found in Appendix 1

The membership of the Global Network is fluid and the number of CCs will change – during the reporting period Jordan University of Science and Technology (JOR16) has been re-designated and two former collaborating centres have not been re-designated. This explains why some data in this report refers to different numbers of Global Network members, reflecting the membership at the time of data collection or event.

The geographical distribution of the WHO CCs is depicted in Figure 1, and Table 1 lists the Centres. Table 2 gives the number of CCs for each WHO Regional Office.

Region	Number of active WHO CCs
AFRO	4
AMRO	15
EMRO	2
EURO	9
SEARO	6
WPRO	8
TOTAL	44

Table 2. Active WHO CCs in Nursing and Midwifery by Regional Office at June 2024

The GNWHOCNM was first formed between 1987-1988 and has the vision of creating a global network for nursing and midwifery leaders. The network promotes ongoing collaboration and communication between members; WHO CCs with similar interests can share resources and expertise. The WHO CC for Nursing and Midwifery Development, based at the University of Botswana, Gaborone, for example, visited WHO CC UTS to see how their Pacific leadership development program was run to see if a similar model would work for them.

A number of strategic partners work with the GNWHOCNM and these are shown in Table 3. These strategic partners are very important as they work together at WHO meetings and link all the global entities for nursing and midwifery. Many ICN and ICM policy documents and resources are shared with whole network. Support can be through the development of tools and resources or directly to WHO CCs. For example, Jhpiego helped Israel with their leadership development and Sigma Theta Tau were instrumental in leading the development of the Global Nurse Leadership Competency Framework. In April 2023, Jhpiego in collaboration with WHO CC UTS (AUS93) held a virtual meeting with Nursing and Midwifery leaders from 15 of 22 Pacific Island Countries and 10 of 15 Caribbean Countries to discuss challenges faced by Small Islands and Developing States (SIDS), including climate change and health workforce migration. Guest speakers included WHO Chief Nursing Officer, Dr Amelia Latu Afuhaamango Tuipulotu [World Health Organization](#), and Jhpiego Chief Nursing Officer [Pandora Hardtman](#). The seminar had several objectives with an overall opportunity to foster collaboration and networking among leaders involved in disaster response and workforce management.

GNWHOCCNM Strategic Partners	
 <p>International Confederation of Midwives</p>	<p>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.</p>
 <p>International Council of Nurses <i>The global voice of nursing</i></p>	<p>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.</p>
 <p>j; jhpiego Saving lives. Improving health. Transforming futures.</p>	<p>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.</p>
 <p>Sigma GLOBAL NURSING EXCELLENCE</p>	<p>Sigma Theta Tau International aims to advance world health and celebrate nursing excellence in scholarship, leadership, and service.</p>
 <p>African Forum for Research and Education in Health</p>	<p>AFREhealth is an interdisciplinary health professional forum which seeks to improve health care in Africa through research, education and capacity building.</p>
 <p>Pan American Nursing and Midwifery Collaborating Centres</p> <p>PANMCC</p> <p><small>Copyright by Nurses, ICM and Nurses, USA 2003</small></p>	<p>Pan American Nursing and Midwifery Collaborating Centres (PANMCC) is a network of PAHO/WHO Collaborating Centres within the AMRO Region that supports the role of nurses and midwives in the advancement of “Universal Health Coverage” by addressing current health priorities and promoting regional and global cooperation.</p>

Table 3. GNWHOCCNM strategic partners.

The GNWHOCNM is an international, independent, not-for-profit organization comprising WHO CCs from across all six WHO Regions. This means the organization has a global reach and influence (Fig. 2).

GNWHOCNM – Reach and Influence Map

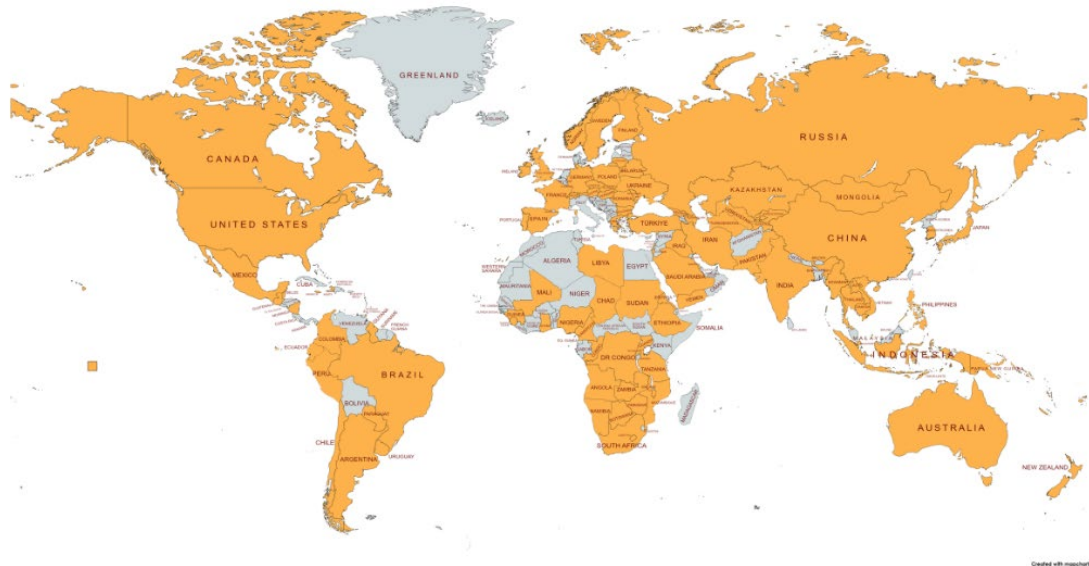


Figure 2. The global reach and influence of GNWHOCNM

The network works to strengthen and enhance nursing and midwifery education, leadership, practice and research, supporting WHO’s goal of *Health for All*. In addition, the GNWHOCNM seeks to help deliver the policies priorities of the Strategic Directions for Nursing and Midwifery (SDNM). Its main actions are training and education, research, supporting WHO in the implementation of programs at country level, collection, collation and dissemination of information and providing technical advice to WHO. Through its actions, the network aims to develop and build institutional capacity in countries and regions.

In March 2023, Dr Amelia Latu Afuhaamango Tuipulotu, the new Chief Nursing Officer at WHO, attended her first meeting of the Executive Committee and expressed her support for the GNWHOCNM; the Secretariat and Global Network members congratulated and welcomed her to her new position at WHO.

2.3 Introduction to the Strategic Plan for 2022-2026

Background

In September 2022, the Strategic Plan for the GNWHOCNM was presented to the Executive Committee for the 2022-2026 term. This was developed in line with the mission, vision, guiding principles, and operating principles of the GNWHOCNM. One of the key guiding principles is to involve and support all Centres in progressing WHO SDNM Policy Priorities 2021-2025: Education, Jobs, Leadership, and Service Delivery. A summary of these strategic directions and supporting policy priorities is presented in Fig. 3.

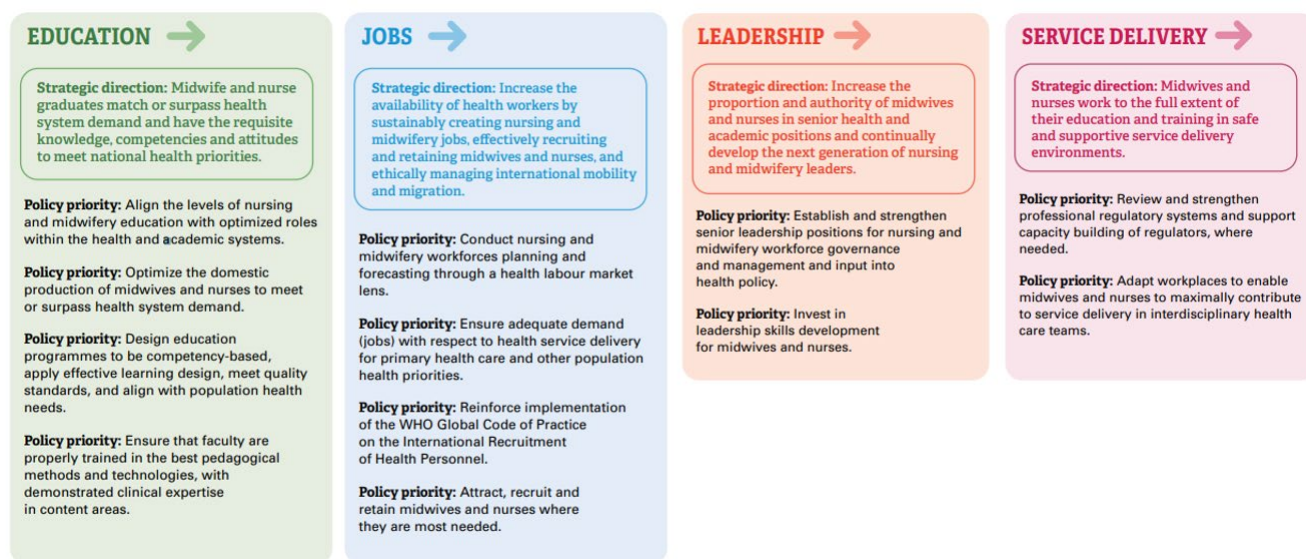


Figure 3. Summary of WHO Global Strategic Directions 2021-2025 Policy Priorities

In addition, the 5 priorities for WHO for this period were noted. **Priority 4 is of particular importance** to the GNWHOCCNM:

WHO Priorities 2022-2026

- **Priority 1:** to support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes. The pandemic has demonstrated that we must elevate protecting and promoting health as top priority, with significantly increased investment in countries, and at WHO.
- **Priority 2:** to support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage. That means restoring, expanding and sustaining access to essential health services, especially for health promotion and disease prevention, and reducing out-of-pocket spending
- **Priority 3:** is to urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO.
- **Priority 4:** is to harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics.
- **Priority 5:** is to urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

The Strategic Plan has been aligned with the SDNM key priority areas of Jobs, Leadership, Education, and Service Delivery. Another key professional area has been added on the topic of Research and Communication. This Strategic Plan for GNWHOCCNM for 2022-2026 will be reviewed at the face-to-face meeting of the GNWHOCCNM in Geneva prior to WHA in May 2024. It will then be presented for approval at the following Executive Committee meeting.

The GNWHOCCNM works with its members, partners, and WHO towards a shared vision and mission. It is a global network that is engaged in ongoing activities to strengthen nursing and midwifery effectiveness and promote population health throughout the world. The aim of the Strategic Plan is to provide a framework for key stakeholders to implement, evaluate, and report on these activities, and by extension to ensure that the network achieves its objectives in an effective, efficient, and sustainable manner.

2.4 The Strategic Plan 2022 - 2026

Vision

A Global Network of Nursing and Midwifery Leaders.

Mission

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 Collaborating Centres, NGOs, and others interested in promoting and improving 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 WHA, regional resolutions, and WHO Programs of work, and in alignment with WHO SDNM Policy Priorities 2021-2025.

Guiding Principles for 2022-2026

- Advance *Health for All* through advocacy, education, research and evidence-based policy activities;
- Involve and support all Centres in the principal activities of the Network and in progressing the WHO SDNM Policy Priorities 2021-2025: Education, Jobs, Leadership, and Service Delivery;
- Utilize and demonstrate the Network's unity in diversity;
- Share knowledge, skills and resources within the Network and with other partners;
- Develop Centres individually and the Network as a whole;
- Promote communication that is clear, focused, disseminated, and timely;
- Recognize and seek involvement with relevant stakeholders, nationally and internationally
- Ensure all Network activities conform to ethical principles.
- The Secretariat has ultimate responsibility for the coordination and communication of the Network in collaboration and consultation with member Centres.
- Strategic plans are reviewed every two years in conjunction with each biennial meeting.

Goals are formed and adjusted in light of accomplishments to date and emerging priorities.

Partners of the Global Network are WHO headquarters, WHO regional office, WHO country office, Collaborating Centres and their partners: International Council of Nurses (ICN), International Confederation of Midwives (ICM), AFREhealth, Johns Hopkins Program for International Education in Gynaecology and Obstetrics (Jhpiego) and Sigma Theta Tau International Honor Society of Nursing (STTI) (Fig. 4).

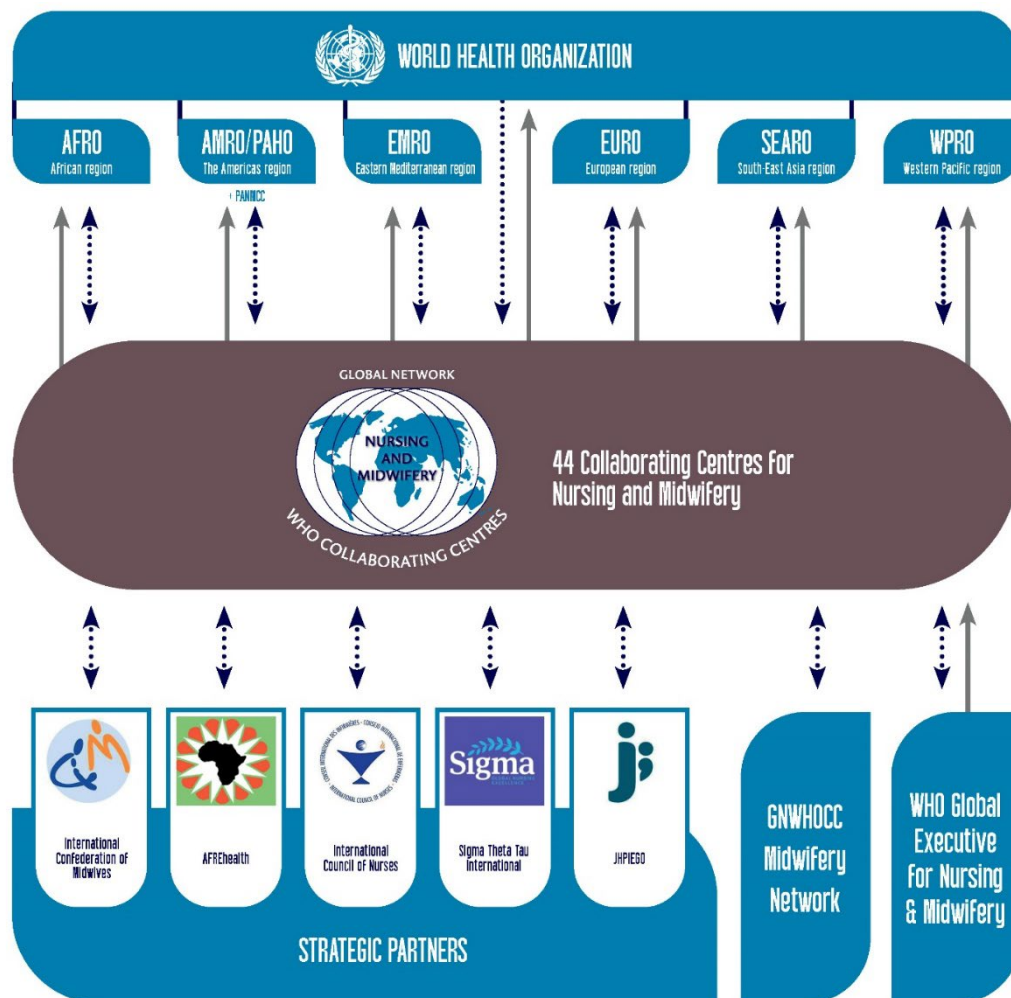


Figure 4. Global Network for Nursing and Midwifery Structural Diagram

Key Professional Areas of the Global Network

Research and Communication

- Participate in and generate research as appropriate to advance WHO's 'Health For All' agenda, the United Nations Sustainable Development Goals (SDGs), and the health policy priorities identified in the WHO Strategic Directions for Nursing and Midwifery 2021-2025: Jobs, Leadership, Service Delivery, and Education.
- Liaise with and facilitate connections between Global Network members, key collaborating partners, stakeholders, and institutions to leverage local, regional, and international research expertise and thereby contribute to the WHO Global Health Agenda.
- Secretariat to disseminate relevant best practice tools and policies in support of WHO health agenda.
- Secretariat to highlight the contributions of the Global Network to WHO health agenda (e.g., biannual publication of the LINKS Magazine).
- Encourage Global Network contributions to key health and development forums.
- Organize biennial conference to share contributions of the Global Network to WHO program agenda and facilitate collaboration and global nursing and midwifery leadership development within the work of the Global Network.

