NURSING & MIDWIFERY LINKS

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

ISSN 2175-4144

JUNE 2012

Special Edition

NURSING & MIDWIFERY

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

ISSN 2175-4144

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.

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EDITORIAL

Nursing and Midwifery and the Global Burden of Non-Communicable Diseases

The global burden of Non Communicable Diseases (NCDs), especially cardiovascular diseases, diabetes, cancers, chronic respiratory diseases and mental disorders, represents a major challenge for human development. In 2008, the World Health Organization (WHO) estimated that NCDs cause over 60% of the global deaths, 80% of which in developing countries. These figures show significant inequities in the exercise of the right to health by the population between and within countries, as well as in access to prevention measures (UN, 2011).

In order to strengthen prevention and control of NCDs worldwide, the international community, since 2006, initiated regional movements to discuss possibilities of common actions to deal with this great challenge. Among them, it is important to mention the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the Statement of the Commonwealth Heads of Government on Action to Combat Non-Communicable Diseases, adopted in November 2009, the Declaration of Commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member states in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-Communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on Addressing Non-Communicable Disease Challenges in the Pacific Region, adopted in July 2011 (UN, 2011).

As a consequence of this global awareness, the General Assembly of the United Nations approved on 19 and 20th of September 2011 a Political Declaration of the High-level Meeting on the Prevention and Control of NCDs, recognizing NCDs as a threat to development. This document highlighted the primary role of international cooperation in dealing with this problem, as well as the WHO strategic leadership to work with countries and other International Organizations in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts.

Considering the relevance of this discussion, which has been placed in a special position in the preparation meetings and during the World Health Assembly (WHA) held in May 2012, the first section of this Nursing & Midwifery Links issue is dedicated to present two major documents on the theme: the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases.

In this context, we must emphasize Nursing and Midwifery efforts to discuss the theme, mainly the key role nurses and midwives already play and, in some places, have a great potential to play, dealing with NCDs. Therefore, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and WHO organized two meetings prior to WHA, the WHO Global Forum for Government Chief Nursing Officers and Midwives and the TRIAD Meeting, with an agenda covering Nursing and Midwifery and NCDs prevention and control. As a result of the discussions a Triad Communiqué and a Statement were elaborated aiming at proposing a paradigm shift, from health models centered on the disease to approaches centered on people, showing Nurses and Midwives fundamental actions to integral and holistic care. The official version of these documents will be publicized at the end of June 2012, and will be available on the Global Network website.

In addition, this special edition also includes the summary of activities developed from 2010 to 2012 by the Collaborating Centres (CCs) members of our Global Network. These reports reflect the mission of our Centres to contribute to the improvement of health conditions nationally and internationally, through the increment of partnerships and cooperation activities. During our Global Network General Meeting which will be held in Kobe, Japan, on June 28 and 29, 2012, we will have a unique opportunity to discuss these activities and potential collaborations. In sum, the brief descriptions of CCs' work are a real inspiration for all of us to strengthen our network, advocating for health equity and human development.

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United Nations. General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases [Internet]. Switzerland: WHO; 2012 Jan 24. 13 p. Available from: http://www.who.int/entity/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

Global Network of WHO Collaborating Centres (WHOCCs)
for Nursing and Midwifery Development
University of São Paulo at Ribeirão Preto College of Nursing

First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control

Moscow, 28-29 April 2011

MOSCOW DECLARATION PREAMBLE

We, the participants in the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease (NCDs) Control, gathered in Moscow on 28-29 April 2011.

I. Express appreciation for the leading role of the World Health Organization and the Government of the Russian Federation in the preparation and holding of the Ministerial Conference.

II. Recognize that the right of everyone to the enjoyment of the highest attainable standards of physical and mental health cannot be achieved without greater measures at global and national levels to prevent and control NCDs.

III. Acknowledge the existence of significant inequities in the burden of NCDs and in access to NCD prevention and control, both between countries, as well as within countries.

IV. Note that policies that address the behavioural, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented to ensure the most effective responses to these diseases, while increasing the quality of life and health equity.

