

NURSING & MIDWIFERY

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

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LINKS

APRIL 2011

primary health care:
MANY PERSPECTIVES, ONE GOAL

VIII conference



GLOBAL NETWORK OF WHO COLLABORATING
CENTRES FOR NURSING & MIDWIFERY



General Meeting

July 27th and 28th, 2010 - SÃO PAULO - BRAZIL



**Executive
Committee
Meeting**

July 25th and 26th, 2010 - SÃO PAULO - BRAZIL

NURSING & MIDWIFERY

ISSN 2175-4144

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

THE CONTENTS OF PUBLISHED ARTICLES EXPRESS THE VIEWS OF AUTHORS AND DO NOT NECESSARILY REFLECT THE VIEWS AND OPINIONS OF THE GLOBAL NETWORKING OF WHO COLLABORATING CENTRES FOR NURSING & MIDWIFERY DEVELOPMENT SECRETARIAT.

Editorial Office

SOBRACEn – Brazilian Society for Nursing Communication
University of São Paulo at Ribeirão Preto College of Nursing
Av. Bandeirantes, 3.900
14.040-902 – Ribeirão Preto – SP BRAZIL
Phone: +55 16 3602 3393
E-mail: globalnet@usp.br
Website: www.eerp.usp.br/globalnet

Editor in Chief

Isabel Amélia Costa Mendes
Secretary General
Global Network of WHO Collaborating Centres of Nursing and Midwifery Development

Associate Editor

Carla A. Arena Ventura
Executive Coordinator
Global Network of WHO Collaborating Centres of Nursing and Midwifery Development

Managing Editor

Sofie Tortelboom Aversari Martins

Technical Staff

Librarian

Maria Bernadete Malerbo

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Adriana João Castania

Livia de Oliveira Pasqualin

Consultant

Livia de Oliveira Pasqualin

Communication Design & Layout Concept

Paulo Alexandro Fernandes

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The Global Network of WHO Collaborating Centres for Nursing and Midwifery Development: landmark achievements

The Global Network of WHO Collaborating Centres for Nursing and Midwifery Development (GNNMCC) had three unique opportunities to share experiences and develop common goals.

On July 25th and 26th 2010, the Executive Committee Meeting received five representatives from the six WHO regions, as well as the Secretariat and Executive Coordinator of the GNNMCC. During the meeting, members organized the General Meeting and discussed important governance issues.

Following, on July 27th and 28th 2010, representatives from 25 WHO Collaborating Centres joined the General Meeting, as well as the Coordinator, Health Professions, Nursing and Midwifery, two Regional Advisors (AMRO and SEARO), three consultants linked to WHO and eleven observers. At this meeting, members revisited the history of the Global Network and reviewed actions in the light of WHO guidelines, aiming at developing a feasible strategic planning for the next two years.

After these meetings, the GNNMCC organized the 8th Conference of the Global Network of WHO Collaborating Centres for Nursing and Midwifery - Primary Health Care - Many Perspectives: One Goal, on July 28 to 30th, 2010. The main goal of this Conference was to share experiences and stimulate discussions related to primary health care renewal. 1195 health professionals, graduate and undergraduate students attended the Conference.

This issue of the Nursing and Midwifery Links summarizes and shares the main results of these meetings with members and the public.

We invite you to join us in revisiting this important chapter of Global Network history!

Isabel Amélia Costa Mendes
Secretary-General

Carla A. A. Ventura
Executive Coordinator

Global Network of WHO Collaborating Centres (WHOCCs) for Nursing and Midwifery Development
www.eerp.usp.br/globalnet

WHO Collaborating Centre for Nursing Research Development - Brazil

Executive Committee Meeting



Background

The Executive Committee of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development initiates, stimulates, monitors and evaluates Network activities, proposing major policy guidelines for Network members to ratify.

Specific Objectives

- Review main activities developed by the Executive Committee Members within their region.
- Review and approve the Secretariat report.
- Discuss this Secretariat Plan of Action and Terms of Reference for Global Network Task Forces.
- Discuss the Global Network Strategic Planning.
- Agree on the General Meeting agenda.
- Discuss the site for the next General Meeting and Conference.
- Discuss the election process for the next Secretariat.

Expected Outcome

Operational guidelines and mechanisms for the conduction of the General Meeting of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development.

AGENDA

July 25th2010

Welcome and introductions
Election of Vice-Chair
Confirmation of Executive Committee
Members by Region and Period of
Office
Report from Members

Report from Secretary General
Approval of Secretariat report prior to its
presentation at the General Meeting
Review of Secretariat's plan of action
Review of Task Force terms of reference
Review of Strategic Planning

July 26th 2010

Synthesis of day 1 and continuing discussion on strategic planning
Review of General Meeting Agenda
Discussion on the site for the next Conference

Discussion on the election process for the next Secretariat
Closing Remarks
PANMCC Regional Meeting
WPRO Regional Meeting



Participants: Carla A. A. Ventura, Judy Mill, Busisiwe Bhengu, Il Young Yoo, Valerie Fleming, Isabel Amelia Costa Mendes, Jariya Wittayasoor

Observers: Sosun Kim and Wantana Maneesriwongul



Information on the General Meeting structure



Background

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

Specific Objectives

- Review main activities developed by WHO Headquarters, WHO Regional Offices and WHO Collaborating Centres on Nursing and Midwifery.
- Review the process of designation and redesignation of WHO Collaborating Centres for Nursing and Midwifery.
- Revisit the history of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development.
- Discuss the Strategic Directions for Nursing and Midwifery 2010-2015.
- Discuss possibilities for future collaboration with the Global Alliance for Nursing and Midwifery (GANM).
- Discuss this Secretariat Plan of Action and Terms of Reference for Global Network Task Forces.
- Strengthen collaboration among the WHO Collaborating Centres within the Network.
- Agree on the Global Network Strategic Planning.

Expected Outcome

Strategic Planning and Plan of action to ensure

increasing collaboration among WHOCCs in common activities.

AGENDA

July 27th 2010

Welcome addresses

Introductions – Delegates from WHO Collaborating Centres

Welcome address from WHO Director-General, Dr. Margaret Chan (pre-taped)

Approval of Draft Minutes of the 14th GNWHOCC Meeting, June 23rd and 24th 2008

Report from Secretary-General

Report from the Coordinator, Health Professions, Nursing and Midwifery at WHO

Reports from WHO Regional Advisers for Nursing and Midwifery:

Dr. Silvina Malvarez de Carlino, Regional Office of the Americas (AMRO)

Dr. Prakin Suchaxaya, Regional Office for South East Asia (SEARO)

Reports from the Global Network Executive Committee members

The process of designation and redesignation of WHOCCs - Yvonne Dierolf- Technical Officer Knowledge Management at WHO IER/KMS

Revisiting the history of the Global Network: meeting with past secretary-generals

Dr. Mi Ja Kim (1990-1994)

Dr. Valerie Fleming (2006-2008)

Moderator: Dr. Miriam J. Hirschfeld, former Chief Scientist for Nursing at WHO

Strategic Directions for Nursing and Midwifery

Dr. Laetitia J. King, Kedibone Health System Consultant

Tribute to Dr. Beverly J. McElmurry, Director of the UIC CON WHOCC for International Nursing Development in Primary Health Care (PHC) from its designation in 1987 until 2010

Dr. Mi Ja Kim, Professor and Interim Dean, Director of Academy of International Leadership Development, University of Illinois at Chicago College of Nursing

Adjournment
Reception Dinner



July 28th 2010

Summary of Day 1 - Isabel Amélia Costa Mendes,
GNWHOCC Secretariat - Brazil

Reviewing Secretariat's Plan of Action

Global Alliance for Nursing and Midwifery (GANM):
future plans

Dr. Sandra Land, former PAHO Regional Adviser for
Nursing and Midwifery (Elluminate Session)

Strategic Planning as a key tool to strengthen the
Network

Group work

Plenary feedback and facilitated discussion

Dr. Isabel Amélia Costa Mendes and Dr. Carla A. Arena
Ventura, GNWHOCC Secretariat – Brazil

Voting the Strategic Planning

Voting on location for next Global Network Congress

Adjournment and Closing Session



Delegates who joined the General Meeting



Afaf Meleis - University of Pennsylvania, USA
Aiko Yamamoto - University of Hyogo, Japan
Andrea Baumann - McMaster University, Canada
Antonia Villarruel - University of Michigan, USA
Busisiwe Bhengu - University of KwaZulu-Natal, South Africa
Carla Ventura - University of São Paulo at Ribeirão Preto, Brazil
Catherine Tompkins - McMaster University, Canada
Christine Duffield University of Technology, New Zeland
Elizabeth Madigan Case Western Reserve University, USA
Frances Day-Stirk – Royal College of Midwives, U.K.
Hilda Bonilla - University of Chile, Chile
II Young Yoo - Yonsei University, South Africa
Isabel A. Costa Mendes - University of São Paulo at Ribeirão Preto, Brazil
Jariya Wittayasooporn - Mahidol University, Thailand
Judy Mill - University of Alberta, Canada
Junko Tashiro - St. Luke's College of Nursing, Japan
Leanne Fontanic - University of Alberta, Canada
Luz Estela Medina - Asociación Colombiana de Facultades y Escuelas de Enfermería, Colombia
Madeline Naegle - New York University, USA
Marthie Bezuidenhout – University of South Africa, South Africa
Mi Ja Kim - University of Illinois at Chicago, USA
Nilda Peragallo - University of Miami, USA
Nomi S. Weiss-Laxer - University of Miami, USA
Patricia Abbott - Institute for Johns Hopkins Nursing, USA
Paz Soto - Pontificia Universidad Católica, Chile
Regina Lee - The Hong Kong Polytechnic University, Hong Kong
Ruta Valaitis – McMaster University, Canada
Sally Rankin - University of California at San Francisco, USA
Sosun Kim - Yonsei University, South Africa
Sunshine Chan - The Hong Kong Polytechnic University, Honk Kong
Tamara Lubi – Health Centre Maribor, Slovenia

Thanaruk Suwanprapisa - Chiang Mai University, Thailand
Thitinut Akkadechanunt - Chiang Mai University, Thailand
Valerie Fleming - Glasgow Caledonian University, Scotland
Yasuko Nagamatsu - St. Luke's College of Nursing, Japan
Wantana Maneesriwongul – Mahidol University, Thailand

INVITED OBSERVERS

Debra Anderson - Queensland University of Technology, Australia
Flavia R. Souza Ramos - Federal University of Santa Catarina, Brazil
Genevieve Gray - Queensland University of Technology, Australia
Joanne Chung - The Hong Kong Institute of Education, Hong Kong
José Carlos Santos - Nursing School of Coimbra, Portugal
Joyce Thompson - University of Michigan, USA
Maria Conceição Bento - Nursing School of Coimbra, Portugal
Maria Itayra Padilha - Federal University of Santa Catarina, Brazil
Silvia H. B. Cassiani - University of São Paulo at Ribeirao Preto, Brazil
Thomas S. Wong - The Hong Kong Polytechnic University, Hong Kong

INVITED SPEAKERS

Laetitia King - Kedibone Health System Consultants, South Africa
Miriam Hirschfeld - Yezreel Valley College, Israel
Yvonne Dierolf - Technical Officer Knowledge Management - WHO

EX OFFICIO MEMBERS

Eric Chan - Coordinator - Health Professions, Nursing and Midwifery - WHO
Prakin Suchaxaya - Regional Adviser for Nursing and Midwifery SEARO - WHO
Silvina Malvarez - Regional Adviser for Nursing and Midwifery AMRO – WHO





Some important outcomes:

- **Revisiting the history of the Global Network: meeting with past secretary-generals:** Miriam Hirschfeld, former Chief Scientist for Nursing at WHO coordinated the session in which Tamara Lubi, from the Health Centre Maribor, Slovenia, presented the

organization of the first Global Network Meeting, held in Slovenia in 1988. Former Secretary-Generals of the Global Network, Mi Ja Kim (1990-1994) and Valerie Fleming (2006-2008), presented their experiences in the management of the Network.