- Make information and resources regarding the GNWHOCCNM and its partners publicly available on its website.
- Secretariat to create and develop social media engagement to disseminate information, events, and highlights of the Global Network members and its partners.
- Secretariat to promote the Global Network participation in key WHO events (e.g. Triad Meetings) and those of other major global health organizations.
- Document key milestones and initiatives relevant to nursing and midwifery through the Global Network website and relevant documents.
- Assess, monitor and track emerging health issues and crises.
- Seek strategic, supportive partnerships with key global health organizations with a shared vision for WHO health agenda.
- Create/maintain an accessible, enhanced WHO CC expertise database (including TORs, personnel, projects, country links, publications, impact, etc.)

Education

- Identify, support, and disseminate evidence-based activities that promote the WHO health agenda, SDNM Policy Priority 1: Education (Annex 1), and associated policy priorities by highlighting the strategic opportunities for nursing and midwifery global leaders.
- Maintain awareness, promote sensitivity, and support Global Network responsiveness to emerging health care news, issues, and crises in accordance with WHO health agenda.

Jobs

- Support the development of context-appropriate human resources for health (HRH) initiatives in accordance with WHO program agenda, SDNM Strategic Direction 2: Jobs (Annex 1), and associated policy priorities.
- Build linkages and connections across various platforms including WHO COP to promote the nursing and midwifery global workforce.
- Promote global HRH development through the provision of key resources and communications.

Leadership

- Advocate for nursing and midwifery leadership and support activities advancing the WHO health agenda, SDNM Strategic Direction 3: Leadership (Annex 1), and associated policy priorities.
- Secretariat to continuously strategize with the members of the Global Network on how to engage nursing and midwifery leaders in the implementation of the WHO health agenda and SDNM.
- Promote new synergies, advance impact, and foster joint projects and collaborations between the Global Network.
- Optimize Global Network alignment with WHO leadership programs.

Service Delivery

- Actively communicate and interact with WHO leadership to advance WHO health agenda, SDNM Strategic Direction 4: Service Delivery (Annex 1) and associated policy priorities.
- Advocate for the advancement of the nursing and midwifery professions by leveraging the resources of the network and its partners to influence local, national and global health policy.

Goals and Objectives

Goal 1: Promote health for all and WHO SDNM 2021-2025 Policy Priorities through collaboration, communication, and strategic partnership (Table 4).

Objective 1.1: Identify, support, and evaluate the effective implementation of evidence-based activities that would advance the WHO Health For All vision, Universal Health Coverage and the WHO SDNM 2021-2025.			
Action	Individual/Group Responsible	Activities	Date to be accomplished
<u>Action 1.1.1:</u> Secretariat to organise a virtual global conference with GNWHOCCNM Members and key stakeholders to highlight and discuss relevant network activities.	Secretariat	Ongoing LINKS magazine and with WHO COP Virtual conference	Ongoing To discuss
<u>Action 1.1.2:</u> Secretariat to internally consult on key literature, events and opportunities relevant to the interests of the GNWHOCCNM and the advancement of the WHO SDNM 2021-2025, and to disseminate information accordingly.	Secretariat	Key literature, events and opportunities disseminated through NMGCoP, LINKS Magazine and at meetings. Specifically, approach to maximise opportunities for funding disseminated through Funding Webinars. Support provided with upload to websites	Ongoing
<u>Action 1.1.3:</u> Secretariat to continuously strategize with the members of the Global Network on how to engage nursing and midwifery leaders in the implementation of the WHO 'Health for All' vision and the advancement of the WHO SDNM 2021-2025.	Secretariat	Interaction and strategizing with Global Network through Executive Committee, face to face meetings of network members, NMGCoP, survey data, and LINKS magazine.	Ongoing
Objective 1.2: Maintain awareness, promote sensitivity, and support Global Network responsiveness to emerging health care news, issues, and crises.			
Action	Individual/Group Responsible	Activities	Date to be accomplished
<u>Action 1.2.1:</u> Secretariat and centres to monitor and track emerging health issues and crises and disseminate relevant information.	Secretariat and centres	Monitoring of emerging issues Dissemination through social media, NMGCoP, LINKS, and Regional updates	Ongoing
<u>Action 1.2.2:</u> Secretariat to invite WHO CCs to submit articles regarding emerging	Secretariat	LINKS Magazines produced January 2023, September 2023 and March 2024.	Ongoing

health issues for LINKS magazine and Global Network Regional Update		<p>Invitation to submit articles for next issue will be sent out August 5th 2024</p> <p>The number of online views and visitors substantially increased from Volume 15 to Volume 16 of LINKS.</p>	
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Table 4. Goal 1 of the Strategic Plan

Goal 2: Promote global HRH development through advocacy and support of evidence-based policy activities (Table 5)

Objective 2.1: Use academic literature, Global Network insight, and global partner expertise to investigate the current status and prospective future for HRH as it pertains to the nursing and midwifery global workforce.			
Action	Individual/Group Responsible	Activities	Date to be accomplished
<u>Action 2.1.1:</u> Secretariat to develop at least one publication, website, strategic vision, or briefing for dissemination to the Global Network once or more during its time as Secretariat.	Secretariat	<p>Developed a new strategic vision on funding “Advancing progress towards GNWHOCCNM goals through diversified funding partnerships”</p> <p>Supported vision with the development of funding Webinars and a web platform.</p>	Ongoing
<u>Action 2.1.2:</u> Secretariat to disseminate best practice tools and policies for support of human resources for health development.	Secretariat	Tools and policies are regularly updated on GNWHOCC and NMGCoP websites. Supported by information dissemination through LINKS Magazine	Ongoing
<u>Action 2.1.3:</u> All centres to review latest WHA resolutions and WHO directives relevant to nursing and midwifery to inform activities relevant to HRH. Secretariat to develop position papers when relevant.	Secretariat and centres	<p>Information shared</p> <p>GNWHOCC now invited to WHO global partners meeting prior to WHA meeting</p>	Ongoing

Table 5. Goal 2 of the Strategic Plan

Goal 3: Facilitate connections, strengthen partnerships, and enhance collaboration and communication between Collaborating Centres, partners, and key institutional stakeholders (Table 6)

Objective 3.1: Create meaningful and accessible communication among WHO HQ, regional offices, Collaborating Centres and partner organizations			
Action	Individual/Group Responsible	Activities	Date to be accomplished
<u>Action 3.1.1:</u> Secretariat to highlight the contributions of the Global Network in its bi-annual publication of the LINKS Magazine.	Secretariat	Contributions of Global Network highlighted	Bi-annually in March and Sept each year
<u>Action 3.1.2:</u> Secretariat to maintain active and continuous communication with GNWHOCCNM members and key partners about relevant Network activities to enhance collaboration and clarity	Secretariat	Active and continuous communication with GNWHOCCNM maintained	Ongoing
Objective 3.2: Communicate the work of the Network/Collaborating Centres regarding nursing and midwifery practice			
Action	Individual/Group Responsible	Activities	Date to be accomplished
<u>Action 3.2.1:</u> Secretariat to update database and GNWHOCCNM website on key information and activities relating to WHO CCs (including TORs, Personnel, Projects, country links, Publications, Impact, etc) to promote Network activities and archive information for future use by Network members and key collaborating partners.	Secretariat	Maintenance of database and GNWHOCCNM website ongoing. Data from TORs and 2023 survey collected and analysed. Report published every 2 years to disseminate information which will be useful for future activities such as collaborative work, seeking funding and to promote the Global Network	Ongoing July 2024 June 2026
<u>Action 3.2.2:</u> Secretariat to disseminate information about relevant seminars, forums, and conferences to members of the Network to encourage Collaborating Centre participation	Secretariat	LINKS magazine and the monthly email newsletter provide updates on key conferences, seminars and forums to promote attendance and CC participation.	Ongoing
Action	Individual/Group Responsible	Activities	Date to be accomplished

<p>Action 3.2.3: Secretariat leadership team to attend (virtually or in-person) at least two global health events per year to promote the active participation of Global Network members.</p>	<p>Secretariat leadership team</p>	<p>Secretariat Leadership team attended many WHO, ICN, ICM, Stigma events and conferences. WHO CCs have been invited to the first ever Global Partners' Meeting. Secretariat has been instrumental in organizing side meetings of GNWHOCCNM at these meeting</p> <p>Secretariat meets regularly with WHO HQ CNO and other WHO partners</p>	<p>Ongoing</p>
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Table 6. Goal 3 of Strategic Plan

3. Activities and highlights

Note for review: Many of these events were not hosted by the GN. However, we would like to highlight the activities of the regions and the contribution of members from the GNWHOCCNM who were in attendance.

3.1 Meetings

Face to face side meetings of the GNWHOCCNM were held at many other international and regional conferences. The Executive Committee decided that the model of side-meetings at larger conferences provides an excellent way for GNWHOCCNM members to meet face to face. Possible future meetings could be facilitated either by the Secretariat, partner organizations, regions or member CCs.

Secretariat

Launch of secretariat meeting, November, 2022

The launch of WHO CC UTS as Secretariat of the GNWHOCCNM for the 2022-2026 term was held on 17 November 2022 with a celebration with key local, national, regional and global stakeholders. Countries from around the globe were represented, including 42 WHO Nursing and Midwifery CCs partners from WHO headquarters, WHO Western Pacific Regional Office, and partners such as the Australian Health Practitioner Regulation Agency (AHPRA), the Australian Nursing Council (ANC), the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Australian Government Department of Health. The value and importance of the centre's appointment to the position of Secretariat was acknowledged by a series of key speakers, including Ms. Elizabeth Iro (Chief Nursing Officer, WHO headquarters); UTS Vice Chancellor Prof. Andrew Parfitt; Prof. Debra Anderson (Dean Faculty of Health, UTS); Prof. Michele Rumsey (Director WHO CC UTS) and Prof. James Buchan (Adjunct Prof. UTS).

“ Through knowledge sharing and capacity building across the network, we are honoured to contribute to key health and development priorities and work towards achieving WHO’s vision of Health for All. ”

- Prof. Michele Rumsey

Prof Michele Rumsey highlighted some of the important projects currently being developed and delivered by GNWHOCCNM members around the world. These included, for example, programs to scale up the capabilities of nursing educators and managers (AFRO region), supporting populations vis forensic nursing (EURO Region) and facilitating interprofessional education (SEARO Region). More information on these projects can be found in the [January 2023 V15 issue of LINKS magazine](#).

Ameporn Ratinthorn, Co-Chair of GNWHOCCNM (SEARO) and delegation of nursing academics from Mahidol University, Thailand visit WHO CC UTS

In April 2023, UTS welcomed a delegation of nursing academics and professionals from Mahidol University, Thailand. The delegation included Dr Ameporn Ratinthorn, the elected co-chair of the Executive Committee and Co-Secretary General of the GNWHOCCNM, director of the WHO CC for Nursing and Midwifery Development and Dean of the Faculty of Nursing, Mahidol University Bangkok, Thailand. Mahidol University has been instrumental in the management of the GNWHOCCNM and its publications.

Colleagues from UTS School of Nursing and Midwifery (SoNM) and from WHO CC UTS formally welcomed the delegation, celebrating their working relationship as co-chairs of the executive committee of the GNWHOCCNM. Here, academic and professional experts in Mental Health, Psychiatric Nursing, Surgical Nursing, and Obstetric and Gynaecological Nursing from Mahidol were able to meet with their professional counterparts from UTS.

Following a formal welcome in the morning, the delegation was given a tour of WHO CC UTS. Delegates then contributed to a conference on industry perspectives and were given presentations on Complex Nursing Care and SoNM Research. The visit concluded with tours of the Faculty of Health Data Arena and Clinical Simulation Labs.

A student exchange program between UTS and Mahidol University has allowed students to study abroad at the respective universities. This visit facilitated the continual working relationship between the two universities and has provided the opportunity to formalize an institutional partnership. More information can be found in the [September 2023 volume 16 of LINKS Magazine](#).

[Seventy-third session of the WHO Regional Committee for Africa, Gaborone, Botswana \(August-September 2023\)](#) - held in a hybrid format from 26 August to 1 September 2023 under Special procedures for the conduct of the hybrid session of the Regional Committee for Africa. A reception hosted by the Government of Botswana and the Regional Director for Africa was held on the first day. The RC73 took place in a year of celebration, commemorating WHO's 75th anniversary since its founding in 1948. The RC73 had an agenda of 20 items, 11 of which were on substantive matters.

AFRO Upcoming events

[7th AFREhealth Annual Symposium](#) – Celebrating Milestones and Overcoming Challenges, 6-8 August 2024, Nairobi, Kenya.

[ICM Regional Conference of Africa and Eastern Mediterranean](#), 25-25 September 2024, Kigali Rwanda

AMRO

[ICN Congress, Montreal, Canada \(July 2023\) and GNWHOCCNM side-meeting](#) - The International Council of Nurses (ICN) congress, 2023 was themed “Nurses together: a force for global health” and highlighted the pivotal role of nurses on the pathway to sustainable development and Universal Health Coverage. The congress aimed to inspire action, foster innovation and build strong networks to address current and future challenges in the healthcare sector through a series of workshops.