V. Emphasize that prevention and control of NCDs requires leadership at all levels, and a wide range of multi-level, multi-sectoral measures aimed at the full spectrum of NCD determinants (from individual-level to structural) to create the necessary conditions for leading healthy lives. This includes promoting and supporting healthy lifestyles and choices, relevant legislation and policies; preventing and detecting disease at the earliest possible moment to minimize suffering and reduce costs; and providing patients with the best possible integrated health care throughout the life cycle including empowerment, rehabilitation and palliation.

VI. Recognize that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are caused not only by biomedical factors, but also caused or strongly influenced by behavioural, environmental, social and economic factors

VII. Affirm our commitment to addressing the challenges posed by NCDs, including, as appropriate, strengthened and reoriented policies and programmes that emphasize multi-sectoral action on the behavioural, environmental, social and economic factors.

VIII. Express our belief that NCDs should be considered in partnerships for health; that they should be integrated into health and other sectors' planning and programming in a coordinated manner, particularly in low- and middle income countries; that they should be part of the global research agenda and that the impact and sustainability of approaches to prevent and control NCDs will be enhanced through health systems strengthening and strategic coordination with existing global health programs.

RATIONALE FOR ACTION

1. NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are the leading causes of preventable morbidity and disability, and currently cause over 60% of global deaths, 80% of which occur in developing countries. By 2030, NCDs are estimated to contribute to 75% of global deaths.

2. In addition, other NCDs such as mental disorders also significantly contribute to the global disease burden.

3. NCDs have substantial negative impacts on human development and may impede progress towards the Millennium Development Goals (MDGs).

4. NCDs now impact significantly on all levels of health services, health care costs, and the health workforce, as well as national productivity in both emerging and established economies.

5. Worldwide, NCDs are important causes of premature death, striking hard among the most vulnerable and poorest populations. Globally they impact on the lives of billions of people and can have devastating financial impacts that impoverish individuals and their families, especially in low- and middle-income countries.

6. NCDs can affect women and men differently, hence prevention and control of NCDs should take gender into account.

7. Many countries are now facing extraordinary challenges from the double burden of disease: communicable diseases and noncommunicable diseases. This requires adapting health systems and health policies, and a shift from disease-centred to people-centred approaches and population health measures. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Strengthening health systems in this way results in improved capacity to respond to a range of diseases and conditions.

8. Evidence-based and cost-effective interventions exist to prevent and control NCDs at global, regional, national and

local levels. These interventions could have profound health, social, and economic benefits throughout the world.

9. Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable in low-income countries and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol.

10. Particular attention should be paid to the promotion of healthy diets (low consumption of saturated fats, trans fats, salt and sugar, and high consumption of fruits and vegetables) physical activity in all aspects of daily living.

11. Effective NCD prevention and control require leadership and concerted "whole of government" action at all levels (national, sub-national and local) and across a number of sectors, such as health, education, energy, agriculture, sports, transport and urban planning, environment, labour, industry and trade, finance and economic development.

12. Effective NCD prevention and control require the active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community.

COMMITMENT TO ACTION

We, therefore, commit to act by:

At the Whole of Government level:

1. Developing multi-sectoral public policies that create equitable health promoting environments that enable individuals, families and communities to make healthy choices and lead healthy lives;

2. Strengthening policy coherence to maximize positive and minimize negative impacts on NCD risk factors and the burden resulting from policies of other sectors;

3. Giving priority to NCD prevention and control according to need, ensuring complementarity with other health objectives and mainstreaming multi-sectoral policies to strengthen the engagement of other sectors;

4. Engaging civil society to harness its particular capacities for NCD prevention and control;

5. Engaging the private sector in order to strengthen its contribution to NCD prevention and control according to international and national NCD priorities;

6. Developing and strengthening the ability of health systems to coordinate, implement, monitor and evaluate national and sub-national strategies and programmes on NCDs;

7. Implementing population-wide health promotion and disease prevention strategies, complemented by individual interventions, according to national priorities. These should be equitable and sustainable and take into account gender, cultural and community perspectives in order to reduce health inequities;

8. Implementing cost-effective policies, such as fiscal policies, regulations and other measures to reduce common risk factors such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol;

9. Accelerating implementation by States Parties of the provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC) and encouraging other countries to ratify the Convention;

10. Implementing effective policies for NCD prevention and control at national and global levels, including those relevant to achieving the goals of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health;

11. Promoting recognition of the rising incidence and burden of NCDs on national as well as international development agendas, and encouraging countries and international development partners to consider the level of priority accorded to NCDs.