- **Tribute to Beverly J. McElmurry:** Mi Ja Kim, from the University of Illinois at Chicago College of Nursing presented a tribute to Beverly J. McElmurry, Director of the UIC CON WHOCC for International Nursing

Development in Primary Health Care (PHC) from 1987 to 2010, for her important role to the Global Network, her vision and initiatives which inspired and guided many participants of the GN.



- Group work to rethink the actions planned for the next two years, to be developed by the Network:

Members were divided into groups and worked on three main actions:

1. the development of a task force to explore the feasibility of a joint project in the AFRO region. The group was moderated by Busisiwe Bhengu, from the University of KwaZulu-Natal.
2. to organize the Distinguished Lectures Series four times a year, according to the proposed terms of reference, to be offered twice on the same day; to organize a Global Discussion Marathon twice a year, joining GN members from different regions for a 24-hour discussion on a

selected theme, so as to cover all WHO regions; and to organize a Global Bank of reusable learning objects (materials) and make it available for open access. The group was moderated by Judy Mill, from the University of Alberta.

3. To develop a Task Force on Governance of the Global Network, to assess the structural organization, members and financial issues of the GN, as well as to propose changes based on other WHO networks experiences and different models. The group was moderated by Jariya Wittayasoporn and Wantana Maneesriwongul, from Mahidol University.



Strategic Plan for 2010-2014

Vision

Health for All through Nursing and Midwifery Excellence

Mission

The Mission of the Global Network is to maximize the contribution of nursing and midwifery in order to advance Health for All in partnership with WHO and its member states, member Centres, NGOs, and others interested in promoting the health of populations. The Network will carry out advocacy and evidence-based policy activities within the framework of WHA and regional resolutions and the WHO Programs of work.

Guiding Principles for 2010 – 2014

The following principles will guide the Centres and acknowledge that partners of the Global Network are the WHO headquarters, WHO regional office, WHO country office, Collaborating Centres and their partners.

- 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 WHO priority areas;
- Utilize and demonstrate the network's unity in diversity;
- Share knowledge, skills and resources on an ongoing basis;

- Develop Centres individually and the Network as a whole;
- Promote communication that is clear, focused, disseminated, factual and timely;
- Recognize and seek involvement with relevant stakeholders, nationally and internationally.
- Ensure all Network activities are built on an ethical issue.

Operating Principles for 2010 – 2014

- All Centres actively support the mission and are committed to the goals, objectives, and principles of the Network.
- The Network will be managed in accord with its mission and goals.
- Management of the Network will utilize participation of its member Centres in strategic and collaborative arrangements necessary to complete its work and produce outcomes.
 - The secretariat has ultimate responsibility for the coordination and communication of the Network in collaboration and consultation with member Centres.
- Long-range strategic plan takes place in a four-year cycle.
- Evaluation of strategic plans takes place every two years in conjunction with each biennial meeting. Goals are formed and adjusted taking into account accomplishments to date and emerging priorities.



GOAL I:

Promote global human resource development through advocacy and evidence based policy activities.

Objective 1: Dissemination of best practice tools and policies for support of human resource development			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Organize a global bank of Nursing and Midwifery institutions	Secretariat	Database with 6000 Nursing and Midwifery training institutions	May 2011
Publish outcomes in Nursing and Midwifery Links and GN website	Secretariat	Journal and web site are recognized reference sources	Continuous
Action organize a distinguished lectures series			
Objective 2: Review and update implementation of WHA relevant to nursing			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Formulate position papers relating to the proposals in a timely manner, and in response to WHO changes	All Centres	Position paper and published policies reflect current WHO strategies	Continuous

GOAL II:

Promote the health of the population through community participation, empowerment and partnership

Objective 1: Identify, support the development, and evaluate the effective implementation of projects that would promote the health of vulnerable groups within the context of the Millennium Development Goals (MDG)			
Millennium Development Goals:			
<ul style="list-style-type: none"> - Eradicate extreme poverty - Promote gender equality and empower women - Reduce material mortality - Ensure environmental sustainability - Achieve universal primary education - Reduce child mortality - Combat HIV/AIDS and other communicable diseases - Develop global partnerships for development 			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Based on the map of common GN members' activities, organize a task force to explore the feasibility of a project in the AFRO region			
Organize the Distinguished Lectures Series four times a year, according to the proposed terms of reference and offered twice in the same day			
Organize a Global Discussion Marathon twice a year (invite GN members from different regions for a 24 hour discussion on a selected theme, so as to cover all WHO regions)			

Objective 2: Global Network is aware, sensitive and responsive to emerging health care issues and crises			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Assess, monitor and track emerging health crises Keep lines of communication open and disseminate information regarding crises across centres	All Centres		

GOAL III:

Maintain a communication process that is efficient and effective

Objective 1: Create meaningful and accessible communication among WHO regional offices & Collaborating Centres			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Develop formal strategy for working with WHO: - Bi-annual (or at least annual) meeting with WHO Senior Scientist for Nursing and Midwifery; - Regularly scheduled meeting with WHO Director for Human Resources for Health; - Continued representation on GAG Committee.	Secretariat	Achievement of common and agreed outcomes between GN and WHO	Continuous
Task on Governance of the Global Network (to assess the structural organization and propose changes based on other WHO networks experiences and different models).			
Objective 2: Communicate the work of the Network / Collaborating Centres through dissemination of the results of work groups on selected themes, e.g. home based care, HIV/AIDS, workforce issues			
Action	Individual/Group Responsible	Outcome	Date to be Accomplished
Organize global bank of reusable learning objects and make it available for open access			



Workshop: Nursing in Brazil and in Portuguese Speaking African Countries:

Building ties for cooperation and integration

July 27th 2010

The main objective of the workshop was to share information and data about nursing, to identify weaknesses and strengths of the profession and to foster initial possibilities for Cooperation, combining forces between the groups to achieve established targets.

The workshop was coordinated by 3 Brazilian Nurse Specialists and attended by 1 nurse from Sao Tome and Principe, 2 from Mozambique, 1 from Angola, 1 from Guinea Bissau and 3 from Cape Verde.

Among the activities developed in the workshop,

Maria Auxiliadora Trevizan, from the University of Sao Paulo at Ribeirao Preto College of Nursing, presented a lecture on **Nurse Leaders and their role in the health team**.

Participants also presented the current status of the Nursing Profession and the Health Sector in their countries.

As one of the results of the workshop, a statement was written declaring the need to exchange information and knowledge to ensure closer ties and to improve the training of nursing professionals and increase the visibility of nursing in Portuguese-Speaking Countries.



VIII Conference of the Global Network of the WHO Collaborating Centres for Nursing and Midwifery Development: Primary Health Care: Many perspectives, one goal



Goal

The goal of the VIII Conference was to discuss national and international guidelines for the establishment of policies and practical strategies, with a view to concrete actions by nursing and midwifery professionals at different complexity levels, in the light of the primary health care renewal movement.

Background and highlights

São Paulo, Brazil's financial heart, welcomed key global health leaders for the VIII Conference of the Global Network of the World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery, which was held on July 28th-30th 2010.

It was the first time that this event, which is held every two years, took place in Brazil. Professionals from more than 30 countries attended the event. Her Royal Highness Princess Muna Al-Hussein from Jordan, was the keynote speaker at the opening ceremony on July 28th.

During three days, professionals and speakers discussed the renewal of WHO's primary health care goal "Primary care, now more than ever", reason why the central theme of the 2010 Conference was "Primary Health Care: Many perspectives, one goal".

The scientific program, of interest to a wide range of health professionals, traditionally joins nurses with directors and representatives from WHO Collaborating Centres, interacting with a view to practical actions within the framework of the Global Network goals.

On July 28th, during the pre-conference, six workshops addressed nursing care, actions to articulate research with care practice and safe motherhood. Global health, the challenges WHO goals pose to Nursing and Midwifery and perspectives for human resource training in health were the themes of three roundtables and two conferences on the 29th.

On the final day, July 30th, four roundtables discussed Nursing and Midwifery perspectives in the

renewal of primary health care and the use of information technologies in this process, besides health as a human right, health professionals' challenges and practical and innovative experiences in different realities.

To close off the event, Afaf Meleis from the University of Pennsylvania granted the closing keynote **Nursing and Midwifery leadership for a changing world.**

During the event, researchers were offered space for presentations, with a total of 804 posters.

It was a singular moment for Brazilian Nursing, as well as for health professionals from different areas and realities around the world.

Scientific Program

Pre-Conference – July 28th 2010

9:00 am - 12:00 pm Nursing and the environment

Barbara Sattler (University of Maryland) - USA
Vital Ribeiro Filho (SES) - Brazil

9:00 am - 12:00 pm Information systems for large-scale Human Resource training project management in Health
Alessandra Fugimoto (Fundap Consultant) - Brazil
Denise Dolcemasculo (Fundap Consultant) - Brazil
Eduardo de Oliveira Matioli (Fundap Consultant) - Brazil
Leda Zorayde de Oliveira (Fundap Consultant) - Brazil
Maria Cecilia Ribeiro (Fundap Consultant) - Brazil

9:00 am - 12:00 pm Qualitative Research Methods
Catherine Tompkins (McMaster University) - Canada

2:00 pm - 6:00 pm Innovative actions to articulate research and practice

Pamela Mitchell (University of Washington) - USA

2:00 pm - 6:00 pm Changes in midwifery education to achieve safe motherhood

Hilda Bonilla (University of Chile) - Chile
Joyce Thompson (University of Michigan) - USA

Marli Mamede (EERP-USP) - Brazil

2:00 pm - 6:00 pm Methodology to elaborate didactical material for Nursing professional training

Julia Ikeda (TecSaúde) - Brazil

Solange Carvalho (TecSaúde) - Brazil

Solange Cruz (TecSaúde) - Brazil

Tomoko Matsui (TecSaúde) - Brazil

Vânia Ferreira (TecSaúde) – Brazil

Conference Opening Session – July 28th 2010

7:30 pm - 8:30 pm Opening Session

8:30 pm Opening keynote - Health and Human Development: The Millennium Development Goals and the Renewal of Primary Health Care

Princess Muna al-Hussein from Jordan

Coordinator: Rowaida Al Maaitah – Jordan

Conference – July 29th 2010

08:00 am - 10:00 am Challenges for Nursing and Midwifery to Achieve Primary Health Care Goals