The GNWHOCCNM held a side-meeting during the event, bringing together WHO CCs and partner organizations. This meeting focussed on fostering collaboration and synergy between CCs and encouraged discussions around strengthening the capacities of nurses and midwives, enhancing research and data collection and the sharing of tools and resources. Prof Michele Rumsey from the Secretariat (WHO CC UTS) facilitated the meeting and presented the findings from interviews held with each collaborating centre earlier in 2023.

Both the main ICN Congress and the GNWHOCCNM meeting promoted and facilitated networking between participants, paving the way for partnership working and future collaboration. The exchange of ideas and experiences between nurses from different countries and specialities encouraged both cross-cultural learning and the adoption of best practices worldwide. Having GNWHOCCNM meetings along with larger regional meetings or conferences appears to be successful and promotes communication and collaboration among CCs. More information can be found in the [September 2023 volume 16 of LINKS Magazine](#).



Figure 5. GNWHOCNM side-meeting at ICN Congress, Montreal, Canada (July 2023)

[Sigma 47th Biennial Convention](#), San Antonio, USA (November 2023) - Sigma's largest event, their biennial convention, featured outstanding plenary speakers, networking opportunities, over 800 oral and poster presentations. More than 2,000 Sigma members and global leaders in nursing came together to celebrate their heritage over the past 100 years, build upon their successes, and embrace the 2021-2023 organizational call to action: Be Bold.

[75th Session of the Regional Committee of WHO for the Americas](#), Washington, USA (September 2023) – Aimed to address key policies including the Health Workforce 2030 for resilient health systems, and the prevention and control of noncommunicable diseases in young populations. The session also focused on strategic communications for behaviour change and strategies for improving mental health and suicide prevention in the region.

AMRO Future events

[XVIII Pan American Nursing Research Colloquium](#) - Pontifical Catholic University of Chile, 6-8 November 2024 Santiago, Chile

SEARO

[33RD ICM Triennial Congress](#), Bali, Indonesia (June 2023) and GNWHOCNM side-meeting - The 33rd International Confederation of Midwives (ICM) Triennial Congress was held in Bali, Indonesia with the theme “Together again: from evidence to reality”. This was an excellent opportunity for members of the Midwifery Network of WHO CCs to meet both with each other and with Dr Amelia Latu Afuhaamango Tuipulotu, WHO’s Chief Nursing Officer who was appointed in December 2022. The Midwifery Network aims to strengthen midwifery research, education, collaboration, visibility and voice across the GNWHOCNM through sharing information and opportunities and providing leadership. An Advisory Council to the Midwifery Network was set up to develop strategic priorities with its inaugural meeting held in July 2023. More information can be found in the [September 2023 volume 16 of LINKS Magazine](#)



Figure 6. GNWHOCCNM side-meeting at ICM Triennial Congress, Bali Indonesia (June 2023)

[The Seventy-sixth session of the WHO Regional Committee for South-East Asia, New Delhi, India \(October-November 2023\)](#), held from 30 October to 2 November 2023. Representatives from 10 of the Region’s 11 Member States attended the Session. The Committee discussed seminal public health issues such as the Regional Strategic Framework on ending NTDs; implementing the new Regional Health Security Roadmap 2023–2027; accelerating prevention and control of cardiovascular diseases through SEAHEARTS; and data-driven policy-making; among others

SEARO Future events

[Chiang Mai University International Global Health Recalibration: Strengthening Outcomes, Education, Clinical Practice, and Research Conference](#), 4-6 September, 2024, Chiang Mai, Thailand.

EURO

[73rd session of the WHO Regional Committee for Europe, Astana, Kazakhstan \(October 2023\)](#). Health ministers and high-level delegates from the 53 Member States of the WHO European Region, as well as representatives of partner organizations and civil society, met in Astana, Kazakhstan, on 24–26 October 2023 for the 73rd session of the WHO Regional Committee for Europe (RC73).

[Global Partners Meeting on Nursing and Midwifery, Geneva, Switzerland and virtual \(May 2024\)](#). The Global Partners Meeting (GPM) on Nursing and Midwifery, formerly known as the “Triad Meeting,” was held in Geneva on May 23rd and 24th, 2024. This event, hosted by the World Health Organization (WHO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN), saw participation from nursing and midwifery leaders from 152 countries.

In conjunction with the GPM, the Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) held a meeting on May 22nd. The meeting, hosted by WHO CC UTS, served as the Secretariat for the GNWHOCCNM. The meeting provided a crucial opportunity for representatives from 34 Collaborating Centres for Nursing and Midwifery, along with partners such as Sigma Nursing and Jhpiego, to convene both in-person and online. The meeting focused on strengthening connections, partnerships, and collaboration among these Collaborating Centres and key institutional stakeholders, including WHO, ICM and ICN. It also aimed to promote collaboration and communication among network members in alignment with the WHO Strategic Directions in Nursing and Midwifery (SDNM) Policy Priorities 2021-2025, which include Education, Jobs, Leadership, and Service Delivery. The GNWHOCCNM meeting provided a valuable opportunity for networking and exchanging ideas among participants, with the goal of strengthening connections, partnerships, and collaboration between Collaborating Centres and key stakeholders. More information can be found online [here](#).



Figure 7. GNWHOCCNM side meeting at the Global Partners Meeting on Nursing and Midwifery, 23-24 May 2024, Geneva, Switzerland and virtual.

[WHO 77th World Health Assembly](#), Geneva, Switzerland (27 May – 1 June, 2024). Coinciding with the GPM, the 77th World Health Assembly (WHA) took place from May 22nd to 30th, 2024. The WHA, WHO's decision-making body, brings together delegations from all WHO Member States to discuss and make decisions on critical health issues. The main aims of the 77th WHA included reviewing and approving the WHO's program budget for the next biennium, setting global health policies, and addressing key public health challenges such as pandemic preparedness, non-communicable diseases, and health equity.

EURO Future events

[ICN Congress 2025 Helsinki](#) - 9-13 June, 2025, Helsinki, Finland.

[ICM Regional Conference Europe](#), 7-9 November, Berlin, Germany.

WPRO

Yonsei International Nursing Conference, Seoul, South Korea (October 2023). The 2023 Yonsei International Nursing Conference (YINC) was held from the 5th to 7th of October 2023 under the overarching theme of "Nursing and Midwifery in a Digital World," in Seoul, South Korea. The conference focused on challenges related to finding appropriate technological solutions to achieve the goal of health equity in underdeveloped countries.



Figure 8. GNWHOCCNM Secretariat visiting WHO CC for Research and Training for Nursing Development in Primary Healthcare at Yonsei University International Nursing Conference, Seoul, South Korea (October 2023)

Regional Nursing and Midwifery Forum in the Western Pacific, Manila, Philippines (February 2024). This was the first time in nearly two decades that health leaders from WPRO convened to discuss the critical role of nurses and midwives in the Western Pacific. The objectives of the forum were to stimulate and promote the implementation of the WHO Global Strategic Directions for Nursing and Midwifery 2021-2025 and the new Regional Framework to Shape a Health Workforce for the Future of the Western Pacific, to strengthen the nursing and midwifery workforce and optimize their contributions to achieving UHC in the Western Pacific Region by sharing country experiences and discussing potential policy options; and to propose, discuss and come to a consensus on creating a regional platform to regularly share lessons on nursing and midwifery policy among countries and areas of the Region.



Figure 9. GNWHOCNM Secretariat with Region CNMO's at the Regional Nursing and Midwifery Forum in the Western Pacific, Manila, Philippines (February 2024)

Seventy-fourth session of the WPRO Regional Committee, Manila, Philippines (October 2023). The seventy-fourth session of the World Health Organization Regional Committee for the Western Pacific was held from 16 to 20 October 2023 in Manila, Philippines. The Regional Committee for the Western Pacific is WHO's governing body in the Region. Meeting every year to formulate policies, provide oversight for regional programs, and hear progress reports, Regional Committee members consider, revise and endorse new initiatives. Resolutions are then adopted, guiding the work of the Regional Office and country offices for the coming year. This year's event coincided with WHO's 75th anniversary.

WPRO Future events

SIGMA 35th International Nursing Research Congress 25-28 July 2024, Singapore and 6-8 August 2024 virtual.

EMRO

Seventieth session of the WHO Regional Committee for the Eastern Mediterranean (RC70), Cairo, Egypt (October 2023). "United for a healthier future" was the theme of this year's Regional Committee. To reflect this sentiment, the visual identity of RC70 was inspired by unity, solidarity and togetherness – the values that characterize the work of WHO, Member States and partners.

3.2 Activities

GNWHOCNM Secretariat 2023 Survey

In 2023, a survey was conducted by WHO CC UTS, the GNWHOCNM Secretariat; they interviewed WHO CCs to learn more about their expertise, Terms of References (TORs), and the countries in which

the centres work. This will support WHO in aligning the CC TORs and Centre expertise with the SDNM 2021-2025. Interviews were held with 39 out of 44 CCs. Ascertaining the areas in which Centres are operating, this will provide a valuable resource to find partners for collaborative work or to share knowledge or resources.

Following analysis of the survey data, the Secretariat developed 8 recommendations which have been incorporated into their planned work:

- 1) Build network for collaboration on research and projects in similar fields. The Secretariat aims to link all CCs working within the same SDNM, against their ToRs, to promote engagement and collaboration in the network.
- 2) Organise a Funding Webinar to support CCs in seeking funding for projects. Members emphasised that funding opportunities need to be priority for nurses and midwives. It was highlighted that the lack of funding leads to a lack of human resources.
- 3) Build research, evidence and policy together. Members agree on the need for more research on nurse migration to support future interventions. Members discussed strengthening partnerships. The Secretariat is working on creating better connections between the CCs and the Midwifery Network.
- 4) Collate resources, guidelines, policies, toolkits etc. against SDNM. The Secretariat will continue to promote the sharing of tools and resources in the Global Nursing and Midwifery Community of Practice, with the possibility of including a section for low-resource settings.
- 5) Support WHO HQ Chief Nursing Officer initiatives and work.
- 6) Translate evidence to practice and impact. Consider drafting a piece of work to define a WHO CC, aligned with the Amelia Latu Afuhaamango Tuipulotu's communication strategy.
- 7) Use LINKS Magazine as a tool to highlight GNWHOCNM case studies for funding applications.
- 8) Add Regional Nurse Advisor information to website.

LINKS magazine

The LINKS magazine is going from strength to strength, with increased engagement and views with each volume, offering information and inspiration to members. Three magazines have been produced, in [January 2023](#) (vol 15), [September 2023](#) (vol 16) and [March 2024](#) (vol 17). In a change to the format, each edition now focuses on one region. Volume 16 featured SEARO and volume 17, published at the end of March, highlights the AMRO region. Online reach increased from Volume 15, with just over 1613 views of LINKS magazine from 1275 visitors to 3853 views from 3061 visitors for Volume 16. Online viewers mostly used their desktops to access the magazine, (84-86%), with the remainder using mobile devices.

The LINKS magazine is seen as a vital communication tool; not only is it disseminating information and keeping members updated on practice and policy, but it is an important mechanism to showcase the Network, its reach and potential. The features contained within the magazine provide a means to demonstrate capacity and expertise. This can support building partnerships within and outside the Network and contribute to a useful dataset to support funding applications.

In addition to its role in disseminating information globally, LINKS magazine can be extremely useful at a local level. Within universities and faculties, there are frequent changes in leadership, for example in the Deans of Faculty who have committed to supporting the WHO CC; LINKS can help keep the membership up to date with changes to these important roles. LINKS can equally help to inform key stakeholders of the important role of a WHO CC, combining as it does research, capacity building and collaboration work with countries and governments, as this is not always clear to people outside the network. LINKS showcases the Collaborating Centres and tracks and reports developments and changes.

WHO Nursing and Midwifery Global Community of Practice

Bridging geographical, technological and knowledge gaps can support CCs and individual nurse and midwives. Facilitating collaboration can foster inclusivity, and make research, education and training accessible even to remote or isolated communities. Technology, such as e-learning, simulation and telemedicine can provide opportunities which are otherwise unavailable. Remote workshops and webinars allow opportunities for ongoing professional development, keeping up to date on practice and research, and global networking and knowledge

The WHO Nursing and Midwifery Global Community of Practice (NMGCoP) site provides a platform to facilitate collaboration, knowledge and resource sharing, and leadership development among nurses and midwives. It currently has over 6000 members, representing 140+ countries and is expanding.



The NMGCoP includes a Future Leaders Group, offering mentoring initiatives and acting as a hub for the exchange of ideas and experiences. The group encourages the professional development of its members through discussions and collaborative projects. Initiatives include the production of videos and webinars which feature on the site, including interviews with influential leaders and notable figures in nursing and midwifery in a series called “People in the Spotlight”.

One aim of the NMGCoP is to disseminate best practice tools and policies. The NMGCoP tools and resources section is being developed and the addition of new materials is ongoing (Fig. 5).

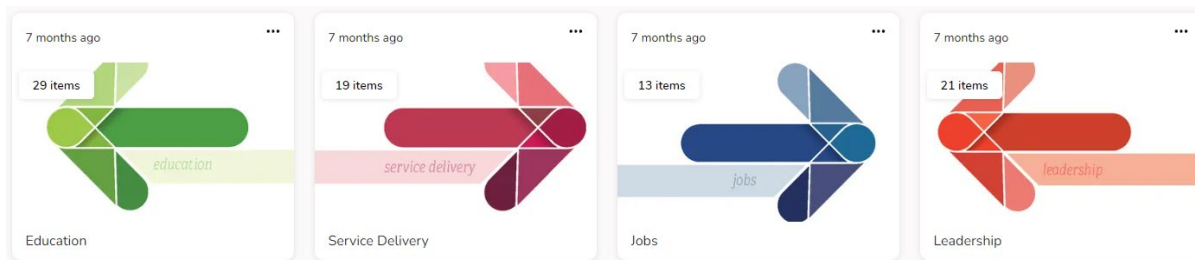


Figure 10. A sample page showing links to resources and tools. If your CC has tools or resources to share, please contact the Secretariat.

This is a forum for sharing knowledge, educational materials, resources, ICN and ICM publications and documentation from the Secretariat. One example is that the Mahidol University Faculty of Nursing have established an NCD collaborating research centre with Johns Hopkins University, offering webinars / seminars on various topics to undergraduate nurses, faculty members and other healthcare providers; these are open to all WHO CCs. Another avenue, to be discussed and developed, is for each region to host a webinar on the NMGCoP every few months.

The aims of the Midwifery Network are depicted in figure 6. With a membership of 15 CCs, they are looking to expand their member group of the NMGCoP and have formed an Advisory Council within the Midwifery Network with representatives from each region, to allow the development of content relevant to the regions. Timelines are in place and commenced with the formation of the advisory body at ICM Congress in June 2023. Current work includes ensuring technology is inclusive.