At Ministry of Health level:

1. Strengthening health information systems to monitor the evolving burden of NCDs, their risk factors, their determinants and the impact and effectiveness of health promotion, prevention and control policies and other interventions;

2. According to national priorities, strengthening public health systems at the country level to scale up evidence-based health promotion and NCD prevention strategies and actions;

3. Integrating NCD-related services into primary health care services through health systems strengthening, according to capacities and priorities;

4. Promoting access to comprehensive and cost-effective prevention, treatment and care for integrated management of NCDs, including access to affordable, safe, effective and high quality medicines based on needs and resource assessments;

5. According to country-led prioritization, ensuring the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with NCDs, protect those at high risk of developing them and reduce risk across populations.

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/66/L.1)]

66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

The General Assembly Adopts
the Political Declaration of the High-level Meeting
of the General Assembly on the Prevention
and Control of Non-communicable Diseases
annexed to the present resolution.
3rd plenary meeting
19 September 2011

Annex
Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 19 and 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals;

2. Recognize that non-communicable diseases are a threat to the economies of many Member States and may lead to increasing inequalities between countries and populations;

3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases;

4. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases;

5. Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

6. Recognize the urgent need for greater measures at the global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health;

7. Recall the relevant mandates of the General Assembly, in particular resolutions 64/265 of 13 May 2010 and 65/238 of 24 December 2010;

8. Note with appreciation the World Health Organization Framework Convention on Tobacco Control,[1] reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the World Health Organization 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases[2] as well as the Global Strategy on Diet, Physical Activity and Health[3] and the Global Strategy to Reduce the Harmful Use of Alcohol; [4]

9. Recall the ministerial declaration adopted at the 2009 high-level segment of the Economic and Social Council,[5] in which a call was made for urgent action to implement the Global Strategy for the Prevention and Control of Non-communicable Diseases and its related Action Plan;

10. Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member States in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of

[1] United Nations, Treaty Series, vol. 2302, No. 41032.
[2] Available at http://www.who.int/publications/en/.
[3] World Health Organization, Fifty-seventh World Health Assembly, Geneva, 17–22 May 2004, Resolutions and Decisions, Annexes (WHA57/2004/REC/1), resolution 57.17, annex.
[4] World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 3.
[5] See Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3 (A/64/3/Rev.1), chap. III, para. 56.

June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

11. Take note with appreciation also of the outcomes of the regional multisectoral consultations, including the adoption of ministerial declarations, which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238;

12. Welcome the convening of the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and the World Health Organization and held in Moscow on 28 and 29 April 2011, and the adoption of the Moscow Declaration,[6] and recall resolution 64.11 of the World Health Assembly;[7]

13. Recognize the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership and oordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing non-communicable diseases in a coordinated manner;

A challenge of epidemic proportions and its socio-economic and developmental impacts

14. Note with profound concern that, according to the World Health Organization, in 2008, an estimated 36 million of the 57 million global deaths were due to non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including about 9 million deaths before the age of 60, and that nearly 80 per cent of those deaths occurred in developing countries;

15. Note also with profound concern that non-communicable diseases are among the leading causes of preventable morbidity and of related disability;

16. Recognize further that communicable diseases, maternal and perinatal conditions and nutritional deficiencies are currently the most common causes of death in Africa, and note with concern the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of non-communicable diseases, which are projected to become the most common causes of death by 2030;

17. Note further that there is a range of other non-communicable diseases and conditions, for which the risk factors and the need for preventive measures, screening, treatment and care are linked with the four most prominent non-communicable diseases;

18. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

19. Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases;

20. Recognize that the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity;

21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life and that poverty, uneven distribution of wealth, lack of education, rapid urbanization, population ageing and the economic social, gender, political, behavioural and environmental determinants of health are among the contributing factors to the rising incidence and prevalence of non-communicable diseases;

22. Note with grave concern the vicious cycle whereby non-communicable diseases and their risk factors worsen poverty, while poverty contributes to rising rates of non-communicable diseases, posing a threat to public health and economic and social development;