Claunara Schilling Mendonça (Ministry of Health) - Brazil

David Benton (ICN -International Council of Nurses) - Switzerland

Frances Day-Stirk (ICM - International Confederation of Midwives) - United Kingdom

Joyce Thompson (University of Michigan) - USA

Maria Goretti David Lopes (ABEn) - Brazil

Silvina Malvarez (PAHO) - USA

Plenary Session Coordinator: Miriam Hirschfeld (Yezreel Valley College) - Israel

10:00 am - 10:15 am Coffee Break

10:15 am - 11:30 am The search for equity in health: Influence of Social Determinants on Health around the World

Felix Rigoli (OPAS) - Brazil

Paulo Marchiori Buss (ENSP- Fiocruz) - Brazil

Ted Schrecker (University of Ottawa)- Canada

Ulysses Panisset (EvipNet WHO) - Switzerland

Plenary Session Coordinator: José Paranaçuá de Santana (OPAS) - Brazil

11:30 am - 1:00 pm Impact of nursing leadership at the decision making table and in the implementation of WHO programs

Eric Chan (WHO) - Switzerland

Miriam Hirschfeld (Yezreel Valley College) - Israel

Prakin Suchaxaya (SEARO) - India

Silvina Malvarez (PAHO) - USA

Plenary Session Coordinator: Joyce Thompson (University of Michigan) - USA

1:00 pm - 2:00 pm Lunch Break

2:00 pm - 4:00 pm Renewal of Primary Health Care: Perspectives for Nursing and Midwifery Education

Anne Lekeux (FINE - European Federation of Nurse Educators) - Belgium

Clarice Ferraz (Ministry of Health) - Brazil

Janine Schirmer (Unifesp - ABENFO) - Brazil

Maria Antonieta Rubio Tyrrell (ALADEFE) - Brazil

Milca Severino Pereira (Secretary of Education of the state of Goiás) - Brazil

Carolina Feitosa (SES - SP) - Brazil

Plenary Session Coordinator: Silvana Martins Mishima (EERP-USP) - Brazil

2:00 pm - 4:00 pm Perspectives for Nursing and Midwifery Care Services in the context of the Renewal of Primary Health Care

Emiko Egry (EE-USP) - Brazil

Genevieve Gray (Queensland University of Technology) - Australia

Karin Fátima Silveira (SES - SP) - Brazil

Kristy Kiel Martyn (University of Michigan) - USA

Tânia Lago (SES - SP) - Brazil

Plenary Session Coordinator: Debra Anderson (Queensland University of Technology) - Australia

4:00 pm - 4:15 pm Coffee Break

4:30 pm - 5:45 pm Poster Sessions

6:00 pm - 6:30 pm 2010 International Year of The Nurse: a year to remember

6:30 pm - Happy Hour

Conference – July 30th 2010

08:00 am - 10:00 am Perspectives of nursing and health research in the light of primary health care renewal

Antonia Villarruel (University of Michigan) - USA

Emilia Campos de Carvalho (EERP/USP) - Brazil

Karen H. Morin (Sigma Theta Tau International) - USA

Marco Antonio Zago (Pro-Rector of Research at USP) - Brazil

Plenary Session Coordinator: Silvia Cassiani (EERP-USP) - Brazil

10:00 am - 10:15 am Coffee Break

10:15 am - 12:00 pm Renewal of Primary Health Care and the use of information technology

Ana Estela Haddad (Ministry of Health) - Brazil
Patricia Abbott (John Hopkins School of Nursing) - USA
Beatriz de Faria Leão (Fundap Consultant) - Brazil
Thomas S. Wong (The Hong Kong Polytechnic University) - China

Plenary Session Coordinator: Maria Angélica Guglielmi (COREN - SP) - Brazil

12:00 pm - 12:45 pm Poster Sessions

1:00 pm - 2:00 pm Lunch Break

2:00 pm - 3:30 pm Health as a Human Right: Challenges Posed to Health Professionals in Different Realities

Cleusa M. G. Abreu (SES - SP) - Brazil
Sueli Dallari (Faculdade de Saúde Pública-USP) - Brazil
Vera Lúcia Patreze (SES - SP) - Brazil
Plenary Session Coordinator: Carla A. Arena Ventura (EERP/USP) - Brazil

2:00 pm - 3:30 pm Health Innovations and the Renewal of Primary Health Care: practical and innovative experiences in different health realities

Anamaria Corbo (EPSJV - Fiocruz) - Brazil
Anna Margherita Bork (Hospital Albert Einstein) - Brazil
Laetitia King - (Kedibone Health System Consultants) - South Africa

Maria Conceição Bento (ESEnfC) - Portugal
Miriam Hirschfeld (Yezreel Valley College) - Israel
Paulo Henrique d'Ângelo Seixas (SES - SP) - Brazil
Plenary Session Coordinator: Ruta Valaitis (McMaster University) - Canada

3:30 pm - 4:45 pm Poster Sessions

5:00 pm - 6:00 Conference: Nursing and Midwifery leadership for a changing world
Afaf Meleis (University of Pennsylvania) - USA
Coordinator: Maria Goretti David Lopes (ABEn) - Brazil
6:00 pm Closing Ceremony

Total number of participants who attended the VIII Conference, meetings and workshops of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development, according to country and citizenship = 1195 distributed in the five Continents as showed below:



Some highlights and important outcomes:

During the Opening Ceremony of the Conference ‘Primary Health Care: Many perspectives, one goal’ Her Royal Highness Princess Muna Al-Hussein from Jordan offered the keynote speech, with the presence of the following authorities and international leaders: Eric Chan, interim Coordinator, Health Professions Networks at WHO, José Luiz Telles, Director of the Department of Strategic Programmatic Actions of the Ministry of Health



of Brazil, representing the Minister of Health, Felix Rigoli, Manager for Health Systems and Services at PAHO Brazil, João Grandino Rodas, President of the University of São Paulo, Silvia Helena De Bortoli Cassiani, Dean of the University of São Paulo at Ribeirão Preto College of Nursing, David Benton, ICN Chief Executive Officer of the International Council of Nurses and many representatives from universities, international organizations, leaders from nursing and health entities and services and national and international authorities in academic and political areas.



In her speech, HRH Princess Muna Al-Hussein focused on the challenge of strengthening human resources for health, stressed the deficit of 2.4 million physicians, nurses and midwives, and affirmed that

“Nurses and midwives are at the core of this challenge”, as a brilliant start for the Conference. Next are some important considerations brought up during the ceremony.



Her Royal Highness Princess Muna Al-Hussein of Jordan

Integration for a new primary health care

In the opening ceremony of the VIII Conference of the GNWHOCC for Nursing and Midwifery development, professor Isabel Amélia Costa Mendes, Secretary-General of the Global Network, welcomed all participants and authorities and stressed the importance of having representatives

from so many countries present at the Conference and the fact of it being hosted in Brazil, as the host country of the Secretariat, acknowledged the support of governmental organizations and emphasized the relevance of all participating institutions who enabled the accomplishment of a very successful event.



Participants were welcomed by a pre taped video message from the World Health Organization (WHO) Director, Margaret Chan, and from the Pan American Health Organization (PAHO) Director, Mirta Roses Periago. The authorities present emphasized that, for a problem to be identified and solved, there is a need to have regional, international and universal support, reiterated that the world has finally started to understand that, in order to solve a problem, it is necessary to face it at all levels, as well as to count on the support of national and international institutions and that, in order to achieve Health for All, integration at all levels is necessary. Nursing has an important role in health as these professionals no longer have a relation with people and, to improve nursing, contributions of all professions are needed.

The Brazilian experience of the Unified Health

System (SUS) was reported as a joint effort to shift to a model of care that goes from the biological to all areas, including social concerns like income distribution. SUS was outlined, based on Primary Health Care and within new demographic challenges and knowledge production, aimed at the new concept of primary care.

In her speech, Her Royal Highness princess Muna Al-Hussein from Jordan addressed the need to increase Nurses' critical role, as there is a challenge in the renewal of Primary Health Care at a moment when the world faces new challenges. HRH stressed that 95% of maternal mortality and 80% of chronic diseases are in low and middle income countries, and that malaria must be combated, as well as HIV transmission and the continuity of malnutrition, causing 1/3 of the infant deaths in the world.



HRH also spoke on the seriousness of coronary diseases, diabetes and cancer, which are the main death causes in almost all regions of the world. “Health services react slowly to these diseases, which is a reason to strengthen primary care”. To HRH, it is hard to respond to big challenges, such as the different life expectancies between rich and poor countries, which are reaching 40 years. Concerning the 100 million people below the poverty line, HRH emphasized that the need to treat these people is not new, results in the health area are much greater than back in 1978, but with Nursing and Midwifery acting in primary care, these results can be even better. According to her, this can be reached at a much lower cost than that foreseen today but, for that, it is necessary to strengthen the role of Midwifery and Nursing, with rigorous assessment and intense training. At last, finally, HRH affirmed, strengthening the human resources in the health area is a challenge, due to a deficit of 2.4 million doctors, nurses and midwives. “Nurses and midwives are at the core of this challenge”.

HRH also reminded that concern of donators in the health area with these objectives has been demonstrated, as well as with the propositions to obtain

serious commitment and leaderships at all government levels and communities. “Countries need to invest in human resources development, with more strength and efficacy in health areas, mainly Nursing and Midwifery, which must have an integrated and effective approach, mainly in low income countries”. HRH also stated the need to measure results with evaluations, and to monitor and reinforce accountability. According to her, WHO Collaborating Centres have a fundamental role in this quest for better contribution for Nursing and Midwifery, as WHO now has Collaborating Centres spread all over the world organized in different types of networks. “Everyone must seriously consider working collectively, having as one of the objectives to reduce the knowledge differences among poor countries. The governments’ responsibility is to increase efforts to improve educational and health services”. HRH closed her speech inviting WHO to highlight and prioritize the strengthening of communication and collaboration bonds among Centres to more efficient actions and stressed the importance of such events as an opportunity for group plans and discussion of challenges for collective agreements that reinforce the role of Nursing to promote the development of world health.



Nursing Leadership

The Impact of nursing leadership at the decision table and in the implementation of WHO programs was a special plenary session, under the coordination of Joyce Thompson from the University of Michigan. With important guests like Eric Chan (WHO), Miriam Hirschfeld (Yezreel Valley College), former Chief

Scientist for Nursing and Midwifery, and the Regional Advisors for Nursing and Midwifery Prakin Suchaxaya (SEARO-WHO) and Silvina Malvarez (PAHO-WHO), the session was a unique opportunity for the audience to learn more about the role Nursing and Midwifery plays at WHO.



Prakin Suchaxaya



Eric Chan



Silvina Malvarez, Prakin Suchaxaya, Joyce Thompson, Niryan Hirsh



Silvina Malvarez

At the end of the session, the guests received a plaque from the Secretary-General as homage for their important roles, actions

and contributions to the advancement of *Health for All* through the excellence of Nursing and Midwifery.