THE AIMS OF THE MIDWIFERY NETWORK ARE TO:



Figure 11. The aims of the Midwifery Network

Information dissemination and social media

Global social media platforms like Twitter (X) and the WHO Nursing and Midwifery Global Community of Practice have profoundly reshaped the landscape of collaboration within nursing and midwifery. These platforms have become vital conduits for knowledge exchange, professional networking, and resource sharing among WHO Collaborating Centres for Nursing and Midwifery. They enable nurses

and midwives to engage in real-time discussions, access research, and participate in virtual communities of practice. This digital connectivity has not only transformed information sharing but has also fostered a culture of collaboration and innovation among WHO CCs for Nursing and Midwifery. The GNWHOCCNM's activities, notably through LINKS magazine, strategically utilizes these platforms to amplify its reach and impact. Through targeted dissemination of content and active engagement with followers, it cultivates a vibrant community of shared learning and collective action.

X (twitter): <https://twitter.com/gnwhocc>

WHO NMGCoP: <https://nursingandmidwiferyglobal.org/topics/1938/page/home>

Funding strategic vision: Advancing progress towards GNWHOCCNM goals through diversified funding partnerships.

The Secretariat has a vision of enabling access to funding which will unlock the potential of the CCs to work towards better health. This vision is “advancing progress towards GNWHOCCNM goals through diversified funding partnerships”. To achieve this vision, GNWHOCCNM needs to build understanding of how, where and when to seek funding, combined with developing tools to support the application process.

Funding for the member CCs is an ongoing issue. One insight gained from the 2023 survey is the change in the funding model with more reliance on institutes and less external funding. In 2023, 80% of CCs stated that they received no external funding, compared to just over a third who received no external funding in 2014. This loss of external funding sources is concerning.

In order to become a WHO CC, the approval and support of the associated university / institute and the country's government is a requirement. The Vice Chancellor of the institute must therefore sign a commitment to WHO confirming that they will offer that support. It is therefore not surprising that in 2023, virtually all WHO CCs received some funding from institutes (Fig.7). Indeed, the institutes provided the vast majority of total funding, at 79%. However, given the frequency of change in leadership in institutes, there can be a loss of understanding of the role and requirements of the CCs and the commitments which have been made. LINKS magazine can be a useful tool here to explain the Centre's work and needs.

Nevertheless, sufficient funding is not always available from the institutes to support the level of work which the CC feels is necessary to deliver their goals and objectives. In this situation, seeking external funding may be necessary.

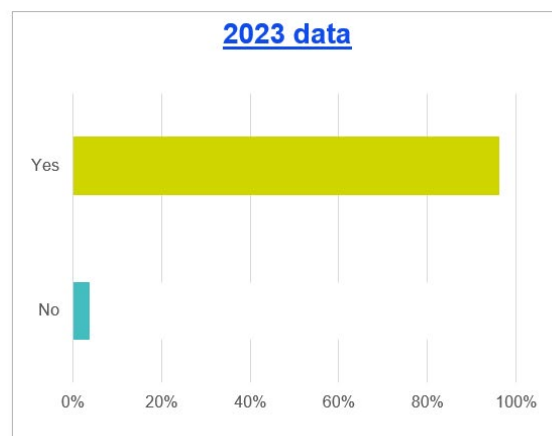
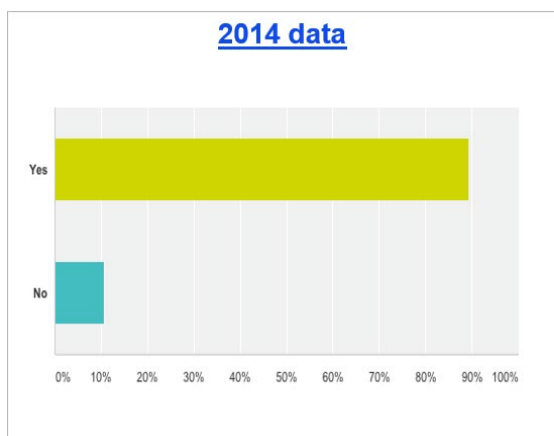


Figure 12. Is the WHO CC funded by the Institute? Source: WHO CC Survey, n=39

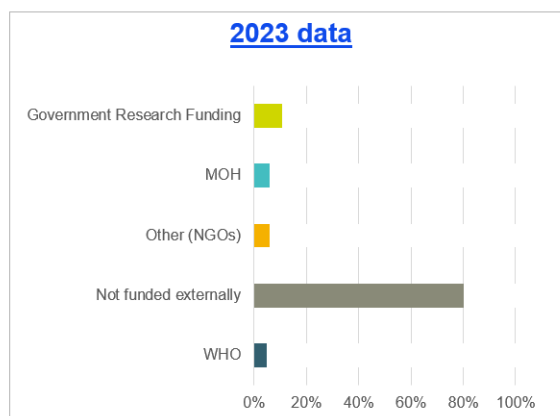
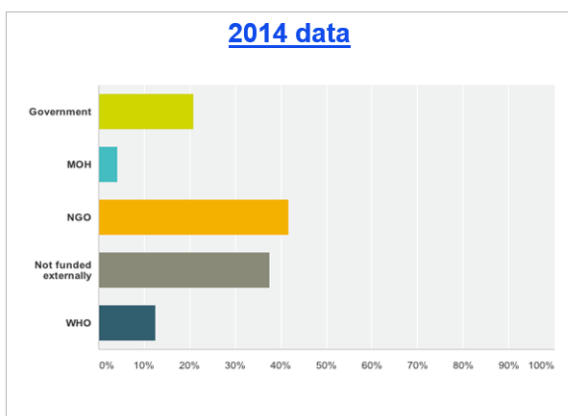


Figure 13. If funded externally, where are your funds coming from? Source: WHO CC Survey, n=39

Diversifying and increasing funding partnerships is a vital ingredient for CCs, underpinning the potential to undertake core activities. Obtaining external funding is problematic for many WHO CCs but would facilitate delivery of GNWHOCNM goals and outcomes. A new strategic vision for funding WHO CCs of **advancing progress towards GNWHOCNM goals through diversified funding partnerships** will require support through the development of tools and training. A series of funding webinars are planned, and the first took place in February 2024 with 49 participants over two sessions run at different times to take account of global time differences.

A web platform showcasing WHOCCNM case studies, for example utilising evidence from the website, NMGCoP and LINKS magazine, has been created as a tool for funding applications and can be found here <https://www.globalnetworkwhocc.com/publications-and-downloads/>. In parallel to this, members will be encouraged to upload online CVs, as evidence of competencies and experience, to allow matching of project needs to skill sets within the Global Network; this will facilitate cooperation and partnership working, strengthen funding applications and increase access to the global funding market.

Identifying cross over and similar work in diverse countries should enable the GNWHOCNM to pull together to deliver global projects and access more diverse funding. In addition, it should encourage tools, research findings and experience to be shared and reduce duplication of work.

25 x 25

Health emergencies happen every day, everywhere. Injuries alone killed 4.4 million people around the world in 2019, constituting 8% of all deaths. A failure in emergency care can be catastrophic. The [DCP 3 project](#) (2018) estimates that more than half of deaths and a third of disability in low- and middle-income countries result from conditions which could be treated by trained emergency care professionals.

Emergency care is required to respond to a wide range of conditions including injuries, infections, heart attacks and strokes, asthma and complications of pregnancy. Although emergency care saves lives in resource-limited settings, care is often compromised by a lack of training. This can result in a failure to recognize urgency, provide initial appropriate care, and delay onward referrals.

In order to close this training gap, the 25 x 25 initiative was inspired by members of the WHO NMGCoP. The objective of initiative is to provide access to Basic Emergency Care (BEC) training for nurses and midwives from 25 countries by the end of 2025. Fig 9 shows the main phases of the programme. More information on this initiative can be found here: <https://www.who.int/initiatives/emergency-care-saves-lives>.

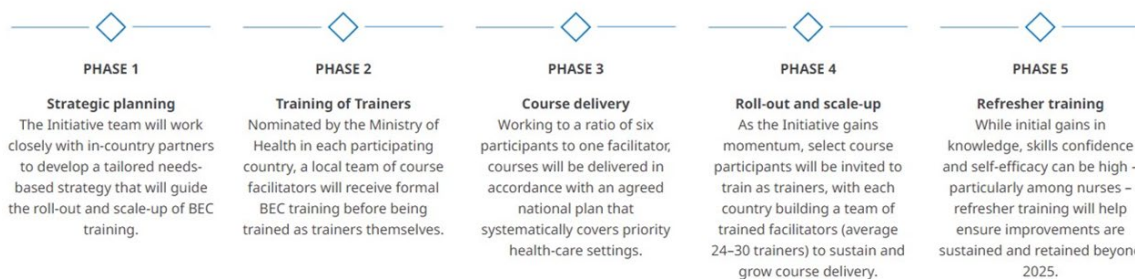


Figure 14. Phases of the 25 x 25 programme

Global Nurse Leadership Competency Framework

GNWHOCCNM members were involved with the development of the Global Nurse Leadership Competency Framework led by Sigma. This has now been completed and was launched in July 2023.



The framework can be used as a valuable tool for educators in developing training programs, and for professional development by employers or individuals. More information can be found here:

[About the Framework - Global Nursing Leadership Competency Framework \(sigmanursing.org\)](https://sigmanursing.org)

Redesignation processes

The redesignation process has great implications for the future work and stability of CCs. It is therefore a matter of great concern that it has become more and more complicated. There is ongoing work in this area, including the Secretariat requesting a webinar between WHO and the GNWHOCCNM to discuss WHO CC redesignation processes and disseminate relevant information.

4. Financial Information

The financial estimates outlined below cover actual Global Network operational costs. The WHO CC UTS has covered the operational deficit costs and contributed to the running costs of the Global Network with in-kind contributions. The WHO CC UTS was honoured to carry out this role and where possible, has incorporated activities and meetings of the WHO CC UTS in line with the Global Network Strategic Plan. The WHO CC UTS has streamlined the costs involved with the Secretariat role according to suggestions and recommendations from the interview survey carried out with member Centres.

Financial tables to be inserted once approved by executives.

5. Global Network WHO CCs 2023 survey

5.1 Background

The aim of the survey is to allow the Secretariat to update the database and GNWHOCCNM website on key information and activities relating to WHO CCs. This includes a broad range of information including TORs, personnel, country links, publications, impact, etc. One key area of interest is how the vital work of the CCs aligns with the four strategic directions (Education, Jobs, Leadership and Service Delivery) outlined in the WHO SDNM 2021-2025. These will facilitate the coordination of the work between different centres and partner organisations that are relevant and pertinent to the SDNMs. Partner organisations will play a key role in this process, especially in providing an evidence base for network activities. Coordinating work across different centres and partner organisations to improve delivery of the SDNMs will require processes and platforms to expediate this; the Secretariat and Executive Committee have a role in developing these and informing network members about these initiatives.

In addition, analysis of the data will show how the organization and its members are evolving and give insight into areas where action may be required. One example of this is the data on funding presented in Section 3.2. This data suggested action was required in this area. A new strategic vision for funding was developed with tools to support centres to access funding. For some elements, a comparison is made between data collected in 2014 and 2023. This highlights how the model of the CCs is changing, particularly how the CCs are funded.

39 CCs from the GNWHOCCNM have participated in the interviews. This was an excellent opportunity for meaningful communication between the CCs and the Secretariat. The CCs were able to communicate directly with the Secretariat on how the network could support them and identify actions and activities which would further their health goals.

The insights gained from the survey led to a series of recommendations which were presented to the Executive Committee in 2023 and which have been incorporated into the planned work of the Secretariat (see Section 3.2).

5.2 Facilitating Collaboration, Communication and Partnerships

Finding partners who have similar health focus or geographical interests is useful for many reasons, including seeking funding, peer support, understanding the environment or developing networks. Understanding the focus of other CCs is therefore of great interest and has the potential to facilitate collaboration.

The types of activities undertaken by WHOCCs vary depending on their respective TORs. An analysis of the types of activities has been conducted and can be found on the GNWHOCCNM website [here](#).

Analysis of WHO CC Activity

Analysis of the types of activities taking place shows that most centres focus on training and education (n=22) and research (n=21) (Table 7).

WHO Collaborating Centre Activities	Number
Training and education	22
Research	21
Support WHO in the implementation of WHO programmes and activities at country level	14
Information dissemination	13
Collection and collation of information	9
Product development (guidelines; manual; methodologies; etc)	8
Provision of technical advice to WHO	6
Organization of events (e.g. conferences; summits)	4
Evaluation	2
Coordination of activities carried out by several institutions (e.g. other WHO collaborating centres)	1

Table 7. Collaborating Centre Activities

Analysis of Subject Area

WHOCCs could nominate up to three specific subject areas that best describe their focus. Analysis of these subject areas reveals that most of the 44 centres focus on nursing (n=42) and midwifery (n=20). The next most popular areas of focus were HRH excluding nursing (n=9), health systems research and development (n=9), and health promotion and education (n=9) (Table 8).

Subject Area	Total
Nursing	42
Midwifery	20
Human resources for health (excluding Nursing)	9
Health systems research & development	9
Health promotion & education	9
Child & maternal health	3
Patient safety	3
Reproductive health (excluding HIV/AIDS)	2
Gender; Women & Health	2
Informatics and Telemedicine	1
Ageing	1
Emergency & humanitarian action	1

Table 8. Collaborating Centre Subject Areas

5.3 Aligning the work of CCs to SDNM

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. Strategic directions are given for four areas of Education, Jobs, Leadership and Service Delivery. Supporting each of these are policy priorities which are designed to help deliver the relevant strategic direction. Alignment of CCs' work was matched to these policy priorities to ascertain the level of commonality.

The proportion of Centres which work in each policy priority area is identified. The detailed list of centres working in each theme is presented in the ToR and CC Survey Analysis Report and is available [here](#). LINKS stories which align with the strategic directions can be found in the WHO NMGCoP.

Here, for example, is the link to the file under 'Education'

https://nursingandmidwiferyglobal.org/topics/1938/media_center/folder/ee93f050-30f0-4abc-bc81-8d99aba58d28

Education strategic direction *Midwife and nurse graduates match or surpass health system demand and have the requisite knowledge, competencies and attitudes to meet national health priorities.*

Analysis of the survey data suggests 43 out of the 44 Centres had a focus on the Education strategic direction. During interviews, those who responded to this question suggested the following breakdown of work in the Policy Priority Areas (Fig. 15).