23. Note with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries, bear a disproportionate burden and that non-communicable diseases can affect women and men differently;

24. Note with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, an unhealthy diet and physical inactivity have strong linkages with the four main non-communicable diseases and are associated with higher health costs and reduced productivity;

25. Express deep concern that women bear a disproportionate share of the burden of caregiving and that, in some populations, women tend to be less physically

[6] See A/65/859.
[7] See World Health Organization, Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011, Resolutions and Decisions, Annexes (WHA64/2011/REC/1).

active than men, are more likely to be obese and are taking up smoking at alarming rates;

26. Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life, and that pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring;

27. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;

28. Recognize that smoke exposure from the use of inefficient cooking stoves for indoor cooking or heating contributes to and may exacerbate lung and respiratory conditions, with a disproportionate effect on women and children in poor populations whose households may be dependant on such fuels;

29. Acknowledge also the existence of significant inequalities in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries, and within countries and communities;

30. Recognize the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, and health and social protection systems, particularly in developing countries, in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases;

31. Note with grave concern that non-communicable diseases and their risk factors lead to increased burdens on individuals, families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States, making non-communicable diseases a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals;

32. Express deep concern at the ongoing negative impacts of the financial and economic crisis, volatile energy and food prices and ongoing concerns over food security, as well as the increasing challenges posed by climate change and the loss of biodiversity, and their effect on the control and prevention of non-communicable diseases, and emphasize in this regard the need for prompt and robust, coordinated and multisectoral efforts to address those impacts, while building on efforts already under way;

Responding to the challenge: a whole-of-government and a whole-of-society effort

33. Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;

34. Recognize that prevention must be the cornerstone of the global response to non-communicable diseases;

35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development;

37. Acknowledge the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts;

38. Recognize the fundamental conflict of interest between the tobacco industry and public health;

39. Recognize that the incidence and impacts of non-communicable diseases can be largely prevented or

reduced with an approach that incorporates evidence-based, affordable, cost-effective, population-wide and multisectoral interventions;

40. Acknowledge that resources devoted to combating the challenges posed by non-communicable diseases at the national, regional and international levels are not commensurate with the magnitude of the problem;

41. Recognize the importance of strengthening local, provincial, national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources;

42. Acknowledge the need to put forward a multisectoral approach for health at all government levels, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively;
Non-communicable diseases can be prevented and their impacts significantly reduced, with millions of lives saved and untold suffering avoided. We therefore commit to:

Reduce risk factors and create health-promoting environments

43. Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate, and by taking the following actions:

(a) Encourage the development of multisectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

(b) Develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, including through evidence-based education and information strategies and programmes in and out of schools and through public awareness campaigns, as important factors in furthering the prevention and control of non-communicable diseases, recognizing that a strong focus on health literacy is at an early stage in many countries;

(c) Accelerate implementation by States parties of the World Health Organization Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the Convention, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases and can have considerable health benefits for individuals and countries and that price and tax measures are an effective and important means of reducing tobacco consumption;

(d) Advance the implementation of the Global Strategy on Diet, Physical Activity and Health, including, where appropriate, through the introduction of policies and actions aimed at promoting healthy diets and increasing physical activity in the entire population, including in all aspects of daily living, such as giving priority to regular and intense physical education classes in schools, urban planning and re-engineering for active transport, the provision of incentives for work-site healthy-lifestyle programmes, and increased availability of safe environments in public parks and recreational spaces to encourage physical activity;

(e) Promote the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the Global Strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon the World Health Organization to intensify efforts to assist Member States in this regard;

(f) Promote the implementation of the World Health Organization Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children,8 including foods that are high in saturated fats, trans-fatty acids, free sugars or salt, recognizing that research shows that food advertising geared to children is extensive, that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns, while taking into account existing legislation and national policies, as appropriate;

(g) Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies;

(h) Encourage policies that support the production and

manufacture of, and facilitate access to, foods that contribute to healthy diet, and provide greater opportunities for utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of the opportunities posed by globalization and to achieve food security;