Mirian, Eric, Isabel



Silvina, Prakin, Joyce, Mirian, Eric



Joyce Thompson, Miriam Hirschfeld, Isabel Mendes and Eric Chan



Silvina Malvares, Prakin Suchaxaya, Joyce Thompson, Miriam Hirschfeld and Eric Chan

2010 IYN - International Year of the Nurses

On July 29th, at 6pm, a Celebration entitled **International Year of The Nurse: a year to remember** marked a very special moment for all RNs. The aim was to raise awareness on issues the 2010 IYN International Advisory Board has addressed throughout the year and be

one more joined effort in this initiative that represented a year-long series of events to recognize the contributions of nurses globally and to engage nurses in the promotion of world health, including the UN Millennium Development Goals.

The celebration honorably counted with the presence of several nursing leaders, represented on stage by:

- Silvina Malvarez - PAHO
- Karen H. Morin - Sigma Theta Tau International
- Isabel Amelia Costa Mendes – GNWHOCC-NM
- David Benton - ICN -International Council of Nurses
- Eric Chan - WHO
- Anne Lekeux - FINE - European Federation of Nurse Educators
- Maria Goretti David Lopes – Brazilian Nursing Association



Silvina, Karen, Isabel, David



Maria, Silvina, Karen, Isabel, David, Eric, Anne, Maria Goretti

Nursing and the environment

Environmental question is important in all phases of life, from the womb to elderly. For that, knowing the environment in which the patients live, including the hospital environment can influence directly on the results of nursing care, according to Barbara Sattler, from the University of Maryland – USA. To her, nurses have to be aware of the environmental issues that involve individuals, in their every day life. “The way nurses classify environmental problems influences the knowledge of these factors and population’s health”. For instance, recent studies have related autism and other diseases to chemical agents present in the environment.

The insertion of the environment in the nursing area is recent, and it is advancing with survey and auditing, helping to improve environmental health. Hospitals also need to be observed for factors that can interfere on health. Some that care about the environment take actions and implant programs such as batteries disposal, and mercury use reduction. Training patients and family members on the right disposal of medication leftovers must also be a concern of these institutions.

“Feeding, not only of patients, but of the whole hospital community, must be another concern of managers and deserves the involvement of all of the nursing team”, stated the environment specialist. An example of a negative effect on health, reported by her, is the issue of soda machines on these environments. “Even the coffee available in a hospital must be certified, as well as having growth hormone-free milk.

Professor Vital Ribeiro Filho, from the State of São Paulo Municipal Health Secretariat, Brazil, presented data of a pool of more than 473 organizations in 53 countries working to transform the health care sector. The Group entitled *Harmless Health Care Program*, an international coalition of hospitals and health systems, have been acting mainly on the issue of eliminating mercury from the health sector. The organization, according to Vital, has the mission of transforming the health care sector globally, without jeopardizing patients’ safety or care, aiming to be ecologically sustainable and no longer a source of harm to public health and the environment.

Nursing diagnostics classification systems

Although there is a commitment to evidence based practice in health professions around the world, there is no regular or articulated application of the research and practice through the professions, stated professor

Pamela Mitchell, from the University of Michigan, USA, on the workshop “Innovative actions to articulate research and practice”.

An exercise to think about innovative actions can come up from the connection between research and clinical practice, said her. In clinical practice, for instance, nurses can elaborate questions from their observations and look for answers in research published in the area.

Databases with patients’ information can respond to some questions in the area; however, the nursing area tends to register more freely, without respecting a Classification system for diagnostic standardization. “The use of standardized diagnostic and nursing intervention systems improve the clinical practice and is already used in the USA”, she revealed.

The principles of the translational investigation can be useful to advance on the application in environments with a variety of resources. In her workshop, the heading of translational research was used to explore innovations on the bond between investigation, education and nursing and midwifery nursing all over the world.

Safe motherhood, women’s rights and midwifery profession recognition

The effort to increase the training of obstetric nursing professionals and midwives, qualitatively and quantitatively, has been growing worldwide and is supported by the World Health Organization (WHO). The number of professionals specialized in care to the women in labor and postpartum is still scarce for the demand. In countries such as Haiti, 600 women die for every 100 thousand labors, an alarming figure during the 21st century, once in Canada this proportion is 2 deaths to every 100 thousand labors. “Deaths by avoidable causes such as hemorrhage and hypertension make no sense, and they can be avoided by pre-natal care” said Professors Marli Mamede, from the University of São Paulo at Ribeirão Preto College of Nursing, Joyce Thompson, from the University of Michigan, USA, and Professor Hilda Bonilla, from University of Chile. They participated on the workshop “Changes in midwifery education to achieve safe motherhood”.

Besides the increase on the number of professionals for care, the researchers reminded that they must be able to handle labor and the delivery, recognizing the beginning of complications, making essential interventions, starting off treatment and forwarding them to more complex services as needed. Thus, a greater variety of specific abilities are needed in order to carry out it competently, as well as being legally authorized to

perform all the procedures to which professionals have been trained, have access to equipment, medication and essential inputs, reference and counter reference systems.

About the recognition of the Midwifery undergraduate program, which has been discussed in Brazil, Frances says it is not an isolated case. “Regulation is necessary to allow a performance supported by the law, and every woman has the right to receive qualified care, independently of the country’s culture and of the professional’s title of training

To Mamede, the exercise of obstetric care in Brazil, nowadays, especially concerning the labor, has followed a biologist and reductionist model, with too many unnecessary interventions and which are not always supported by scientific evidence, which has not been contributing to achieve safe motherhood.

According to her, the change of paradigm in obstetric care will only take place as professionals change their concept about health, reproductive health, sexual and reproductive rights and their comprehension about gender relations. The discussion over the recognition of the obstetric profession in the world is not inedited, according to professor Mamede, and this profession has existed also in Brazil. It has been retaken now, but the most interesting

about this discussion is to ensure that regardless of who recognizes and what recognizes, is to ensure that women have the right to qualified care.

Challenges for Nursing and Midwifery to achieve Primary Health Care goals

International authorities on Nursing have debated the challenges for Nursing and Midwifery to achieve Primary Health Care goals during the Conference. Among the speakers, David Benton, Executive Director of the International Council of Nurses highlighted the importance of the participation of all sectors of society for the better functioning of primary health care services, as well as economic investments in the sector.

According to him, sector quality will only be achieved with strong investment in professional training and with the ability to listen all the parts involved in the primary care system. To him, these services involve more than an effective work by nursing professionals, an integrated philosophy in care to people, that he says is made with essential attention to economy, mainly in low income countries. “When we think of primary care, we must think globally, economically, once we have several



Hilda Bonilla and Marli Mamede

developing countries, where there are homeless people, natural disasters, among other factors that bond directly to health care”, stated him.

In a country like Brazil, that counts with a little over 1.2 million professionals in the nursing area – graduates, technicians and auxiliaries – to deliver care to 190 million people, Benton emphasized the importance of turning the attention to rural areas, where primary health care, in general, presents itself in a less efficient way than it does in urban areas, mainly due to the deficiency in the proportion of professionals per inhabitant. Benton also highlighted this situation in countries such as Angola, Korea, Spain and El Salvador. “In order to improve the quality of care in these places, we must pay attention to examples from themselves”, he warned. He exemplified with the case of a nurse from El Salvador who was able to reduce the effects of dengue in the region, using their own cases as a work tool – reporting and discussing each case with work colleagues.

During the Conference, Maria Goretti David Lopes, President of the Brazilian Nursing Association (ABEn) spoke about the need of increasing the qualification and quantification of Nursing professionals in Brazil, which is one of the concerns of the association.

According to her, bringing visibility and credibility to these professionals is one of the challenges to continue to encourage this area’s formation in the country. “The release of basis for a global model of nursing care in Brazil is crucial, to allocate these professionals and make this an attractive and dignified market for them”, she alerted.

She highlighted that most of the existing programs in Brazil are concentrated in the south and southeast regions, which makes this professional area even more lacking in the north and northeast regions. “We need to support governmental policies that can guarantee the work of these professionals”, she says.

According to Maria Goretti David Lopes, the state of São Paulo alone counts with 883 Nursing programs, forming graduate nursing professionals, technicians and auxiliaries. “There is no such statistics in the country, but it is known that there are 1,243,804 nurses in the country, delivering care in hospitals, health centers and medical clinics, 365 days a year. Among these, 178,546 are graduated, 466,985 are technicians and 598,273 are auxiliaries”.





David Benton

The search for equity in health: influence of Social Determinants on Health around the world

The main problems in Latin America's health are due to the inequities among groups and individuals that, besides systematic and relevant, are avoidable, unfair and unnecessary. This was the conclusion to which the speakers of the round table "The search for equity in health: influences of social determinants on health around the world" came during the VIII Conference of WHOCCs for Nursing and Midwifery Development.

According to Paulo Marchiori Buss, professor of the National School of Public Health (ENSP) of the Oswaldo Cruz Foundation (Fiocruz), one of the speakers, it is necessary that governments and civil society work on the implementation of public policies to promote equity. To him, these public policies must consider the Social Determinants of Health (SDH), involving social, political, economic, cultural, ethnic-racial, psychological and behavioral factors that influence the occurrence of health problems and their risk factors on the population.

"Fair social, economic and health public policies are essential. Inequities influence health by the scarcity of resources individuals and the lack of community infrastructure. Why do poor people die earlier? Because they are more exposed to serious diseases, risk factors", he analyzed.

Felix Rigoli, coordinator of the Technical Unit of HR and Manager of the Health Systems and Services Area of the Panamerican Health Organization (PAHO) in Brazil, who also spoke at this round table, pointed up these figures with concerning data. According to him, urban areas in Latin America have three to six times more health professionals per 10 thousand inhabitants than the rural area. "In big urban areas, such as the city of São Paulo, this kind of distortion also occurs", he states.

The third speaker at the round table, Ulysses Panisset, Program Coordinator of Research Translation to Policy – EVIPNet, WHO Scientist, Research Policy & Cooperation (RPC/IER), showed data from other countries on the health equity issue. According to WHO data, the inequality between countries is high. "In Iceland, the infant mortality rate is 2/1000; in Mozambique, it's 120/1000. The maternal mortality rate during labor in Sweden is 1/17400; in Afghanistan, it's 1/8", he revealed. Internal inequality was also mentioned. "In Bolivia, infant mortality in labors of mothers with no level of education is 100/1000, with mothers who have middle education it drops to 40/1000. In Australia, a developed country, the native-Australian population's life expectancy is 59.4 years for men and 64.8 for women. Non native-Australian population lives 17 years longer", he affirmed.



Paulo Buss



Félix Rigoli

The inclusion of public policies in the search for equity in health, according to the speakers, goes through the involvement of all sectors of society. “It’s necessary to include health in all public, economic, educational, habitational and developmental policies. The difficulties are tremendous”, said Panisset. To him, there are three steps when defining a public policy: Identifying and clarifying

the problems, looking for adequate solutions and, at last, elaborating the implantation plans for these solutions.

Panisset reminded that whether knowledge is global or not, its application is local. “Creating general and generic world policies is not enough, if they are not applicable at the place where the individual lives, works, and so on”.



Ulysses Panisset, Felix Rigoli, José Paranaguá and Paulo Buss

A specific aspect of this collective construction, according to Rigoli, is to notice that there is a group of things that can be done for all and a group of actions that is up to each specific group of people. To him, health to all cannot be achieved by isolated actions. It is necessary to elaborate diagnoses for matters such as quantifying health workers, identifying their location, the distribution that must be done according to the needs of care to the population. “But there are matters such as quality of performance, low salaries, low professional qualification, human resources migration, among others”.