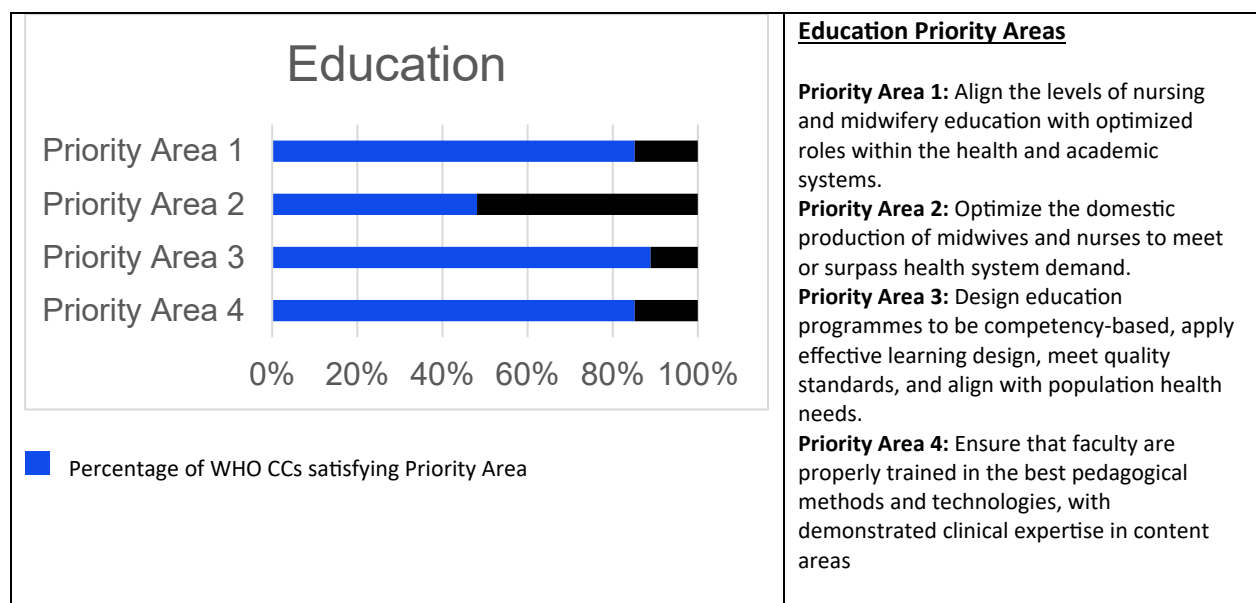


Figure 15. Breakdown of Education work into policy priorities

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

Data indicate 35 of the 44 Centres had a focus on the Jobs strategic direction. Interviews suggested the following breakdown of work in the Policy Priority Areas from those who responded (Fig. 16).

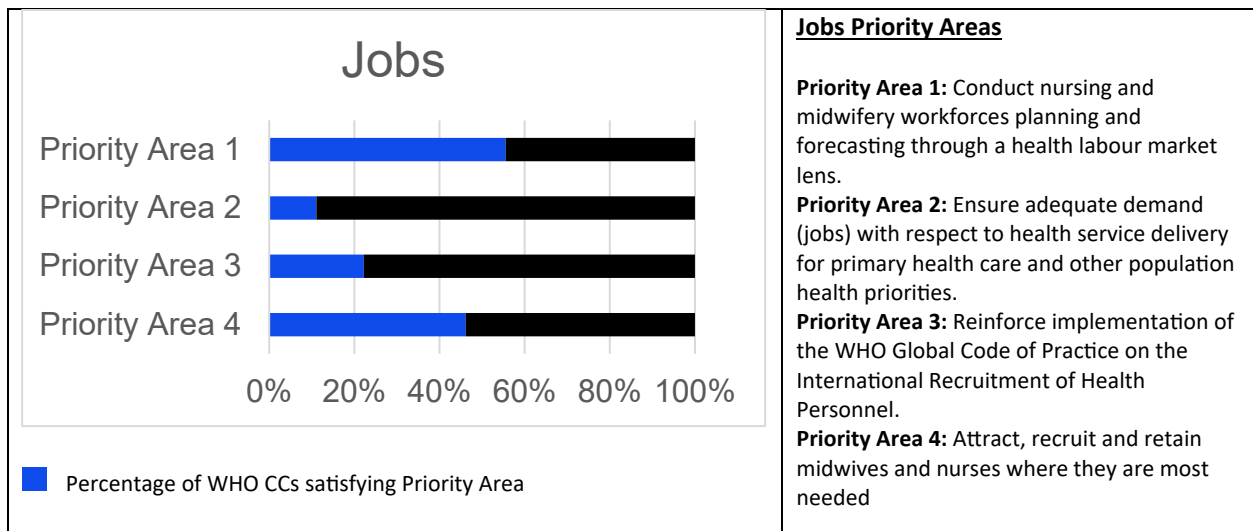


Figure 16. Breakdown of Jobs work into policy priorities

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

37 of the 44 Centres had a focus on the Leadership strategic direction. Interviews suggested the following breakdown from respondents of work in the Policy Priority Areas (Fig. 17).

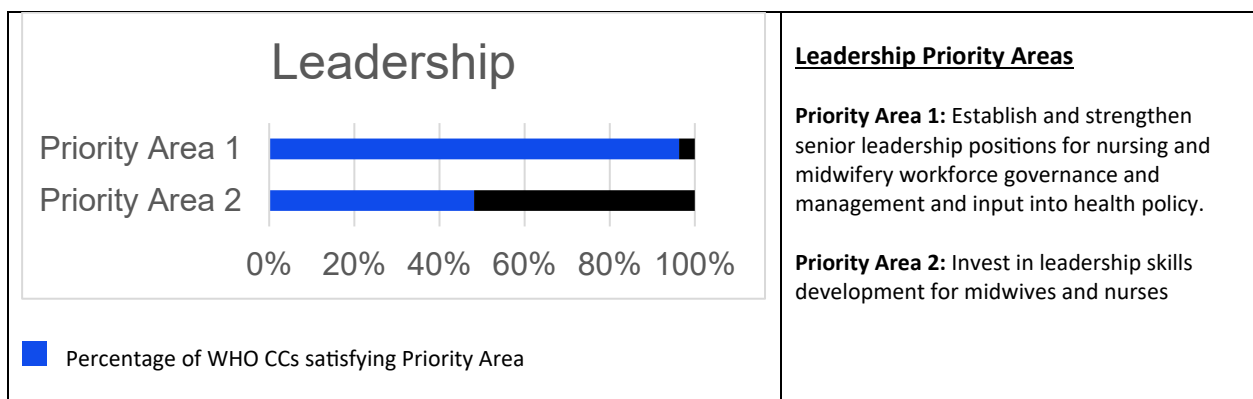


Figure 17. Breakdown of Leadership work into policy priorities

Service Delivery strategic direction: Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments.

All 44 centres were undertaking work on Service Delivery, with a breakdown on their focus on Policy Priorities reported by respondents as shown in Fig. 18.

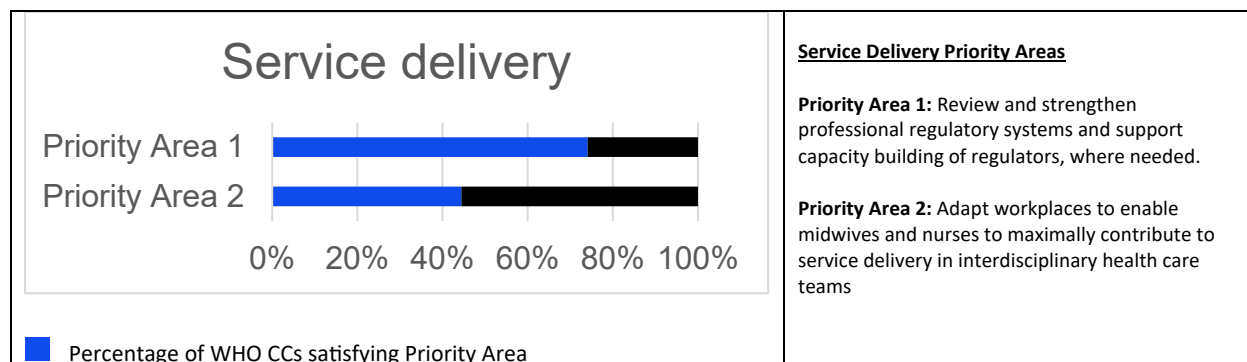


Figure 18. Breakdown of Service Delivery work into policy priorities

These data suggest that the work of the WHO CCs aligns well with the SDNM policy priorities, particularly in Education and Leadership. Some centres are actively working towards most or all of the priority areas in all four domains. Despite the health workforce crisis, there appears to be less focus on work supporting the strategic direction for jobs than to the other policy focusses. Nevertheless, most WHO CCs will be undertaking some work in this domain.

It would be advantageous to create better collaboration on research and projects in similar fields. Consequently, the Secretariat aims to link CCs working within the same SDNM to promote engagement and collaboration within the network. To support building collaboration on research and projects in similar fields, it would be helpful to set up activity subgroups within WHO CCs. Collation of resources, guidelines, policies, toolkits etc. against Strategic Directions will further support their delivery.

Research, evidence and policy should be built together to create a positive continuum of feedback so that policy is based on strong evidence. Close collaboration between policy makers and researchers is therefore beneficial.

5.4 Focus of CCs

Data extracted from the survey have been used to compile a more detailed resource where areas of focus of the CCs are broken down. The complete list of available information is shown in Table 9 and the detail can be accessed in the *Terms of Reference and Collaborating Centre Interview Analysis 2023-2024* which can be accessed [here](#).

Table 1: WHOCC's for Nursing & Midwifery by region.....
Table 2: WHOCC activities.....
Table 3: WHOCC subject areas.....
Table 4: WHOCC's undertaking work on Education.....
Table 5: WHOCC's undertaking work on Jobs.....
Table 6: WHOCC's undertaking work on Leadership.....
Table 7: WHOCC's undertaking work on Service Delivery.....
Table 8: WHOCC's undertaking work in Midwifery.....
Table 9: WHOCC's undertaking work in Advanced Practice.....
Table 10: WHOCC's undertaking work in Ageing.....
Table 11: WHOCC's undertaking work in Capacity Building.....
Table 12: WHOCC's undertaking work in Collaboration and Partnerships.....
Table 13: WHOCC's undertaking work on the COVID-19 pandemic.....
Table 14: WHOCC's undertaking work on Digital Health.....
Table 15: WHOCC's who are undertaking work on Disaster Preparedness.....
Table 16: WHOCC's who are experts in health information and dissemination.....
Table 17: WHOCC's undertaking work on Evidence based practice.....
Table 18: WHOCC's undertaking work on Family Health.....
Table 19: WHOCC's undertaking work on Governance.....
Table 20: WHOCC's undertaking work on Health Systems.....
Table 21: WHOCC's undertaking work on Human Resources for Health (HRH).....
Table 22: WHOCC's undertaking work on data and Information Systems.....
Table 23: WHOCC's undertaking work on Interdisciplinary and/or Multidisciplinary care.....
Table 24: WHOCC's undertaking work on Knowledge Transfer.....
Table 25: WHOCC's undertaking work on Maternal & Child health.....
Table 27: WHOCC's undertaking work on Mental Health.....
Table 28: WHOCC's undertaking work on Non-Communicable Diseases.....
Table 29: WHOCC's undertaking work In Palliative care.....
Table 30: WHOCC's undertaking work on Patient Safety.....
Table 31: WHOCC's undertaking work on People Centered Care.....
Table 32: WHOCC's undertaking work on Policy.....
Table 33: WHOCC's undertaking work on Primary Healthcare.....
Table 34: WHOCC's undertaking work on Priority Health Challenges.....
Table 35: WHOCC's undertaking work on Public health.....
Table 36: WHOCC's undertaking work on Quality Improvement.....
Table 37: WHOCC's undertaking work on Regulation.....
Table 38: WHOCC's undertaking work on Rehabilitation.....
Table 39: WHOCC's undertaking work on Research.....
Table 40: WHOCC's undertaking work on Rural, Remote and Small Island States.....
Table 42: WHOCC's undertaking work on Universal Healthcare & SDGs.....

Table 9. Summary of information available in the ToR and CC survey analysis report, 2023-2024.

This allows CCs seeking partnerships to better identify the health focus of other CCs and search for CCs with particular areas of expertise. Table 21 of the report, for example, lists CCs whose terms of reference indicate a focus on the theme of Human Resources for Health (HRH) and Table 8 those undertaking work in midwifery. These have been reproduced below as Table 10 and Table 11 respectively.

Code	Institution	Theme
AUS93	University of Technology Sydney (UTS)	HRH
BRA32	University of São Paulo	HRH
CAN39	McMaster University	HRH
ISR32	The Israeli Ministry of Health	HRH
KOR16	Yonsei University	HRH
MMR4	University of Nursing, Yangon, Myanmar	HRH
UNK277	Department of Health and Social Care	HRH
USA272	Columbia University	HRH
USA283	University of Michigan	HRH

Table 10: WHOCCs undertaking work on Human Resources for Health (HRH) (Table 21 from survey report)

Code	Institution	Theme
AUS93	University of Technology Sydney	Midwifery
BOT3	University of Botswana	Midwifery
SOA14	University of South Africa (UNISA)	Midwifery
JAM15	University of the West Indies	Midwifery
BAA1	University of Bahrain (UOB)	Midwifery
CHI18	Universidad de Chile	Midwifery
CHN129	Peking Union Medical College	Midwifery
IND140	Postgraduate Institute of Medical Education and Research (PGIMER)	Midwifery
IND138	Christian Medical College and Hospital	Midwifery
JPN58	St. Luke's International University	Midwifery
MMR4	University of Nursing, Yangon, Myanmar	Midwifery
POR14	Nursing School of Coimbra	Midwifery
THA34	Mahidol University	Midwifery
THA35	Mahidol University	Midwifery
THA43	Chiang Mai University	Midwifery
UNK276	Cardiff University, College of Biomedical and Life Sciences	Midwifery
UNK277	Department of Health and Social Care	Midwifery
USA241	University of Alabama at Birmingham (UAB)	Midwifery
USA206	University of Pennsylvania	Midwifery
USA461	University of North Carolina	Midwifery

Table 11: WHOCCs undertaking work in Midwifery (Table 8 from survey report).

Thus, a CC looking for experienced colleagues in midwifery for peer support or collaboration could identify which CCs had expertise in this field (Table 11). Similarly, for expertise in HRH, they would refer to Table 10. For some areas of work, such as mental health or palliative care, there may only be a few other CCs working in this subject area. For other subject areas, the breadth of experience is much wider. Leadership is one such field, with 37 of the 44 CCs working on this.

Finding partners for collaborative work can be difficult, and it is hoped that this resource will help identify other CCs with relevant experience in a particular area to promote collaboration and cooperation between CCs. This is helpful from the point of view of shared resources, experience, peer support and funding applications.