(i) Promote, protect and support breastfeeding, including exclusive breastfeeding for about six months from birth, as appropriate, as breastfeeding reduces susceptibility to infections and the risk of undernutrition, promotes the growth and development of infants and young children and helps to reduce the risk of developing conditions such as obesity and non-communicable diseases later in life, and in this regard strengthen the implementation of the International Code of Marketing of Breast-milk Substitutes[9] and subsequent relevant World Health Assembly resolutions;

(j) Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules;

(k) Promote increased access to cost-effective cancer screening programmes, as determined by national situations;

(l) Scale up, where appropriate, a package of proven, effective interventions, such as health promotion and primary prevention approaches, and galvanize actions

44. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to:

(a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;

(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;

(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;

(e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases;

Strengthen national policies and health systems

45. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and the objectives contained therein, and take steps to implement such policies and plans:

(a) Strengthen and integrate, as appropriate, non-communicable disease policies and programmes into health-planning processes and the national development agenda of each Member State;

(b) Pursue, as appropriate, comprehensive strengthening of health systems that support primary health care and deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care for persons with non-communicable diseases and of a life course approach, given the often chronic nature of non-communicable diseases;

(c) According to national priorities, and taking into account domestic circumstances, increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection and treatment of non-communicable diseases and the related care and support, including palliative care;

(d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

(e) Pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

(f) Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and decrease the rising trends of obesity in child, youth and adult

8 World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 4.
9 Available at www.who.int/nutrition/publications/code_english.pdf. A/RES/66/2
8 for the prevention and control of non-communicable diseases through a meaningful multisectoral response, addressing risk factors and determinants of health;

populations, respectively;

(g) Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors, and that these disparities are often linked to historical, economic and social factors, and encourage the involvement of indigenous peoples and communities in the development, implementation and evaluation of non-communicable disease prevention and control policies, plans and programmes, where appropriate, while promoting the development and strengthening of capacities at various levels and recognizing the cultural heritage and traditional knowledge of indigenous peoples and respecting, preserving and promoting, as appropriate, their traditional medicine, including conservation of their vital medicinal plants, animals and minerals;

(h) Recognize further the potential and contribution of traditional and local knowledge, and in this regard respect and preserve, in accordance with national capacities, priorities, relevant legislation and circumstances, the knowledge and safe and effective use of traditional medicine, treatments and practices, appropriately based on the circumstances in each country;

(i) Pursue all necessary efforts to strengthen nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of non-communicable diseases, with the full and active participation of people living with these diseases, civil society and the private sector, where appropriate;

(j) Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled health workforce within countries and regions, in accordance with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;[10]

(k) Strengthen, as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population;

(l) According to national priorities, give greater priority to surveillance, early detection, screening, diagnosis and treatment of non-communicable diseases and prevention and control, and to improving accessibility to safe, affordable, effective and quality medicines and technologies to diagnose and to treat them; provide sustainable access to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;

(m) According to country-led prioritization, ensure the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with non-communicable diseases, protect those at high risk of developing them and reduce risk across populations;

(n) Recognize the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population;

(o) Promote the inclusion of non-communicable disease prevention and control within sexual and reproductive health and maternal and child health programmes, especially at the primary health-care level, as well as other programmes, as appropriate, and also integrate interventions in these areas into non-communicable disease prevention programmes;

(p) Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;

(q) Improve diagnostic services, including by increasing the capacity of and access to laboratory and imaging services with adequate and skilled manpower to deliver such services, and collaborate with the private sector to improve affordability, accessibility and maintenance of diagnostic equipment and technologies;

(r) Encourage alliances and networks that bring together national, regional and global actors, including academic and research institutes, for the development of new medicines, vaccines, diagnostics and technologies, learning from experiences in the field of HIV/AIDS, among others, according to national priorities and strategies;

(s) Strengthen health-care infrastructure, including for procurement, storage and distribution of medicine, in particular transportation and storage networks to facilitate efficient service delivery;

[10] See World Health Organization, Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1), annex 5. non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;

International cooperation, including collaborative partnerships

46. Strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard;

47. Acknowledge the contribution of aid targeted at the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the commitments contained in the Programme of Action for the Least Developed Countries for the Decade 2011–2020,[11] and strongly urge those developed countries that have not yet done so to make additional concrete efforts to fulfil their commitments;