According to the coordinator of the round table, José Paranaguá de Santana, from PAHO, Brazil is at the edge of the search for equity in health, in Latin America. “For 20 years Brazil has been searching a solution for these patterns of internal inequality”. He referred to the implantation of the Unified Health System (UHS), according to the statements of the Brazilian Federal Constitution of 1988, that health is a right of all and it is duty of the State to provide it.

Public policies introduced during the middle of the last century in Brazil, according to Rigoli, comprised specific matters of fighting certain diseases. “Today the premise is another. One cannot talk about health without taking into consideration other matters such as infrastructure”, he analyzed.

There’s another matter that was noticed by Paranaguá de Santana. “The problem is that health is treated as a market product, which is not the reference to be kept, because these patterns serve the elite”.

Impact of nursing leadership at the decision making table and in the implementation of WHO programs

The “Impact of nursing leadership at the decision making table and in the implementation of WHO programs” was one of the topics discussed on the second day of the VIII Conference. Professor Miriam Hirschfeld, from the Yezreel Valley College and former WHO Chief Nursing Scientist, talked about her experience of more than 14 years in the entity and the importance of nursing

professionals to become aware that they can and should assume leadership roles in their fields.

To the professor, the search for solutions in nursing relies on the knowledge of possibilities that can be offered to the medical care areas, mainly to sectors that are still “abandoned”. “It is not easy coming from nursing and making part of a decision making table, in whatever institution, it must be understood that we must first be integrated with the goals of the place where we intend to act and have solutions to be suggested and managed”, she said.

According to the professor, WHO leaders may meet with the responsible for the Collaborating Centres, to provide guidelines and guide managers; however, Hirschfeld affirmed it is also important to enable nurses to make decisions. “I am referring to several types of diseases such as HIV, hypertension, diabetes, among others,” she added. To her, WHO has the management, but relies on regional leaders to give support at all levels of nursing.

Renewal of Primary Health Care: Perspectives for Nursing and Midwifery Education

In Europe in 1999, 29 countries gathered in the Italian city of Bologna and signed a document establishing the Bologna Process, to reorganize higher education systems in these countries.

According to Anne Lekeux, from the European Federation of Nurse Educators, the statement marks a shift in higher education-related policies in the involved countries and seeks to establish a European Area of Higher Education with the commitment of the signatory countries to promote reforms of their education systems, both at the undergraduate, bachelor’s, master’s and doctoral levels. She also emphasized that it took a long time for the document to be signed, about 10 years, as each European country had a different position on the issue. Only in 2010 changes began to be applied. “In many European countries this was the first step for nurses to progress in training and reach an advanced nursing with different types of specialization”.



Carolina Feitosa, Clarice Ferraz, Silvana Martins Mishima, Milca Severino Pereira, Maria Antonieta Rubio Tyrrell and Anne Lekeux

“We had problems in developing the science of nursing into the Ph.D. level.” With the Bologna Process, the attempt was to achieve more flexible programs and create a circle of trust. “It is harder for nurses to have a stable job and to keep on this kind of education” With this document she affirmed that it is now possible to negotiate with clinics and institutions, and in this circle of trust, professionals work and during working hours have free time for education.

The program is extensive, and yet, there is no examination to evaluate its range in all countries, for example. “We have a lot of students being attracted to the profession and now, with this program, we need more time to train a nurse.” In Belgium, she also reported, there is a shortage of nurses. She mentioned some particular aspects for nurses, such as the work environment as not being very positive and the low wages, as factors that do not attract people to the profession. And yet, the private sector of the economy offers other jobs to nurses with more attractive and higher salaries, with more time to private life, which is another challenge.

Anne Lekeux also explained that the European Commission is proposing the European qualification of free Work, to give opportunity for Nurses to grow in their profession. “This could lead to the validation of the

experience of nurse education and to achieve a higher academic level, also with the use of technology.”

Perspectives of nursing and health research in the light of primary health care renewal

The big challenge of the Sigma Theta Tau International Honor Society of Nursing is the commitment in being a truly global organization, said Karen Morin, President of the society. According to her, the entity started as a North American organization, as part of an honor society. “Its value, integrity and excellence are universal qualities that people aim, so it has a global relevance.” However, she reminded that being global demands a hard job.

Karen explains that there are two different numbers of associates, 400 thousand registered, since it was created in 1922, and 125 thousand active members currently. “These members invest resources when an entity adds value, and it will be different in different parts of the world. Under our perspective there is value because we are a Non-Governmental Organization of great importance and we have a wonderful relation of contribution to the WHO, with the ICM and other relevant organizations”.



The president said the Society has local projects in many countries where it is present and that can be important for its members, this is why members help to make a significant organization.

Regarding the history of Sigma, Karen said that it started with six undergraduate students and it became a big organization because in 1922 they believed it would happen. “There were not many bachelor’s programs and there was need to acknowledge the excellence in nursing, in thought, leadership and ability.”

She reminded that Sigma was the first organization that gave financial support, in 1936, for Nursing research and that some of its basic principles remain the same.

In order to be a Sigma member, it is necessary to be invited and also to go through a selection process.

Today, Sigma’s focus is on knowledge – creation and dissemination, in leadership – and in the delivery of services to the community. “These three objectives are very consistent.” Regarding knowledge creation, that is, research, Karen emphasized that it must be always useful, focused on practice and that is capable of answering the

needs of the community. “It is not only important how you develop this knowledge, but how you promote it. It is crucial that you submit your research to an evaluation.”

The quality, she emphasized, is important, and to encourage good quality research Sigma granted, last year, 20 scholarships to students, among more than 100 candidates. “Sigma invests in research and establishes partnerships with companies to develop leadership.” According to her, with this the society raised money to financially support research in the area of technology and she expects to increase the institution to work with philanthropy, in different concepts, to look for other ways to obtain investments.

She highlighted the recent partnership between Sigma and the Global Network that was set due to the commitments of both organizations with the Millennium Development Goals established by WHO. “We can help to inform our members who are also Collaborating Centers, about what is happening in the area. This promotes a big and different opportunity for people to work together”, she concluded.



Marco Antonio Zago, Karen H. Morin, Silvia Cassiani, Emilia Campos de Carvalho and Antonia Villarruel

Research grows and aims to meet new perspectives

In Brazil, 11,000 doctors are graduated every year, which represents 75% of Latin America. Even though these are impressive figures, it is still too few. According to Marco Antonio Zago, Research Pro-Rector of the University of São Paulo (USP), it is necessary to multiply

this number by three. In the world scenario, the average is of 1 thousand researchers for each 1 million people, and Brazil is below this average, with 625 researchers for each 1 million people. However, it has already improved. According to professor Zago, the scientific production

in Brazil has developed and strengthened. The country is in the 14th place in the world ranking, ahead of countries such as Switzerland (17th) and Sweden (19th).

“Only in Nursing, in a period of nine years, from 2000 to 2008, Brazil rose from the 15th to the 5th place in the world ranking of scientific production, just behind the United States, England, Canada and Australia”, he celebrated. According to him, in Brazil, the research in Nursing was multiplied by five in the period from 1995

to 2009. Zago was one of the lecturers in the round table “Perspectives of nursing and health research in the light of primary health care renewal. In terms of investment in research, there was an increase in the applied amount in 62 countries, including Brazil. In other 20, there were not any changes and in 24 others, there was a decrease in investments for academic research. “Brazil stands at a level among countries such as France, Canada, Spain and Mexico”, reported the Pro-Rector.



Marco Antonio Zago

Besides the increase in the amount of scientific production, Zago showed the changes in research patterns done in Brazil. According to him, in the 60's, the research aimed at describing diseases, identifying signals, mechanisms and treatment potential. “It was a research limited to a Department level, from the own work group. It was closed inside the big hospitals”, he said. Today, 50 years later, the research has other characteristics, and it is focused on new procedures and questions the previous ones; it searches for interdisciplinarity. It is a research focused on problems and that does not respect institutional limits. “Currently, health research has to pass a message that interests at a global level and that is transmitted to the community in an efficient way, with knowledge transfer”, he analyzed and added that research projects must contain a planning of knowledge transfer to society.

According to professor Zago, the research in primary health care, with a profile change in the planning and development of research meets the demands of new times. “The world, currently, goes through quick changes that are reflected in challenges and opportunities. They are political and economic changes, environment issues that are part of our day, as well as the growth of the world population and the big migration mobilities”. Facing these

changes, according to him, requires investments, human resources, research and knowledge transfer. Professor Emília Campos de Carvalho, from the University of São Paulo at Ribeirão Preto College of Nursing, said that it is necessary to analyze the trends of the investments in science and technology applied to health, besides analyzing the influence of the use of productive knowledge in decision taking. According to her, these two aspects can approach research and primary health care.

“We all know that the focus of the primary health care is not the disease, but the individual and that it is why the knowledge produced by research must be spread in the community and not be restricted to the academic environment,” she concluded.

Professor from the University of Wisconsin, USA, Karen Morin, president of the Sigma Theta Tau International, believes that research development that is capable of influencing primary health care in a positive way goes through five factors called “the five minds of the future”. They are: the disciplined mind, capable of synthesizing, creative, respectful and ethical. “We must have knowledge on how to evaluate, develop and have a persuasive acting in order to sit at the table of decisions and be able to influence them”, she said.

Professor Antonia Villarruel, from the University of Michigan, USA, exemplified how an integrated action between research and community can have positive results. A research group found a quick test for HIV detection, which promoted reflections on the applicability of this test in the community. It involved discussions

about public policies and the participation of these people. The outcome was an abrupt decreasing of 95% in HIV maternal-child transmission. In India, she concluded, “this same technology was applied, but it was not successful due to the social-cultural context”.

Renewal of Primary Health Care and the use of information technology



Ana Estela Haddad



Thomas Wong, Patrícia Faria Leão, Maria Angélica Guglielmi, Patricia Abbott and Ana Estela Haddad

Information systems applied to the primary health care of countries such as, Brazil, Japan and the United States were compared and discussed during the Conference.

The SIGA Project, from the Municipal Health Secretariat of São Paulo, Brazil, which aims at giving an integrated Information System, focusing on a complete management of the Unified Health System, was presented by Beatriz Leão, from the Brazilian Association of Health Informatics. Developed with free technology architecture,



Thomas Wong

without licenses, lasting and able to meet the great numbers of São Paulo, the program also works in an experimental way in cities like Campinas, in São Paulo, Camaçari, in Bahia and Cascavel, in Paraná. “Our program is a reference in many regions, and we confirmed that it offers solutions in primary care”, says Beatriz.

The North American nurse Patricia Abbott, United States Nursing Academy representative, highlighted that in her country the technology is applied more in the treatment than in the prevention of diseases, which,

according to her, makes the health service more onerous. “We wait the person to become sick for using all the technology to provide the treatment”, emphasized Patricia. The researcher says that American management studies point out the necessity of creating prevention systems that are able to anticipate diagnosis. “If we have the technology, we must use it. It was proved that, using that, we can even foresee epidemics”, she added.