5.5 Geographical interest

Countries in which the WHO CCs work

Interesting and useful data from the 2023 survey show where each CC's geographical focus is. Information on the countries in which each CC works is detailed within the following tables. This information is repeated in Appendix 1 where they are given in conjunction with the ToR of each CC. Linking the countries in which CCs work and the subject of their work will hopefully provide information to facilitate the formation of collaborative partnerships.

AFRO	
Institution	Working in these Countries
SOA13 University of Natal, Durban, South Africa	Malawi, Rwanda, South Africa, Namibia, Cameroon, Seychelles, Lesotho, Eritrea, Botswana, Ethiopia.
SOA14 University of South Africa (UNISA), Pretoria, South Africa	South Africa, Botswana, Ghana, Cameroon, Democratic Republic of Congo, Angola, Zambia, Mali, Malawi, Lesotho, Uganda, Chad, Mozambique, Rwanda.
BOT3 University of Botswana, Gaborone, Botswana	Malawi, South Africa, United States, Uruguay, Cameroon, Lesotho, Botswana.
MAL3 University of Malawi, Lilongwe, Malawi	Zambia, Malawi, Sierra Leone, South Africa, Botswana, Mozambique, Zimbabwe, Rwanda, Swaziland.

Table 12: Countries in which WHOCCs in AFRO are undertaking work in.

AMRO	
Institution	Working in these Countries
USA193 University of Illinois Chicago, USA	Trinidad and Tobago, Jamaica, Malawi, Rwanda, Indonesia, Japan.
USA206 University of Pennsylvania, Philadelphia, USA	Not answered.
BRA32 University of São Paulo, Ribeirao Preto, Brazil	Brazil, Argentina, United States, Chile, Mexico, Canada, Ecuador, Guyana, Paraguay.
USA241	Jamaica, Trinidad and Tobago, Brazil, Chile, Colombia, Peru.

University of Alabama at Birmingham, USA	
USA272 Columbia University, New York, USA	Not answered.
USA283 University of Michigan, Ann Arbor, USA	Chile, Rwanda, Ghana, Libya, Botswana, Mexico, Trinidad and Tobago, Barbados, Liberia, Nicaragua.
USA297 Johns Hopkins University, Baltimore, USA	Peru, Colombia, Haiti, Chile, Brazil, Guatemala, Canada, United States, India, China, Ghana, Guatemala, Taiwan, Saudi Arabia, Thailand.
USA303 New York University, New York, USA	Not answered.
CAN39 McMaster University, Hamilton, Canada	Chile, United States, Colombia, Brazil, Ghana, Mexico, Barbados, Jamaica, Guyana.
JAM15 University of the West Indies, Kingston, Jamaica	Not answered.
CHI18 Universidad de Chile, Santiago, Chile	Not answered.
CHI19 Pontificia Universidad Católica de Chile, Santiago, Chile	Chile, United States, Colombia, Brazil.
USA349 University of Miami, Miami, USA	Not answered.
TRT1 University of West Indies, St Augustine, Trinidad and Tobago	Trinidad and Tobago, Dominican Republic, Grenada, Jamaica, Bahamas, Barbados, Haiti, Dominica, St Kitts & Nevis, St Lucia, Guyana, Saint Vincent & the Grenadines, Belize.
USA461 University of North Carolina, Chapel Hill, USA	Belize, Ecuador, Australia, Sweden, Malawi, Thailand, Japan, Spain.

Table 13: Countries in which WHOCCs in AMRO are undertaking work in.

EMRO	
Institution	Working in these Countries
BAA1 University of Bahrain (UOB), Manama, Bahrain	Bahrain, Jordan.
JOR16 Jordan University of Science and Technology, Irbid, Jordan	Jordan.

Table 14: Countries in which WHOCCs in EMRO are undertaking work in.

EURO	
Institution	Working in these Countries
FIN19 Nursing Research Foundation, Helsinki, Finland	Australia, Finland.
UNK160	Kazakhstan, Lithuania, Moldova, United Kingdom, Ireland (Republic), Norway, Sweden, Austria, Tajikistan.

Glasgow Caledonian University, Glasgow, UK	
POR14 Nursing School of Coimbra, Coimbra, Portugal	Portugal, Mozambique, Brazil, Cape Verde, Angola.
AUT15 Paracelsus Medical University, Salzburg, Austria	Austria, Germany, Azerbaijan, Kazakhstan, Turkmenistan, Switzerland.
UNK276 Cardiff University, College of Biomedical and Life Sciences, Cardiff, UK	Rwanda, Kazakhstan, Lithuania, Turkmenistan, Uzbekistan, Kyrgyzstan, Bulgaria, Czech Republic, Greece, Israel, Tajikistan.
UNK277 Office for Health Improvement and Disparities (OHID), Chief Nurse Directorate, London, UK	Uzbekistan, Ukraine, Kazakhstan.
BEL51 Katholieke Universiteit Leuven (KU Leuven), Leuven, Belgium	Austria, Finland, France, Switzerland, Portugal, Lithuania, Belgium, Greece, Croatia, Germany, Spain, Israel, Ireland (Republic), United Kingdom, Slovakia, Tajikistan, Kazakhstan.
LTU4 Lithuanian University of Health Sciences, Kaunas, Lithuania	Kazakhstan, Uzbekistan, Azerbaijan, Lithuania.
ISR32 The Israeli Ministry of Health, Jerusalem, Israel	Israel, Azerbaijan, Kazakhstan, Turkmenistan, Slovakia, Ukraine, Ireland (Republic).

Table 15: Countries in which WHOCCs in EURO are undertaking work in.

SEARO	
Institution	Working in these Countries
THA34 Mahidol University, Bangkok, Thailand	Not answered.
THA35 Mahidol University, Bangkok, Thailand	Not answered.
THA43 Chiang Mai University, Muang, Thailand	Not answered.
MMR4 University of Nursing, Yangon, Myanmar	Not answered.
IND138 Christian Medical College, Vellore, India	India, United Kingdom, United States, Malawi, Japan, South Korea.
IND140 Postgraduate Institute of Medical Education and Research, Chandigarh, India	Not answered.

Table 16: Countries in which WHOCCs in SEARO are undertaking work in.

WPRO	
Institution	Working in these Countries
PHL13	Philippines, Cambodia, China, Japan.

University of the Philippines, Manila, Philippines	
AUS93 University of Technology, Sydney (UTS), Sydney, Australia	Australia, Fiji, Kiribati, Marshall Islands, Samoa, Vanuatu, Tuvalu, Tonga, Solomon Islands, New Zealand, Nauru, Palau, FSM, Niue, Tokelau, Cook Islands, Papua New Guinea, Philippines, South Korea, Japan.
JPN58 St. Luke's International University, Tokyo, Japan	Indonesia, Philippines, Tanzania, Myanmar, Laos.
JPN77 Research Institute of Nursing Care for People and Community, Akashi, Japan	Japan, Mongolia.
CHN89 The Hong Kong Polytechnic University (HKPU), Hong Kong SAR, China	China, Singapore, Cambodia, Philippines.
CHN129 Peking Union Medical College, Beijing, China	China, Japan, Thailand, South Korea, Philippines.
KOR16 Yonsei University, Seoul, Republic of Korea	South Korea, Uzbekistan, Laos, Vietnam, Mongolia, Nigeria, Ghana.
KOR104 The Catholic University of Korea, College of Nursing, Seoul, Republic of Korea	South Korea, Cambodia, Fiji, Thailand, Mongolia.

Table 17: Countries in which WHOCCs in WPRO are undertaking work in.

Although not all CCs were able to be interviewed, the data present an interesting picture of the cross over between centres and how collaboration could be beneficial. For example, 5 CCs indicate that they are working in Rwanda, 3 are from AFRO (SOA13, SOA14 and MAL3), one from EURO (UNK276) and one from AMRO (USA283). When working in the same country, there is a great deal of useful information and contacts which could be shared.

If we return to our previous example of CCs with a focus on midwifery, a CC intending to undertake work on midwifery in Rwanda could cross check the CCs identified in Table 11 as having this speciality with CCs that are operating in Rwanda. This process identifies two CCs which have a presence in Rwanda and also work in the field of midwifery: UNK276 and SOA14. These CCs would likely be very good prospects for collaborative work.

Similarly, by searching on the country of interest in the tables, it is possible to identify 4 CCs who are currently working in Uzbekistan, 3 from EURO (UNK276, UNK277, and LTU4) and one from WPRO (KOR16). To try and identify CCs which work in HRH but also have a presence in Uzbekistan, it would be necessary to cross-check the 4 CCs identified above against those from Table 10 above. This process identifies two CCs, UNK277 and KOR16 which match. For subjects with a wider interest, such as leadership, where 37 Centres are involved, this process is likely to suggest far more matches.

It is obviously beneficial to all if centres can collaborate and exchange information and support. An understanding of which CCs are active in a particular country will facilitate this. Additionally, it provides CCs seeking funding the opportunity to reach out to those with in-country experience. Partnerships

can then bring together in-country experience with broader skills to provide a strong base for future applications for funding.

The complete list of available information can be accessed in the *Terms of Reference and Collaborating Centre Interview Analysis 2023-2024* which can be accessed [here](#).

5.6 Model of the WHO CC

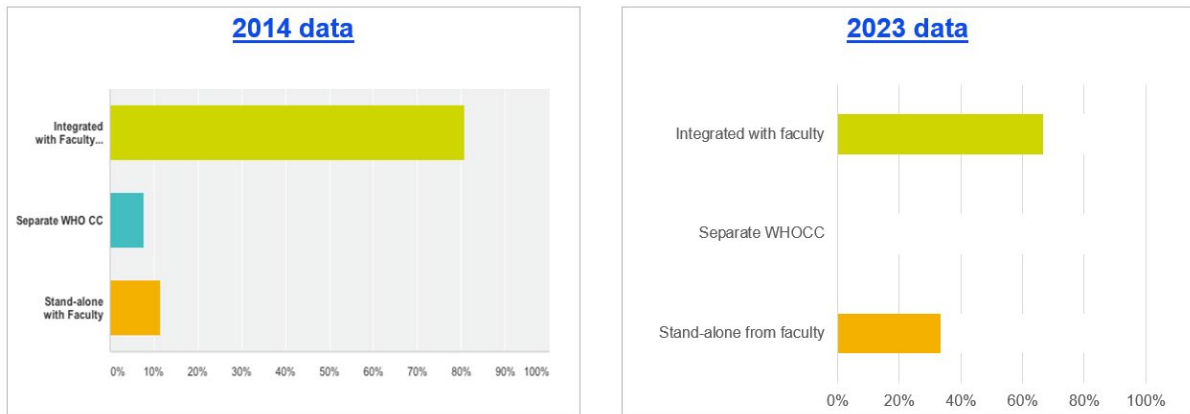


Figure 20. What is the model of the WHOCC, in regards to funding and staff?

In 2014, approximately 80 % of WHO CCs were integrated with an institute faculty, with the remainder either stand-alone from the faculty or separate centres. In 2023, fewer WHOCCs were actually integrated with a faculty, at 69%, with the remaining 31% being stand-alone from the faculty centres. This may suggest that more centres are operating without the full support of the institute / faculty behind them.

5.7 Engagement

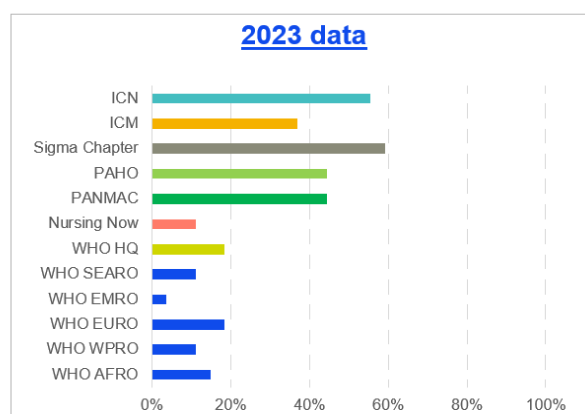


Figure 21. WHO CC engagement with partner organisations.

The 2023 data shows that Centres have good relationships across a broad range of organizations. Most commonly cited were Sigma Chapter, ICN, and ICM which is unsurprising as these offer support networks for nursing and midwifery professionals. PAHO and PANMCC both were indicated by over

40% of respondents. The WHO also featured strongly, with CCs reporting good relationships with both regional offices and WHO Headquarters.

Strategies for student engagement

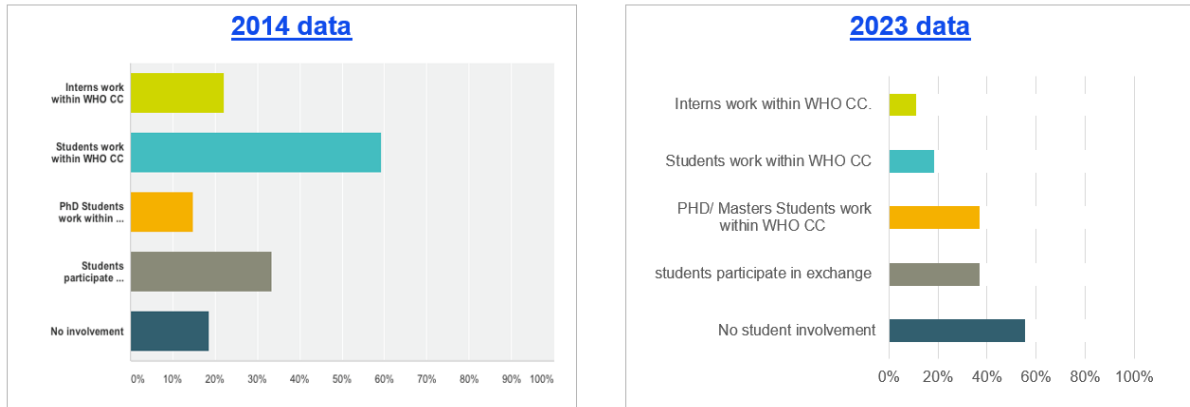


Figure 22. Do you have specific strategies for students to engage with the work of your Centre?

There has been a significant decrease in student involvement in the WHO CCs since 2014, with over half reporting no student involvement at all and the percentage where students work within the WHO CC reducing from nearly 60% to under 20%. The number of postgraduate students involved in the Centres, however, has more than doubled. This may reflect a move towards more qualified students working in the Centres to reflect raising quality and standards of research.

Midwifery

Over half of the centres interviewed had a specific midwifery group, which shows a small increase from 2014 data. More centres indicated that they were working towards having a midwifery specialism and expressed an interest in being involved in global midwifery activities. This is clearly an area of growth: the newly formed Midwifery Group on the NMGCoP will help to support this growth by enabling the sharing of resources, tools and a peer support network.