48. Stress the importance of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases, to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;

49. Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long- term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;

50. Acknowledge the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases, and in this regard encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives;

51. Call upon the World Health Organization, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts;

52. Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions;

53. Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation;

54. Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors, including through uilding community capacity in promoting healthy diets and lifestyles;

55. Foster partnerships between government and civil society, building on the contribution of health-related non-governmental organizations and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care, of non-communicable diseases;

56. Promote the capacity-building of non-communicable-disease-related non-governmental organizations at the national and regional levels, in order to realize their full potential as partners in the prevention and control of non-communicable diseases;

Research and development

57. Promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases, in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation;

58. Promote the use of information and communications technology to improve programme implementation, health outcomes, health promotion, and reporting and surveillance systems and to disseminate, as appropriate, information on affordable, cost-effective, sustainable and quality interventions, best practices and lessons learned in the field of non-communicable diseases;

11 See Report of the Fourth United Nations Conference on the Least Developed Countries, Istanbul, Turkey, 9-13 May 2011 (United Nations publication, Sales No. 11.II.A.1), chap. II.

59. Support and facilitate non-communicable-disease-related research, and its translation, to enhance the knowledge base for ongoing national, regional and global action;

Monitoring and evaluation

60. Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system responses, recognizing that such systems are critical in appropriately addressing non-communicable diseases;

61. Call upon the World Health Organization, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop, before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;

62. Call upon the World Health Organization, in collaboration with Member States through the governing bodies of the World Health Organization, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on the work already under way, to prepare recommendations for a set of voluntary global targets for the prevention and control of non-communicable diseases, before the end of 2012;

63. Consider the development of national targets and indicators based on national situations, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

Follow-up

64. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership;

65. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

Collaborating Centres

Summary Activities (2010-2012)

Transition and Growth at UIC

by Linda McCreary & Mi Ja Kim, University of Illinois at Chicago College of Nursing, WHO Collaborating Centre for International Nursing Development of Primary Health Care

The period since July 2010 has been one of transition and growth at the University of Illinois at Chicago College of Nursing (UIC CON) World Health Organization Collaborating Centre for International Nursing Development of Primary Health Care (PHC). After 24 years of continuous service as the Director of our WHOCC, Dr. Beverly McElmurry passed away in May 2010, leaving a void that was difficult to even contemplate filling. She has been sorely missed, but her innumerable contributions have been profoundly appreciated and celebrated.

However, after having served as Dean of the College of Nursing, Dean of the Graduate College and Vice Chancellor for Research, and finally Interim Dean of the College of Nursing 2010-2011, Dr. Mi Ja Kim returned to the Global Health Leadership Office as the Executive Director, working with Dr. Linda McCreary as the Director of the WHOCC. Dr. Kim's leadership of our WHOCC comes full circle, as she served as the first Secretariat for the Global Network for WHOCCs for Nursing and Midwifery Development during 1989-1994. Dr. Kim's unflagging energy and vision have spurred the WHOCC and UIC CON not only to continue or build on our previous activities and priorities, but also to launch new and exciting initiatives during this biennium.

Guided by our Terms of Reference, our College has continued to facilitate, conduct and disseminate the results of research on Primary Health Care and capacity-building for nursing and other health care workers, especially in underdeveloped countries. Several of our faculty members collaborate with nursing faculty members in Malawi to test an intervention whereby nurses train and support young women community health workers to implement a peer

group intervention to improve reproductive health and reduce the risk of HIV infection for young women and their future babies. Another international, interdisciplinary project has been developed and pilot tested by collaborators from nursing and anthropology to enable nurses and midwives in Malawi and Tanzania to maximize their outreach through Centering Pregnancy, a group model for providing antenatal care, education and support. The proposal is being submitted for US National Institutes of Health funding. A third collaborative team is working on a pilot study and proposal to test an intervention to support persons living with HIV and AIDS and their family caregivers in Malawi.