In Japan, according to the lecturer Thomas Wong, from the Polytechnic University of Hong Kong, the big challenge is to make the primary health care accessible for all the population. Wong said this system in his country is effective in qualitative aspects, since they have the control of a given injection until more complex medical care, in a humanized way. According to him, this was the way the country found to improve the quality of life, from a part of the population served by the health system. “We observed that the elderly, for example, presented less cases of depression”, he says. That country now seeks ways of attending 100% of the population in this system.”

Health Innovations and the Renewal of Primary Health Care: practical and innovative experiences in different health realities

The theme “Health innovations and the Renewal of Primary Health Care: practical and innovative

experiences in different health realities”, was discussed during the Conference and aimed at the disparity of scenarios of primary health care around the world.

Concerning the subject, Africa and Brazil stood out for being at extremes. Anna Bork, Executive Director of Quality Management of the Israeli Hospital Albert Einstein, in São Paulo, spoke about the institution’s excellence services. She highlighted the security in quality of care and: “Safety is a demand of the society. It is always possible to improve, we work based on a principle of no tolerance to mistakes”, she affirmed. Concerning South Africa, Laetitia King, International Consultant, alerted about the need to create public policies for primary health care in that region. She highlighted that, when it comes to health, in many countries of the continent, many things are based only in dreams. “We need to outline plans and strategies, we have only dreams of transforming the spirit of Africa into hope and a spirit of solidarity”, she concluded.

Professor Miriam Hirschfeld, from the Yezreel Valley College and former Chief Scientist for Nursing and Midwifery at WHO closed the conference comparing the realities presented on these countries and reminded that it is necessary to join strengths among the leaders of the world and the communities, to achieve balance in health care, in all locations. “Technology unites people, and must be used in this way to improve health care”.



Miriam Hirschfeld, Maria Conceição Bento, Ruta Valaitis, Laetitia King and Anna Margherita Bork

Health as a Human Right: Challenges Posed to Health Professionals in Different Realities

The 600 hospitals managed by the Secretariat of Health of the State of São Paulo (SES-SP), Brazil, go through the process of humanization, following the guidelines of the National Humanization Plan created by the Unified Health System (SUS) in 2003. Hospitals advance, at different paces, in hospital care humanization, with a process based on the successful case of the *Mandaqui Hospital*, in São Paulo city. The concern with care improvement through humanization meets a basic right of access to health, even though the concept of health itself is at discussion.

The subject was the theme of the workshop “Health as a human right: Challenges posed to health professionals in different realities”, at the VIII Global Network Conference.

According to Cleusa Abreu, coordinator of Human Resources for SES-SP, the National Humanization Policy is a historical breakthrough adopted by the SUS towards the assurance of social rights. “It’s an open work, as it is always under discussion with the society”, she affirmed, although she is aware that there is need for more individual participation.

She says the National Humanization Plan rose up before the difficulties faced by the SUS, such as system fragmentation, highly vertical management with little participative management, low user participation, with a hospital-centered and doctor-centered logic, with few multi-professional teams and little investment in permanent education for workers.

Within the concept of this policy, SES-SP created a similar plan for the State. According to Vera Patreze, nurse at SES-SP and member of the team of managers of the *Mandaqui Hospital*, humanization difficulties are inherent to each institution. At the Hospital, there was an old organizational culture, a general unawareness about SUS and the Policy, for instance.

“The hospital was the worst of town, in terms of care to the population. We were the worst example”, she said. She mentioned the lines that started as from 4 in the morning at the clinic doors, because patients were afraid they would not be received. “With humanization, they arrive 15 minutes prior to the appointment and receive care normally”, she guaranteed. But she said it was not easy to change the habits of the staff and the community itself.

At the Hospital, the humanization process involved physical reforms that are still going on and training courses to the staff. “We made a research with 500 staff members at all levels of the outpatient clinic and emergency rooms. We thought the complaints would

be related to salary or work conditions, but 95% of the participants asked for improvement courses”, she explained.

The hospital, according to Vera, used to send people away because it did not have conditions to receive everyone. The process started off with a team of two nurses and a doctor who gathered with the hope of changing things. The work thrived. In the ERs and the outpatient clinic, a new admission method was applied, according to risk level. Patients who receive a yellow ribbon wait 20 minutes at most before receiving care, and the ones with green ribbon, up to 2 hours. Another action taken was to have open visits, from 10am to 9pm. The hospitalized patients have the right to one companion and to be visited by two people at a time. Nurses, physicians, social workers and management staff take part in technical visits.

After the ERs and outpatient clinics, the humanization process was gradually installed in all hospital structures. “The complaints registered dropped from 18 to 2 per month”, stated Vera. The visits were installed in all State hospitals, and other measures are also being installed.

The humanization process involves managers, staff and patients, goes beyond the vertical management and places decision making as a transversal process. “Patient is a human being that has every right to be human, and must be respected for that”, Suelli Dallari, RN and lawyer, professor at the Faculty of Public Health at USP analyzed.

To the specialist, the right to health is related to primary care, to the idea of health not as the opposite of sickness, but as a state of well-being. “In ancient Greece, at the zenith of democracy, the definition of health is a state of balance of human with its interior and its environment, it does not include the concept of disease”, she stated. According to her, the history and human experiences confirm that, “a concept which is being currently reincorporated”.

Another aspect she highlighted with the globalization of standards is the need of the health concept to have local characteristics. “I live in São Paulo city and I think I live quite well biologically and physically, but the chaotic, slow traffic is bad for my well-being. If I tell someone in the interior of the state of Amazonas that traffic is part of the right to health, they will not understand”, she concluded.

Leadership in Nursing and Midwifery for a changing world

The closing lecture of the Conference was presented by Professor Afaf Meleis, PhD, DrPS (hon), FAAN, Margaret Bond Simon Dean of Nursing, Professor of Nursing and Sociology at the University of Pennsylvania, United States. Professor Meleis reminded that her colleague Isabel Amélia Costa Mendes, Secretary-general for the Global Network of WHO Collaborating Centres, put Brazilian nursing on the map. And, also, that Princess Muna Al-Hussein from Jordan has been for long considered the patron for Nursing around the world.

Discussing leadership in nursing, she spoke about the transition theory, from a historical approach, which is part of her research and acting line. “We must, in the future, develop a coherent theoretical framework to

support primary health care, because leadership has much to do with knowledge, and it needs to advance”.

She reminded that great advances were made in health policies, thanks to the advance of nursing knowledge. “Advances also occurred in primary care, but to achieve the necessary changes, there is more room to be developed”. As one of the nursing advances during the last few decades, she mentioned the sharing of the language concept. “We are speaking the same language, for instance, when it comes to self-care, to interacting with patients. There are many researches with common language nowadays, such as Antonia Villaruel’s HIV/AIDS studies”. Finally, she affirmed that one project alone does not change policies, but a program of integrated projects changes a whole set of public policies.



Afaf Meleis, PhD, DrPS (hon), FAAN, Margaret Bond Simon Dean of Nursing,
Professor of Nursing and Sociology at the University of Pennsylvania





**Building bridges
between challenges
and opportunities**









Connecting cultures and talents









Networking







An aerial photograph of a coastline, showing a large body of water on the left and a landmass on the right. The landmass features a prominent road or path that curves along the coast. The entire image is overlaid with a semi-transparent teal color, which is darker in the lower half where the text is located.

Uniting efforts for common goals







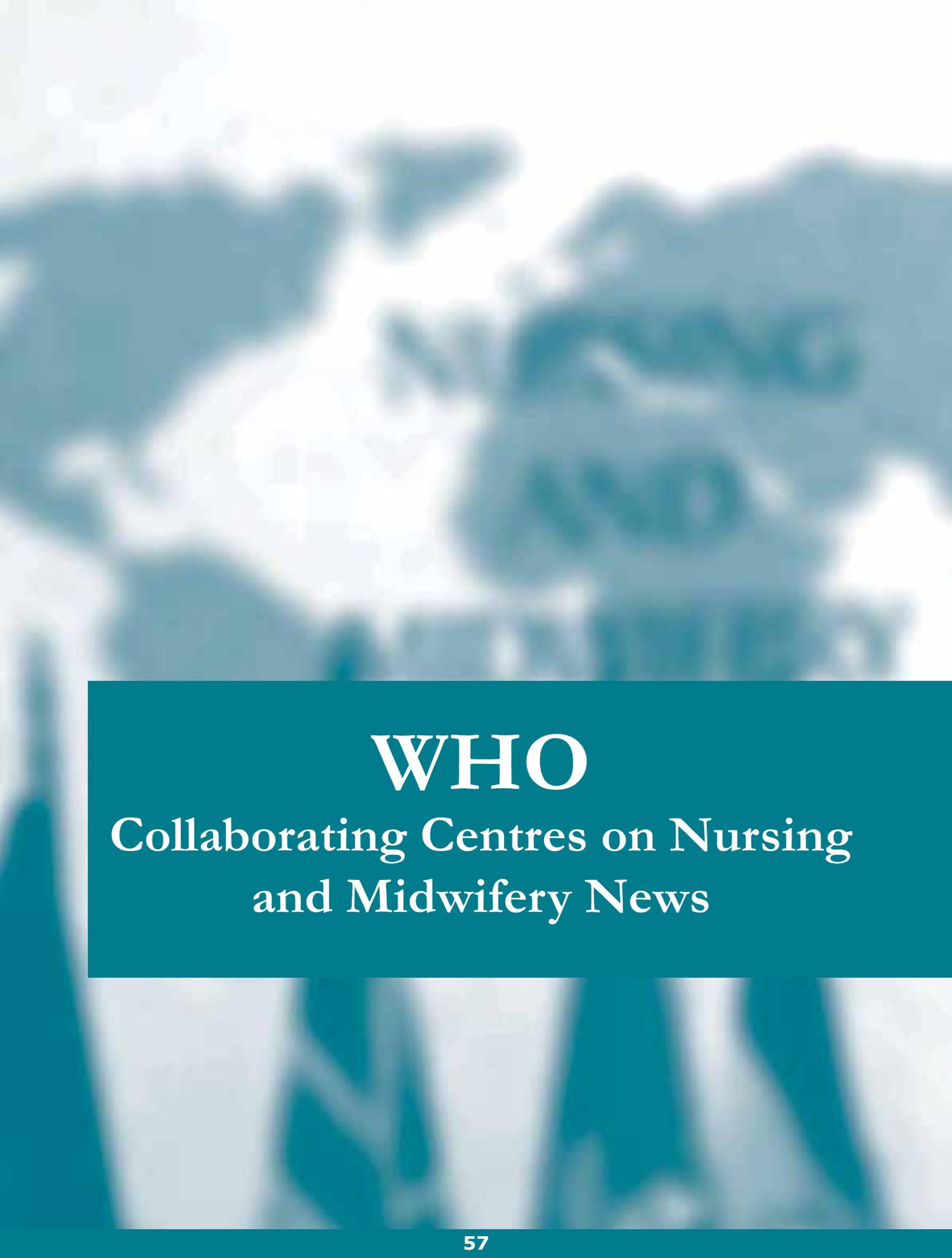
A close-up photograph of a hand holding a pen, with a teal overlay at the bottom containing text.