CC views on GNWHOCCNM's role

Several key themes came out of the interviews on the CCs' perception of the role the GNWHOCCNM could play to support them. The most prominent theme was support for funding opportunities, and associated webinars and tools and advice. Sharing tools, best practice and resources featured highly. Strengthening opportunities for collaborative research was important to members, both through funding connections and sharing resources and expertise. Networks, connections and links, such as the CoP, are seen as valuable. The Secretariat has sought to strengthen these elements of the network to ensure the GNWHOCCNM is delivering what its members need by:

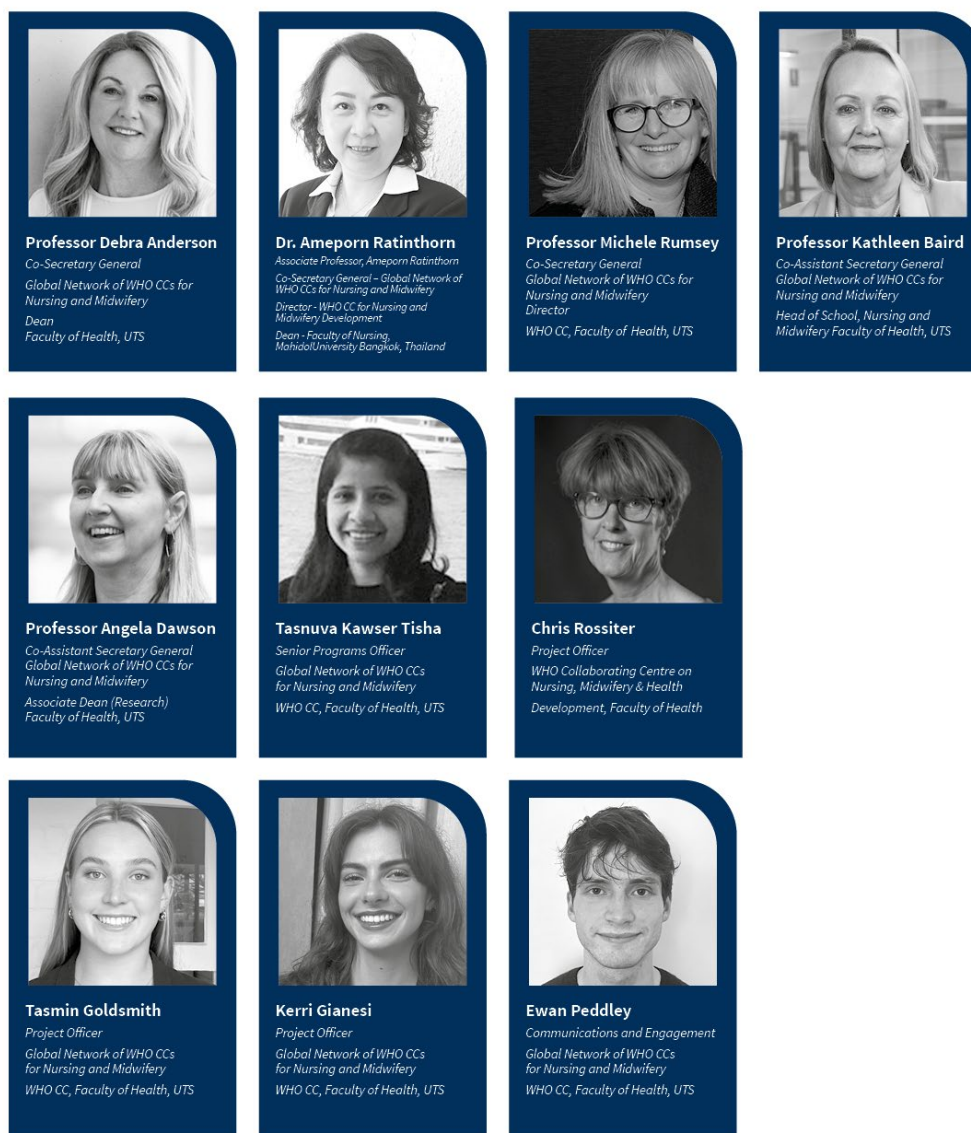
- developing funding information sources, tools and a web platform to support applications and collaboration;
- supporting and expanding the NMGCoP with tools and resources for sharing;

- identifying key areas of work and geographical reach of each WHO CC to enable connections to be made and to facilitate collaboration; and
- maintaining and developing the communication network, through face-to-face meetings, GNWHOCCNM webpages, NMGCoP webpages, LINKS magazine and social media.

Other issues highlighted in the interviews, and incorporated into the GNWHOCCNM work program include:

- support WHO HQ CNO initiatives, such as the 25 x 25 initiative;
- add information on the Regional Nurse Advisor to the website;
- undertake work to explain what a WHO CC is with translation of evidence to practice and impact.

6. Secretariat Staff and Affiliates



The secretariat is co-chaired by 3 Secretary Generals: Prof. Debra Anderson and Prof. Michele Rumsey from WHO CC UTS, and Dr Ameporn Ratinthorn of WHO CC from Mahidol University, SEARO. The WHO CC UTS has a small core staff; however, for each project or event we are able to draw on the skills and expertise of staff from a variety of sources including:

- UTS Faculty of Health;
- South Pacific Chief Nursing and Midwifery Officers Alliance and relevant WHO Collaborating Centres regionally and globally;
- Regional and global partners in a range of institutions within the health industry;
- Academics, researchers and health care professionals affiliated with the WHO CC UTS.

Further, we have numerous consultants and interns that contribute to making the Centre a great success.

7. Conclusion

The GNWHOCCNM and their strategic partners provide valuable support to the important work being undertaken by the nursing and midwifery WHO CCs around the globe. The Secretariat has been working hard to make positive and lasting improvements to the tools and resources available to GNWHOCCNM members to facilitate their work. Collaborative working is one of the main sources of the network's strength, and promoting this is considered by the Secretariat to be key to the network's success.

Communication between members is paramount to effective exchange of ideas and support. Face-to-face meetings are important; the model of GNWHOCCNM side-meetings at larger conferences has proved to be an effective mechanism, and members are encouraged to facilitate such meetings in the future. The NMGCoP is growing daily. It currently has over 6000 members, with 70 in Global Network portal and is continuously updated with new resources and tools. The Midwifery group in the Global Network continue to support the focus on maternal and child care. The LINKS Magazine is going from strength to strength; it features stories from the regions, disseminates information on best practice and collates information on upcoming events.

One main issue upon which the Secretariat has sought to provide support is identifying and maximising the opportunities for funding. The Secretariat has a new strategic vision for funding which is through diversified funding partnership. Webinars and tools to facilitate identification of sources and aid partnership working for collaborative applications have been developed. Part of this is the identification of key focus of work and geographical locations in which the centres work.

The Secretariat looks forward to another 2 years of productive and collaborative working.

Appendix 1. Global Network of Collaborating Centres Terms of Reference and Countries in which they work

Region	Number of active WHO CCs
AFRO	4
AMRO	15
EMRO	2
EURO	9
SEARO	6
WPRO	8
TOTAL	44

Code	Institution Name	Terms of Reference	Working in these Countries
AFRO			
SOA13	University of Natal, Durban, South Africa	<ol style="list-style-type: none"> 1. As requested by WHO and together with WHO, conduct research and disseminate evidence for community problem solving approaches for Nursing and Midwifery education and practice in the African Region 2. In agreement with WHO, provide support in promoting capacity development of Nursing and Midwifery education institutions in community problem-solving approaches to health care in the African Region 3. Under WHO's leadership, support WHO in working with communities using problem-solving approaches to address priority health problems, focusing on maternal and child health, mental health, HIV/AIDS and TB, non-communicable diseases and health emergencies such as COVID-19 	Malawi, Rwanda, South Africa, Namibia, Cameroon, Seychelles, Lesotho, Eritrea, Botswana, Ethiopia.
SOA14	University of South Africa (UNISA), Pretoria, South Africa	<ol style="list-style-type: none"> 1. Inform WHO's efforts in providing technical support to countries, to upscale the quality of the nursing and midwifery workforce through the development of post-graduate open distance education 2. Assist WHO to strengthen research capacities towards improving nursing and midwifery services in countries 	South Africa, Botswana, Ghana, Cameroon, Democratic Republic of Congo, Angola, Zambia, Mali, Malawi, Lesotho, Uganda, Chad, Mozambique, Rwanda.
BOT3	University of Botswana, Gaborone, Botswana	<ol style="list-style-type: none"> 1. Under WHO's leadership, conduct collaborative research on the impact of COVID-19 pandemic on nursing and midwifery workforce 2. At the request of WHO and in line with WHO Strategic Directions for Nursing and Midwifery (2021-2025), strengthen nursing and midwifery leadership through skill development 3. At the request of WHO, promote and strengthen rehabilitative and palliative services in the context of revitalization of Primary Health Care Services. 	Malawi, South Africa, United States, Uruguay, Cameroon, Lesotho, Botswana
MAL3	University of Malawi, Lilongwe, Malawi	<ol style="list-style-type: none"> 1. To conduct joint priority research on enhancing the implementation of interprofessional education and collaborative practice. 2. To support WHO's work in building capacities in the implementation of education models that embrace Interprofessional Education and Collaborative Practice. 	Zambia, Malawi, Sierra Leone, South Africa, Botswana, Mozambique, Zimbabwe, Rwanda, Swaziland

Code	Institution Name	Terms of Reference	Working in these Countries
AMRO			
USA193	University of Illinois Chicago, USA	<ol style="list-style-type: none"> 1. To support PAHO/WHO's efforts to promote and facilitate the role of Advanced Practice Nurses (APN) and doctorally prepared nurses with an emphasis on nursing leadership to address Sustainable Development Goals, Universal Access to Health, and Universal Health Coverage. 2. To support PAHO/WHO's effort to advanced nursing education with the development of clinical faculty and school nurse competencies. 	Trinidad and Tobago, Jamaica.
USA206	University of Pennsylvania, Philadelphia, USA	<ol style="list-style-type: none"> 1. At PAHO/WHO's request, the proposed institution will support PAHO/WHO's efforts to increase knowledge and understanding of maternal health and mortality. 2. At PAHO/WHO's request, the proposed institution will support PAHO/WHO to build capacity in nursing education. 3. Under PAHO/WHO's leadership the proposed institution will support PAHO/WHO to strengthen nursing research. 	
BRA32	University of São Paulo, Ribeirao Preto, Brazil	<ol style="list-style-type: none"> 1. At PAHO/WHO's request, the proposed institution will support the Organization's efforts in strengthening nursing research for the development of human resources and nursing practice in priority areas. 2. At PAHO/WHO's request, the proposed institution will support the Organization's efforts in strengthening and expanding dissemination of health information and knowledge with emphasis on nursing and health. 3. At PAHO/WHO's request, the proposed institution will support PAHO/WHO to build nursing capacity through research training. 	Brazil, Argentina, United States, Chile, Mexico, Canada, Ecuador, Guyana, Paraguay.
USA241	University of Alabama at Birmingham, USA	<ol style="list-style-type: none"> 1. At PAHO/WHO's request, support PAHO/WHO's efforts to strengthen the quality of nursing education and practice based on Universal Access to Health, Universal Health Coverage and Primary Health Care. 2. At PAHO/WHO's request, support the Organization in its activities to strengthen the availability and dissemination of knowledge resources that build capacity and leadership for nurse and midwife educators. 	Jamaica, Trinidad and Tobago, Brazil, Chile, Colombia, Peru.
USA272	Columbia University, New York, USA	<ol style="list-style-type: none"> 1. AT PAHO/WHO's request, the proposed institution will support the Organization's efforts to strengthen human resources through the training of advanced practice nursing (APN). 2. At PAHO/WHO's request, the proposed institution will support the Organization's efforts to strengthen human resources through the development of nursing and midwifery research and training. 3. At PAHO/WHO's request, the proposed institution will support the Organization's efforts to build capacity of human resources for health development with expanded knowledge and application of digital health in nursing and midwifery. 	
USA283	University of Michigan, Ann Arbor, USA	<ol style="list-style-type: none"> 1. At PAHO/WHO's request, support PAHO/WHO disseminating experiences about evidence-based practices of health promotion related to maternal home strategies and nurse and midwifery personnel. 2 As requested by PAHO/WHO, providing technical support to PAHO/WHO in strengthening and building nursing capacity in training, quality of care and communication of data related to the profession. 	Chile, Rwanda, Ghana, Libya, Botswana, Mexico, Trinidad and Tobago, Barbados, Liberia, Nicaragua.
USA297	Johns Hopkins University, Baltimore, USA	<ol style="list-style-type: none"> 1. At PAHO/WHO's request, support PAHO/WHO to facilitate information exchange and promote equitable access to information and scientific knowledge to enable global nursing and midwifery communities of practice. 2. To contribute to PAHO/WHO's work in the growth, development, and deployment of learning and informed online environments to address the Sustainable Development Goals, improve universal 	Peru, Colombia, Haiti, Chile, Brazil, Guatemala, Canada, United States, India, China, Ghana, Guatemala, Taiwan,

		access to health and universal health coverage, and advance nursing and midwifery.	Saudi Arabia, Thailand.
		3. To support the implementation of the WHO Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025 at regional and global level.	
USA303	New York University, New York, USA	1. To support PAHO/WHO in building inter-professional workforce capacity using the Integrated Care for Older People (ICOPE) guidelines to strengthen health system-based integrated care for older persons including promoting healthy aging, managing chronic disease, teaching self-care for older persons, and other priority issues for healthy aging identified by PAHO/WHO.	
		2. To support PAHO/WHO in building capacity of interprofessional providers to document and assess data about the implementation and outcomes of ICOPE evidence-based practices that can inform decisions about services to address aging and the health of older adults.	
		3. To Support PAHO/WHO to increase the capacity of the health care workforce to meet dependence of care needs for older adults living in the communities.	
CAN39	McMaster University, Hamilton, Canada	1. To support PAHO/WHO in the development and dissemination of tools on best practices in the development of nursing leadership and advanced practice nursing in the Caribbean.	Chile, United States, Colombia, Brazil, Ghana, Mexico, Barbados, Jamaica, Guyana.
		2. To support PAHO/WHO's efforts to provide guidance regarding Human Resources for Health Planning, Assessment and Data collection that can inform education, research and practice in the Caribbean.	
		3. To support PAHO/WHO, upon request, to provide State of the World of Nursing Report and State of the World Midwifery 2020 Report.	
JAM15	University of the West Indies, Kingston, Jamaica	1. At PAHO/WHO's request, the institution will support PAHO/WHO in developing and supporting nursing and midwifery capacity building activities.	
		2. Upon PAHO/WHO's request and under its leadership, the institution will support PAHO/WHO to strengthen the development of a research culture and collaboration in nursing and midwifery in the Caribbean region and internationally.	
		3. At PAHO/WHO's request, the institution will support PAHO/WHO to collate, publish, and disseminate information to strengthen scholarship and evidence-based practice in nursing.	
CHI18	Universidad de Chile, Santiago, Chile	1. As requested by PAHO/WHO, provide support in the development of training models and training in midwifery.	
		2. Upon request by PAHO/WHO, provide support in the dissemination of PAHO/WHO guidance on midwifery.	
		3. Upon request by PAHO/WHO, provide technical input to inform PAHO/WHO guidelines, information systems, and tools.	
CHI19	Pontificia Universidad Católica de Chile, Santiago, Chile	1. To assist PAHO/WHO's efforts towards supporting the development of competent nursing workforce, able to provide effective care to persons living with chronic conditions.	Chile, United States, Colombia, Brazil.
		2. To support PAHO/WHO's work towards generation and dissemination of evidence-based research related to chronic conditions' prevention and management.	
USA349	University of Miami, Miami, USA	1. At PAHO/WHO's request, the proposed institution will support PAHO/WHO in its efforts to strengthen nursing education leadership competencies, with a focus on training programme development in nursing and patient safety.	
		2. Under PAHO/WHO's direction, the proposed institution will support the dissemination of information and share knowledge regarding patient safety to enhance nursing workforce development and technical expertise.	
		3. At PAHO/WHO's request, the proposed institution will support the development and strengthening of nursing workforce development, patient safety, and health disparities.	