We have focused a great deal of energy on developing educational programs for nursing and midwifery, both at home and abroad. We have sponsored international visitors to the UIC CON to present their programs and research projects. Ms. Sebalda Leshabari (Muhimbili University of

Health and Allied Sciences Faculty of Nursing, Tanzania) and Dr. Chrissie Kaponda (University of Malawi Kamuzu College of Nursing) visited UIC CON and are working to develop collaborative research with our UIC CON faculty.
Several of our faculty members have traveled to partner institutions to conduct collaborative teaching and research and to explore future faculty and student exchanges with institutions in South Korea, South Africa and Malawi. Drs. Mi Ja Kim and Lorna Finnegan taught international nursing leadership and doctoral-level quantitative research methods, respectively, at the University of Pretoria and University of Limpopo, South Africa. Drs. Alicia Matthews and Jen'nea Sumo will teach graduate and undergraduate nursing research methods at Kamuzu College of Nursing and Daeyang College of Nursing, Malawi.

We supported three faculty members, Drs. Lorna Finnegan, Colleen Corte and Laurie Quinn, to travel to make research presentations at the International Nursing Conference (INC) held in Seoul, Korea. They also presented their research at Seoul National University College of Nursing and provided research development consultations to students and faculty. They discussed potential collaborative research projects and student exchanges with faculty members of Yonsei University and Kyung Hee University, South Korea. For two years, Dr. Kathleen Norr has taught a research methods course for PhD nursing students at St. Luke's College of Nursing, Japan.

We created and implemented an 11-week semester abroad program for 12 undergraduate nursing students from Kyung Hee University College of Nursing, Seoul, South Korea. We provided full-credit courses in intensive English, clinical observations at UIMC in a variety of acute and ambulatory care settings, and didactic courses in cardio-pulmonary nursing, research methods and global health. We also hosted 1 faculty member and 14 graduate nursing students (4 PhD, 10 master's) from Kyung Hee University, Seoul, South Korea, for 10 days. Graduate students attended UIC CON classes and toured health care facilities to learn how nursing education and health care in the US compare with those in Korea. For the past three years we have also provided week-long nursing leadership education seminars for 25-35 member groups from the Korean Hospital Nurses Association. Activities included visiting Chicago-based exemplar hospitals and the Joint Commission International and attending various academic presentations by UIC CON faculty members.

We co-developed a new curriculum for a proposed Master's Degree in Medical-Surgical Nursing with HIV/AIDS Subspecialty to be implemented at the Bel-Air College of Nursing, Panchgani, Maharashtra, India. We hosted a collaborative working visit with Sr. Lourdu Mary Nagothu, Principal, and Fr. Tomy Karyilakulam, Head. We submitted the PHC-based curriculum outline for approval by the Indian Nursing and Midwifery Council and Maharashtra University. If approved, this master's program may begin as soon as July, 2012. UIC CON faculty are planning to travel to India to co-teach the curriculum with Bel Air faculty members.

The School of Nursing Dean, the Coordinator of International Studies, and an undergraduate (future possible exchange) student from Universidad Autonoma de Nuevo Leon, in Monterrey, Mexico, visited JUIC CON and met with numerous UIC CON faculty to discuss possible student exchanges and faculty collaborations for teaching and research. We initiated discussions to begin the process of application by the College of Nursing, Universidad Autonoma de Nuevo Leon to become a WHOCC for Nursing Development.

Our most recent initiative will take us to Rwanda for the next 7 years. UIC CON was selected to be one of six schools of nursing in the USA to participate in the Clinton Health Access Initiative (CHAI) Academic Consortium to improve nursing, medical and dental education and health care administration in Rwanda. This 7 year project will be led by the Rwanda Ministry of Health in collaboration with CHAI. Other participating US schools of nursing are: NYU, Duke, Howard University, Universities of Maryland and Texas-Health Sciences. Dr. Kim traveled to Rwanda to meet with other nurse leaders to plan project activities, which will begin in August 2012. UIC CON has recruited a total of 8 mentors and educators, including nurse-midwives and nursing faculty members in other specialty areas to serve 11-month postings.

Enhancing health work force capacity, training leaders in global health, interprofessional research, and Networks in Asia

by Marjorie Muecke & Marilyn Sommers, University of Pennsylvania School of Nursing, WHO Collaborating Centre for Nursing and Midwifery Leadership

Dean Afaf I. Meleis, Director and Dr. Marjorie Muecke, Associate Director, PAHO/WHO Collaborating Centre for Nursing Midwifery Leadership, University of Pennsylvania School of Nursing

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 were redesignated in 2010 for the next four years, particularly because redesignation facilitates our collaborating with other WHOCC around the world.