Sharing/Celebrating achievements









WHO

Collaborating Centres on Nursing
and Midwifery News



Visit for the evaluation of a possibility of Exchange between the Collaborating Centres of Slovenia – Maribor and Brazil – Ribeirão Preto

On October the 18th, 2010, the University of São Paulo at Ribeirão Preto College of Nursing's, (WHO Collaborating Centre) Director Dr. Silvia Helena de Bortoli Cassiani visited the WHO Collaborating Centre for Primary Health Care in Maribor, Slovenia. On a meeting with professors Majda Slajmer Japelj, Milena Frankic and Tamara Lubi, director of that centre, projects developed in each of the centres were presented and the possibility of collaborative work as well as exchange between the centres was evaluated. On the occasion, the professors Tamara and Majda, from the **WHO Collaborating Centre for Primary Health Care in Maribor, presented the study** “Evidence-based guidelines on health promotion for older people:social determinants, inequality and sustainability”, which aimed to contribute fundamentally to the development of

health promotion for older people through producing guidelines and recommendations for potential actors in this Field at E.U, national and local level.

The meeting took place at the Maribor's Health Centre, and Mrs. Milena Frankc, Head Nurse of the Institute, presented aspects of that Centre and general aspects of the Nursing and Health at Maribor. Professor Silvia H. De Bortoli Cassiani also made a presentation about the University of São Paulo at Ribeirão Preto College of Nursing and the Collaborating Centre, focusing on the terms of reference.

Possibilities of developing research projects and team works were discussed, as well as nurses and researchers' exchanges between the two centres.

Silvia H. De Bortoli Cassiani
Tamara Lubi



Majda Slajmer Japelj, Milena Frankic, Silvia H. De Bortoli Cassiani and Tamara Lubi



The Center For Health Behavior Research In The School Of Medicine & The Biobehavioral Research Center In The School Of Nursing Invite You To Attend

*Inaugural symposium of the Center for Health Behavior Research titled
“Understanding and Managing Diabetes: Perspectives from Behavioral and Biomedical Disciplines”*

By:

Erica Cavanaugh, MS, MHS

*Research Project Manager Center for Health Behavior
Research University of Pennsylvania School of Medicine*

Registration is now open for the inaugural symposium of the Center for Health Behavior Research titled “Understanding and Managing Diabetes: Perspectives from Behavioral and Biomedical Disciplines”. The event is co-sponsored by the Center for Health Behavior Research in the School of Medicine and the Biobehavioral Research Center in the School of Nursing. This symposium will explore how a complex and common health problem, such as diabetes, is approached by the perspectives of different social and behavioral disciplines – specifically, how perspectives from psychology, anthropology, health policy, and biobehavioral health influence diabetes research and practice. Guest speakers include Leslie Sue Lieberman, PhD of the University of Central Florida, Nicole Vaughn, PhD of Drexel University, David Marrero, PhD of Indiana University, and Patrick Lustman, PhD of Washington University. Two discussants from the University of Pennsylvania will provide additional expertise and discussion mediation; Fran Barg, PhD and Myles Faith, PhD. The broad goal of the symposium is to stimulate collaboration and advances in health behavior research by bringing together clinicians and behavioral and social scientists to discuss, problem-solve, and generate cutting edge research plans. Anyone with interests in addressing health behavior topics from various disciplines and perspectives is invited to attend. There is no fee to attend, but registration is required. To register or for more information about the Center for Health Behavior Research, please visit http://www.med.upenn.edu/chbr/regis_form.shtml.

Focus upon *The Future of Nursing Report* at U Pennsylvania School of Nursing by Marjorie Muecke, PhD,RN,FAAN, Assistant Dean, Global Health Affairs

Associate Director, PAHO/WHO Collaborating Centre for Nursing Midwifery Leadership On October 14, 2010, the U Pennsylvania School of Nursing sponsored a symposium on the U.S. Institute of Medicine and Robert Wood Johnson (RWJ) Foundation’s newly released Initiative on *The Future of Nursing Report*. Risa Lavizzo-Mourey, MD, MBA, President and CEO of the RWJ Fdn., gave an overview of the purpose and findings of the Report. She noted that the impact of the Report could be much like the highly influential Flexner Report on the state of US medicine in the early 20th century. The Report will provide a blueprint for the nursing profession to proactively meet the demands of a reformed health care system that will offer greater access, higher quality, and more cost-effective care to the American public. The study on nursing found a “big disconnect” between the public’s satisfaction with health care in the USA, and health care providers’ consistent views that there is an urgent need for a major change in health care in the country. Lavizzo-Mourey urged that groups “come together to transform health care to health care as it should be” despite the controversy – “it’s controversial because so consequential.” She ended by saying that a new solution to “America’s troubled journey to health care” is in nursing’s hands: “the way nursing was and is, is in our hands today.”

The next speaker (via video) was the Honorable Edward G. Rendell, Governor, of the Commonwealth of Pennsylvania, who strongly endorsed follow up on the findings of the Report. His presentation was followed by three panelists, Dr. George Thibault, President and CEO, the Macy Foundation, and Penn School of Nursing’s Dr. Julie Fairman, who worked closely with the Future of Nursing Committee, and Dr. Julie Sochalski, who was (in 2009-2020) the American Academy of Nursing-

Association for the Advancement of Retired Persons (AARP) Senior Policy Fellow in Washington, DC, working on health care reform.

The speakers discussed the overriding recommendations of the Report:

1. Empower nurses as leaders in health care;
2. Align nursing education to transform health care and shape the future of nursing education: by the year 2020, all nurses should have a BSN degree regardless of where they started in nursing education;
3. Invent a new model that collaboratively teaches nurses,

physicians and others together;

4. Expand nurses' scope of practice to address the increasing shortage of primary care practitioners.

Dr. Thibault concluded the presentations by defining the provision of access to appropriate and quality care "a pragmatic and moral imperative" for the public good. He said that to fulfill these imperatives, more community-based and longitudinal care should be a high priority in all health professions.

The Report is available at: http://books.nap.edu/openbook.php?record_id=12956



Afaf I. Meleis, Risa Lavizzo-Mourey, George E. Thibault, Julie A. Fairman, Michael Huff



The University of Pennsylvania School of Nursing Redesignated as a PAHO/WHO Collaborating Centre for Nursing Midwifery Leadership for four years (2010-2014)

by: Marjorie Muecke, PhD,RN,FAAN

Assistant Dean, Global Health Affairs Associate Director, PAHO/WHO Collaborating Centre for Nursing Midwifery Leadership

In 1988, under Dean Claire Fagin, the University of Pennsylvania School of Nursing was one of the first two nursing schools in the USA to be officially designated as a World Health Organization Collaborating Center (WHOCC) in Nursing and Midwifery Leadership. The Penn Nursing School has been redesignated as a WHOCC every 4 years since 1988. We are delighted that we have been redesignated for the next four years, particularly because redesignation facilitates our networking with other WHOCC around the world.

As most if not all of N&ML know, the work of a WHOCC is guided by Terms of reference (ToR) that are negotiated between the WHO and the partner institution. The TOR and related activities that were accepted to guide our WHOCC's work over the next four years are:

TOR 1 Work with the World Health Organization to contribute to the development of primary health care based health systems by strengthening nursing and midwifery human resources to address the Millennium Development Goals:

- Enhancing health work force capacity in primary health care to promote the health of rural populations of India – Dr. Eileen Sullivan-Marx

- Interprofessional south-north consortium of universities for education of leaders in global health – Dr. Marjorie Muecke

TOR 2 In collaboration with the World Health Organization, systematically promote sustainable interprofessional education and collaborative research:

- Collaborative interprofessional research for developing forensic assessment guidelines related to skin color in Puerto Rico – Dr. Marilyn Sawyer Sommers

TOR 3 Assist the World Health Organization in fostering development of human resources by working to reduce nurse shortages and to improve work environments for nurses:

- Nurse work environments and retention in Europe – Dr. Linda Aiken

- Networks in Asia for assessment of hospital nurse work environments – Dr. Linda Aiken

New interdisciplinary Center for Health Behavior at the University of Pennsylvania

by: Marjorie Muecke, PhD,RN,FAAN

The University of Pennsylvania School of Nursing's Center for Biobehavioral Research recently collaborated with the U Penn School of Medicine's Center for Health Behavior in co-sponsoring a symposium to inaugurate the University's Center for Health Behavior. The symposium included experts from a variety of fields addressing "Understanding and Managing Diabetes: Perspectives from Behavioral and Biomedical Disciplines." It was held in Philadelphia on 15 November 2010.

The Center for Health Behavior Research is a new center established in 2009 within the Center for Clinical Epidemiology and Biostatistics (CCEB) that is a campus-wide collaborative effort, dedicated to conducting health behavior research, fostering advances in measurement of health behaviors, advancing the use of health behavior theory, and promoting collaboration

among faculty, fellows and students. The center director and founder is Dr. Karen Glanz, the George A. Weiss University Professor at the Schools of Nursing and Medicine. Her research focuses upon cancer prevention and control, theories of health behavior, obesity and the built environment, social and health policy, and new health communication technologies. Her scholarly contributions consist of more than 300 journal articles and book chapters. The Center plans to continue to have symposium events to foster inter-disciplinary collaboration in order to promote scientific and health care advances through these partnerships.

If you wish to learn more about University of Pennsylvania's Center for Health Behavior Center please visit our website, <http://www.med.upenn.edu/chbr/about.shtml>.



**World Health Organization Collaborating Centre
for Community Health Services (WHO CC)
School of Nursing The Hong Kong Polytechnic University**

Evaluation of nursing teachers' and students' competencies in adolescent health and development after attending 4-day a TOT workshop and a 2-week summer programme in Suzhou, China in August, 2010

The nursing profession has an obligation to meet the health demands of the public. Expectations for service continue to change in relation to ongoing changes and developments in society. Such dynamic health care and patient needs present continuous challenges in enhancing the quality of nursing education. The issues and challenges faced by adolescents in the Western Pacific region are not unique; rather they are of global concern (World Health Organization (WHO), 1998; WHO, 2001). However, it could be argued that the health-promoting practices and psychosocial well-being of young people are not given sufficient consideration by health professionals. The concerns of adolescent health and development are not considered a priority in the Western Pacific Region (Lee et al., 2010; WHO, 2001). Thus, pre-service nursing programmes in the Western Pacific Region do not adequately prepare nursing teachers and students to deliver preventive services for adolescents.

The health issues of adolescents in Hong Kong and mainland China are very similar. They have both lifestyle and mental health issues and challenges. The lifestyles of adolescents in Hong Kong are greatly influenced by modern technology and the changing socio-

economic and cultural aspects of life, while a few key health issues are being identified, such as HIV, substance abuse, obesity and mental problems. Further, services and programmes for adolescents are fragmented and under-utilized. In spite of their potential to do so, healthcare workers in the Western Pacific Region have not played a major role in dealing with these adolescent health issues. In addition, the capacities of nurses to deal with adolescent health issues need to be built up in a systematic fashion.