TRT1	University of West Indies, St Augustine, Trinidad and Tobago	1. To support PAHO/WHO's work in the development of nursing policy and leadership in the Caribbean region.	Trinidad and Tobago, Dominican Republic, Grenada, Jamaica, Bahamas, Barbados, Haiti, Dominica, St Kitts & Nevis, St Lucia, Guyana, Saint Vincent & the Grenadines, Belize.
		2. To support PAHO/WHO's efforts to promote and facilitate interprofessional research, education and practice with emphasis on capacity building of nursing.	
USA461	University of North Carolina, Chapel Hill, USA	1. At PAHO/WHO's request, the proposed institution will support the Organization in its efforts to strengthen nursing, interprofessional training and collaborative practice activities with a focus on leadership and quality of care.	Belize, Ecuador, Australia, Sweden, Malawi, Thailand, Japan, Spain.
		2. Under PAHO/WHO leadership, the proposed institution will provide support in the development and dissemination of training, best practices, and research to inform evidence-based practice and collaboration in nursing and midwifery quality of care.	

Code	Institution Name	Terms of Reference	Working in these Countries
EMRO			
BAA1	University of Bahrain (UOB), Manama, Bahrain	1. To support WHO's work on strengthening evidence generation and use of evidence in nursing practice and education	Bahrain, Jordan.
		2. To support WHO's work on enhancing the improvement of midwifery competencies in the primary care settings.	
JOR16	Jordan University of Science and Technology, Irbid, Jordan	1. To support WHO's work on strengthening nurses' and midwives' roles in primary health care through the development of competencies within the family practice model of care.	
		2. To support WHO's work towards building capacities among the nursing workforce.	
		3. To support WHO's work towards strengthening capacities of nursing and midwifery leaders in crisis and pandemics response.	

Code	Institution Name	Terms of Reference	Working in these Countries
EURO			
FIN19	Nursing Research Foundation, Helsinki, Finland	1. In support of WHO, to collect and collate evidence base information on nursing and midwifery practice through research.	Australia, Finland.
		2. Support WHO on developing materials to promote evidence-based practice in nursing and midwifery, including advanced nursing roles.	
UNK160	Glasgow Caledonian University, Glasgow, UK	1. Under WHO's leadership and as requested, to assist WHO in identifying models of good nursing education and practice, collecting evidence to support evidence-informed decision making, and providing technical advice related to the respective area.	Kazakhstan, Lithuania, Moldova, United Kingdom, Ireland (Republic), Norway, Sweden, Austria, Tajikistan.
		2. Under WHO's leadership and at its request, to assist WHO in its work with Member States in the WHO European Region in strengthening nursing and public health education at national, regional and global levels.	
POR14	Nursing School of Coimbra, Coimbra, Portugal	1. To support WHO to promote models of good practice in nursing and midwifery education and training in PHC in Member States.	
		2. On request of WHO, to provide technical assistance on scaling up organizational and regional knowledge of the roles of nurses and midwives in support of the European Programme of Work.	

Code	Institution Name	Terms of Reference	Working in these Countries
EURO			
		3. To support WHO in coordinating the work of the WHO Collaborative Centres' Network for Nursing and Midwifery to share experiences and contribute to the promotion of good practices in nursing and midwifery.	Portugal, Mozambique, Brazil, Cape Verde, Angola.
AUT15	Paracelsus Medical University, Salzburg, Austria	1. To support WHO in strengthening palliative care education and training.	Austria, Germany, Azerbaijan, Kazakhstan, Turkmenistan, Switzerland.
		2. In support of WHO to collect, collate and disseminate evidence on nurse-led palliative care practice.	
		3. To support WHO in digital health capacity building in palliative care, by gathering evidence on tele-palliative interventions.	
UNK276	Cardiff University, College of Biomedical and Life Sciences, Cardiff, UK	1. At WHO's request and under its guidance, the proposed institution will support WHO in strengthening the evidence-base and provide technical support on midwifery pre-service education and training.	Rwanda, Kazakhstan, Lithuania, Turkmenistan, Uzbekistan, Kyrgyzstan, Bulgaria, Czech Republic, Greece, Israel, Tajikistan.
		2. Under WHO's leadership and under its request, the proposed institution will assist WHO in capacity building and strengthening midwifery pre-service education, and training.	
UNK277	Office for Health Improvement and Disparities (OHID), Chief Nurse Directorate, London, UK	1. At WHO's request, the proposed institution will support WHO in strengthening disease prevention, health promotion, and build resilience in health care systems, and in generating evidence and frameworks of practice for nurses, midwives and allied health professionals.	Uzbekistan, Ukraine, Kazakhstan.
		2. In agreement with WHO, the proposed institution will provide support to WHO in collating and collecting evidence about the nurses', midwives', and allied health professionals' role and impact across the life course.	
		3. Under WHO's leadership and at its request, the proposed institution will provide technical assistance and support WHO in informing the development of policy advice, about public health nursing, midwifery and allied health professionals.	
BEL51	Katholieke Universiteit Leuven (KU Leuven), Leuven, Belgium	1. To support WHO's technical activities for the development and analysis of a roadmap for strengthening nursing and midwifery in the WHO European Region towards the goals of the European Programme of Work.	Austria, Finland, France, Switzerland, Portugal, Lithuania, Belgium, Greece, Croatia, Germany, Spain, Israel, Ireland (Republic), United Kingdom, Slovakia, Tajikistan, Kazakhstan.
		2. To provide technical input to inform WHO's work with Member States towards translating health workforce research into policy development and implementation.	
LTU4	Lithuanian University of Health Sciences, Kaunas, Lithuania	1. At WHO's request, to support WHO in developing the roadmap for strengthening nursing and midwifery in the European Region towards the delivery of GPW13 and the European Programme of Work.	Kazakhstan, Uzbekistan, Azerbaijan, Lithuania.
		2. At WHO's request, to provide technical advice to Member States in developing evidence-based nursing education and practice in support of the delivery of GPW13 and the European Programme of Work.	
		3. At WHO's request, to contribute to the research base on Advanced Nursing Practice in primary health care.	
ISR32	The Israeli Ministry of Health, Jerusalem, Israel	1. Under WHO's leadership and as requested, to assist WHO in capacity building of senior leadership and management in nursing and midwifery.	Israel, Azerbaijan, Kazakhstan, Turkmenistan, Slovakia, Ukraine, Ireland (Republic).
		2. Under WHO's leadership and under its request, to assist Member States in the WHO European Region in strengthening nursing and midwifery governance and leadership in the health systems.	
		3. At WHO's request and jointly with WHO, to build up the evidence base for effective regulatory accreditation, licensing and training	

Code	Institution Name	Terms of Reference	Working in these Countries
EURO			
		policies, to support strengthening of the governance in nursing and midwifery at the Member State Level.	

Code	Institution Name	Terms of Reference	Working in these Countries
SEARO			
THA34	Mahidol University, Bangkok, Thailand	<ol style="list-style-type: none"> 1. To support WHO to strengthen capacities in nursing specialties and midwifery. 2. Upon WHO's request, to conduct capacity building activity to strengthen capacities to conduct research and innovation in nursing and midwifery. 3. To assist WHO to strengthen capacities of nursing and midwifery faculty members/teachers in the nursing and midwifery educational institutions. 	
THA35	Mahidol University, Bangkok, Thailand	<ol style="list-style-type: none"> 1. At WHO's request, to serve as a resource centre for training of nurses and midwives on advanced nursing/midwifery or functional specialties in education, leadership and administration. 2. Support WHO in promoting collaboration and synergies among nursing and midwifery institutions/organizations at the national, regional and international levels. 3. Under WHO's guidance, to conduct research and innovation in enhancing teaching and learning methods to strengthen nursing capacities. 	
THA43	Chiang Mai University, Muang, Thailand	<ol style="list-style-type: none"> 1. To support WHO's work towards strengthening capacity of nurses and midwives in leadership and management. 2. At WHO's request, to conduct systematic reviews and evidence-based practice research in nursing and midwifery. 3. To support WHO's work on nursing and midwifery research, education and practice. 	
MMR4	University of Nursing, Yangon, Myanmar	<ol style="list-style-type: none"> 1. To support WHO in strengthening quality of nursing and midwifery education. 2. To support WHO in strengthening quality of nursing and midwifery services. 3. To contribute to WHO in building capacity of nursing and midwifery workforce in responding to current health challenges. 	
IND138	Christian Medical College, Vellore, India	<ol style="list-style-type: none"> 1. To assist WHO to strengthen nursing and midwifery services at the primary health care level to achieve Universal Health Coverage. 2. Upon WHO's request, to support capacity building of nursing and midwifery workforce to strengthen capacity to better respond to current health challenges, especially in the area of the prevention and control of noncommunicable disease, emergency and disaster nursing, as well as mental health. 3. To support WHO by collecting and disseminating evidence related to noncommunicable diseases through collaborative nursing research under WHO's leadership. 	India, United Kingdom, United States, Malawi, Japan, South Korea.
IND140	Postgraduate Institute of Medical Education and Research, Chandigarh, India	<ol style="list-style-type: none"> 1. Assist WHO to strengthen health systems through strengthening nursing and midwifery service. 2. Assist WHO's work towards building strengthened capacities on nursing and midwifery. 	

Code	Institution Name	Terms of Reference	Working in these Countries
WPRO			
KOR16	Yonsei University, Seoul, Republic of Korea	<ol style="list-style-type: none"> 1. Support WHO in providing capacity building on PHC competencies for health workforce development. 2. Support WHO to conduct and disseminate research on evidence for nursing workforce models that can best improve PHC service delivery. 	South Korea, Uzbekistan, Laos, Vietnam, Mongolia, Nigeria, Ghana.
PHL13	University of the Philippines, Manila, Philippines	<ol style="list-style-type: none"> 1. As requested by WHO, to support WHO in providing technical assistance to Member States in building the leadership capacity of the nursing and midwifery workforce. 2. As per WHO's request, to assist WHO in the development of e-learning resources on community nursing and chronic care. 3. As requested by WHO, provide technical assistance to Member States to strengthen training and learning of the nursing. 	Philippines, Cambodia, China, Japan.
JPN58	St. Luke's International University, Tokyo, Japan	<ol style="list-style-type: none"> 1. On request of WHO, to assist the Secretariat and Member States in the Western Pacific Region in the development of community People-Centered Care (PCC) models, based on the values of PHC in the context of aging societies. 2. Support WHO to document and share lessons with other Member States on the implementation of health literacy programmes, resulting in a better engagement of communities and households with health care providers. 3. On request of WHO, to support the Secretariat to build capacity in nursing and midwifery education in low resource countries of the WPRO region. 	Indonesia, Philippines, Tanzania, Myanmar, Laos.
JPN77	Research Institute of Nursing Care for People and Community, Akashi, Japan	<ol style="list-style-type: none"> 1. Support WHO to implement Health Emergency and Disaster Risk Management (Health-EDRM) Framework. 2. On the request of WHO, to contribute to strengthen evidence and research on Health-EDRM. 	Japan, Mongolia.
AUS93	University of Technology, Sydney (UTS), Sydney, Australia	<ol style="list-style-type: none"> 1. On request of WHO, build capacity to strengthen health systems and human resources for health to respond to priority health challenges. 2. To support WHO in strengthening health workforce regulation toward improving quality of services, through increased literacy on nursing and public health research. 3. To assist WHO in strengthening the capacity of the maternal, aged care and palliative health workforce through improved understanding of the status of palliative care health workforce in the Western Pacific Region. 	Australia, Fiji, Kiribati, Marshall Islands, Samoa, Vanuatu, Tuvalu, Tonga, Solomon Islands, New Zealand, Nauru, Palau, Papua New Guinea, Philippines, South Korea, Japan.
CHN89	The Hong Kong Polytechnic University (HKPU), Hong Kong SAR, China	<ol style="list-style-type: none"> 1. At the request and under the leadership of WHO, analyse data on ageing and healthy living (including key indicators of ageing and health) in the countries in Western Pacific Region. 2. To support WHO in the implementation of WHO Guidelines on Integrated Care for Older People (ICOPE) through evidence gathering and contextual adaptation for the countries in the Western Pacific Region. 3. Support WHO's evidence base, by consolidating good practices and policies that ensure healthy lives and promote well-being of older people in the countries in Western Pacific Region. 	China, Singapore, Cambodia, Philippines.
CHN129	Peking Union Medical College, Beijing, China	<ol style="list-style-type: none"> 1. As requested by WHO, to support WHO in providing knowledge and technical assistance to Member States in strengthening and expanding leadership capacity of the nursing and midwifery workforce as well as nursing students. 2. As per WHO's request, to assist WHO in improving nursing education and service delivery of primary care with focus on women and children, in line with the Global Strategic Directions for Nursing and Midwifery (2021-2025). 3. At WHO's request, to assist WHO in enabling and empowering community- and home-based nursing practice for ageing population. 	China, Japan, Thailand, South Korea, Philippines.

Code	Institution Name	Terms of Reference	Working in these Countries
WPRO			
KOR104	The Catholic University of Korea, College of Nursing, Seoul, Republic of Korea	<p>1. Contribute to WHO's work on development, implementation and monitoring "A Framework for Strengthening Integrated NCD Management in the Western Pacific Region (tentative title)" in the perspective of providing palliative care services.</p> <p>2. In collaboration with WHO, to strengthen the capacity of healthcare professionals in low- and middle-income countries by providing training on high-quality palliative care services across all levels of the health system.</p>	South Korea, Cambodia, Fiji, Thailand, Mongolia.

For more information, the above tables can be compared against the *Terms of Reference and Collaborating Centre Interview Analysis 2023-2024* which can be accessed [here](#).



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