The Chinese Consortium for Higher Nursing Education was set up in 2005 with the aim of fostering the sharing of nursing information, knowledge, skill and experiences, nourishing nursing professionals, and enhancing the development of nursing education to attain the global standard. The School of Nursing of The Hong Kong Polytechnic University was elected as the convener, and the members now number about 80 from Hong Kong, Macau, Taiwan, and different provinces of mainland China. Large-scale exchange activities have been organized on a regular basis. In 2010, a 4-day TOT workshop and a 2-week summer programme were implemented for 61 nursing educators and 117 nursing students from 44 institutes and/or universities, including places in Taiwan, Macau, the Chinese mainland and Hong Kong.



WHO Adolescent Development and Health summer course (Suzhou, China, 2010)

In addressing the issues faced by the adolescent population in the Western Pacific Region, the importance of greater health promotion and education cannot be overemphasized. The aim of this study is to examine the effectiveness of an ADH curricular framework in improving the competency variables of nursing teachers and students in delivering ADH services after attending a 4-day TOT workshop and a 2-week summer programme. To this end, we examined the efficacy of an ADH curricular framework in the summer programme to improve the competency variables of nursing teachers and students in delivering ADH services. This examination was based on an analysis of lessons learned when integrating ADH curricular domains (Lee et al., 2006) into The Hong Kong Polytechnic University's (PolyU) School of Nursing pre-service nursing curricula in Hong Kong in 2005. As part of this study, the systematic integration of four ADH curricular domains (WHO, 2002) into a

4-day TOT workshop and a 2-week summer programme was tracked in order to evaluate the success of course integration in improving the competency variables of nursing teachers and students in delivering health services for adolescents in the community. The outcome of this study was an evaluation of the experiences of nursing teachers and students in delivering preventive services in adolescent health following a systematically designed TOT workshop and 2-week summer course in the planned summer programme in Suzhou, Hong Kong.

The study sample was recruited from 44 member institutes and/or universities of the Chinese Higher Nursing Education Consortium in Taiwan, Macau, the Chinese mainland and Hong Kong, in the summer of 2010. Data were collected using the WHO ADH Competency Checklist and evaluated with the Mann-Whitney U and Wilcoxon signed ranks tests. The majority of the nursing teachers and students found that they had



A sea of smiling faces at the community health activity (Suzhou, China, 2010)

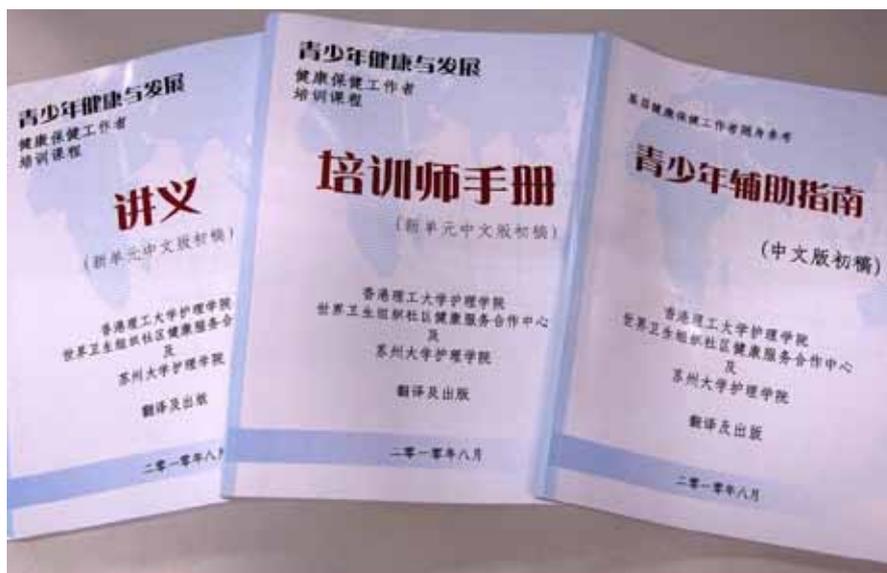
benefited from the programme. Reports indicated that there was a significant increase from the pre-test to the post-test phase in the total score for the variables in the ADH Competency Checklist from 57 nursing teachers and 113 student nurses ($Z = -8.13, p < 0.001$ vs $Z = -5.60, p < 0.000$ respectively), as well as in its four subscales: the professional development subscale ($Z = -8.82, p < 0.001$ vs

$Z = -5.88, p < 0.000$), the psychosocial and physical well-being subscale ($Z = -8.58, p < 0.001$ vs $Z = -6.12, p < 0.000$), the health behaviours and lifestyles subscale ($Z = -8.43, p < 0.001$ vs $Z = -6.11, p < 0.000$) and the identity and reproductive health subscale ($Z = -8.66, p < 0.001$ vs $Z = -6.36, p < 0.000$). The nursing teachers and nursing students had better mean scores in all of the subscales in the post-

test. The findings reveal that the systematic integration of ADH in the nursing programme had the positive impact of increasing the competency of nursing teachers and students for the examined variables. The integrated ADH summer programme can prepare nursing teachers and students to address issues of adolescent health by enhancing their competencies in ADH service delivery, even though it remains a challenging and complex task requiring planned educational experiences throughout the nursing curriculum.

The nursing profession has an obligation to meet the health demands of the public. The issues and challenges faced by adolescents are not unique; rather they are of global concern (Lee & Loke 2005). In addressing

adolescents' health issues, a planned and effective ADH course is needed in the pre-service nursing curriculum. This summer programme not only equips pre-service nursing teachers and students with basic knowledge and skills in adolescent health nursing, but also provides them with opportunities to understand the holistic aspects in assessing adolescent health issues. Together with the experience of planning an adolescent health community project, it will cultivate nursing teachers and students to enhance their teamwork and share their own experiences in promoting adolescent health. Preparing nurses to meet issues of adolescent health remains a challenging and complex task, requiring planned educational experiences throughout the nursing training programme.



WHO: Orientation Programme on Adolescent Health for healthcare providers (New module, Chinese version)



The Regional Conference on Mental Health: 20 Years After the Caracas Declaration Wendy Austin PAHO/WHO Collaborating Centre (CC), Nursing and Mental Health, University of Alberta, Canada

In Panama City from October 6th to 8th this year, over 100 delegates from across the Americas gathered to discuss a **framework for implementation** of the *Strategy and Plan of Action on Mental Health* approved by PAHO Directing Council in 2009. This document marked a historical milestone for the Region, reaffirming the significance of mental health, underscoring the need to uphold human and civil rights of persons with mental disorders and disabilities, and addressing the gaps in programs and services identified in many national healthcare systems. Countries are provided with ten key recommendations, ranging from comprehensive assessment of mental health systems to strengthening the collection and analysis of mental health data within health information systems.

In Panama City, review of a draft technical paper outlining a framework for implementation of the *Strategy and Plan of Action* (prepared by groups of experts in the field of mental health) began with pre-conference workshops centered on the documents' five strategic areas:

- development and implementation of national mental health policies, plans, and laws;
- promotion of mental health and prevention of psychological disorders, emphasizing the psychosocial development of children;
- primary health care-centered mental health services delivery with determination of priority conditions and implementation of interventions;
- human resource development;
- strengthen capacity to produce, assess, and use information on mental health.

As the representative of the University of Alberta's WHO Collaborating Centre in Nursing and Mental Health, I participated in the workshop focused on

the development of human resources in mental health, chaired by Silvina Mavárez, Regional Advisor on Nursing and Health Technicians at PAHO/WHO. Later in the week, there was opportunity for the representatives of the Canadian PAHO/WHO Collaborating and Reference Centres focused on mental health (University of Dalhousie, Halifax; Centre for Addictions and Mental Health, Toronto; McGill University, Montréal; Queens University, Kingston; and University of Alberta, Edmonton) to meet with Dr Jorge Rodriguez, Senior Advisor, Mental Health at PAHO/WHO and discuss opportunities for joint projects.

During the conference, presentations supported dialogue regarding such issues as technical cooperation between countries, country experiences, and critical areas in mental health care (e.g., suicide, substance use, mental health protection in disaster situations). Conference attendees celebrated World Mental Health Day 2010 and had the opportunity to reflect on the evolution of the field of mental health in the PAHO region. For Latin American countries, the Caracas Declaration of 1990 is an important reference point for change. The Declaration called for the human and civil rights of persons with mental illness to be respected and enshrined in legislation, and for psychiatric care to be restructured within a primary health care framework. Two decades later, while it is evident that mental health reform has been initiated and primary health care established in most of the countries, there remains the persistent problem of the low priority given to mental health care within healthcare systems in Latin America.

At various levels, this lack of attention is evident across both Americas and the Caribbean. The omission of mental health from the United Nations Millennium Development Goals was cited at the conference as a contributing factor to insufficient attention to mental

health, despite such initiatives as the World Health Organization's (WHO) *Plan of Global Action in Mental Health*. This timely regional Conference concluded with the "Consensus of Panama", an articulation of the need

for equitable health resource allocation and continued movement toward genuine integration of psychiatric and mental health care in healthcare systems. It was declared that the time for large psychiatric hospitals is past. *The*



Framework for a Regional Strategy on Mental Health will undergo further revision and is to be published in early 2011.

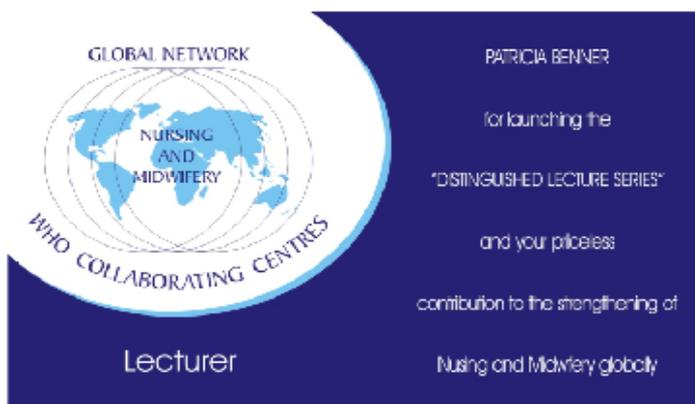
Launching of the Distinguished Lecture Series in October had the special participation of Patricia Benner, RN, PhD, University of California at San Francisco

The Distinguished Lecture Series, a continuing education strategy, aimed at offering faculty members from GNWHOCCs and other interested faculty updated knowledge on international priority theme areas in Nursing, from a range of different perspectives, and with the possibility to exchange state-of-the-art experiences,

was launched in October 13th, 2010.

The first lecture, entitled "Educating Nurses: Creating A New Future", was given by Professor Patricia Benner, from the University of California at San Francisco, United States, and was attended by 120 participants, in two sessions presented at different times.

The lecture presented the current global context of nursing and midwifery education, theoretical perspectives, considerations on experiential learning, the need to improve the teaching of science, clinical reasoning and judgment, it also approached formation and ethical commitments.



Plaque given to Patricia Benner, RN, PhD, for launching the Distinguished Lecture Series, October 2010



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globalnet@usp.br

Contact Details

Global Network of WHO Collaborating Centres for Nursing &
Midwifery Development

Isabel Amélia Costa Mendes
Secretary-General

Carla A. Arena Ventura
Executive Coordinator

University of São Paulo at Ribeirão Preto College of Nursing
Avenidas Bandeirantes, 3900 -Ribeirão Preto -SP – Brazil
+55 16 36023393 | globalnet@usp.br | www.eerp.usp.br/globalnet

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