The Terms of Reference that guide our current WHOCC work 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 (in sub-Saharan Africa) – 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.

Dr. Marjorie Muecke with Penn nursing students and ICTPH nurses at an ICTPH pilot clinic August 2011

Linda Aiken

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

Web address: http://www.nursing.upenn.edu/gha

Activity 1
Enhancing health work force capacity in primary health care to promote the health of rural populations of India

Penn Nursing partners with Indian non-profit to develop nursing models in rural India to launch our partnership, in August 2009, Penn Nursing and the IKP Center for Technologies in Public Health (ICTPH), a non-profit applied research organization in India that aims to develop models of primary care to address health problems in rural Tamil Nadu, co-hosted an invitational conference focused on how to develop nursing, Nurse Practitioner, and primary care practice to improve health outcomes and reduce needs for hospitalization. The conference concluded with the aim to formulate an alternative health workforce for rural and underserved urban India." Dr. Zeena Johar, President of ICTPH, added, "With 75% of Indian medical practitioners positioned at urban locations and 72% of the Indian population residing in rural locations highlights the overarching need for human resource innovation for delivering health." It was thought that the development of NPs would provide much-needed care in a country that has never relied heavily on the nursing model.

Penn Nursing subsequently sent several skilled Nurse Practitioners to collaborate with ICTPH management team, nurses, physicians and community health workers in developing nursing competencies and setting standards of practice across clinics. To implement ICTPH goals of providing accessible, affordable, and inclusive evidence-based primary care in order to help prevent and mitigate chronic disease, the NPs developed protocols on physical examinations, highly prevalent diseases such as diabetes and hypertension, and on procedures such as suturing, dressings. The NPs also taught nurses clinical problem solving skills, use of protocols, and mentored them in nursing agency, and taught CHW assessment skills. In addition, Penn Nursing sent students as summer interns to work on special projects such managing diarrheal illness at the household level.

A major problem arose when ICTPH legal counsel learned that it is against the law in India for nurses to prescribe care or practice independently. A solution has been found that makes the project legal: it is to recruit Ayurveda-trained doctors (who have 5.5 years' training that includes basic sciences and allopathic medicine) and teach them NP evidence-based primary care skills, to make them physician extenders. There are over a million Ayurveda doctors, many of whom live in rural areas and are unemployed. Our plans are in development to provide modified NP training in primary health care for them.

Activity 2
Interprofessional south-north consortium of universities for education of leaders in global health (in sub-Saharan Africa)
The Afya Bora Consortium for Global Health Leadership (ABC)

To strengthen nursing and midwifery human resources to address the Millennium Development Goals, our WHOCC is a key member of the ABC, the mission of which is:

Afya Bora ("good health") Consortium Nurses

To contribute to health systems strengthening in our African partner countries by developing a leadership and research training program targeting African and US health professionals. The initial leadership fellowship model will focus on HIV/AIDS research, prevention and care programs. Its long term goal is to establish a sustainable program led and conducted by a consortium of institutions in Africa.

The ABC membership evolved from existing bilateral partnerships in health between four universities in the USA and their respective university partners in sub-Saharan Africa. ABC members represent schools of nursing and medicine. Of the 8 participating universities, four have WHOCC in Nursing and Midwifery: Johns Hopkins U, the U of Botswana, U of California at San Francisco, and the U of Pennsylvania.

Key features of the program are that 1) it is Africa-centric, with the majority of trainees, training sites, faculty and mentors being African or located in Africa; 2) it aims to develop fellows' knowledge, skills and experience to lead large, evidence-based programs; and 3) its project sites are sites in Africa of possible future employment – such as Ministries of Health, a PEPFAR mission, a WHO regional office, a CDC field station; 4) it aims at enhancing African training capacity; 5) it involves a thoroughly interdisciplinary nursing-medicine-public health framework; and 6) it springs from collaboration across premier African and US universities.

In 2011 a 7.5 month pilot demonstration of the program was conducted, with one Fellow from each US university, and four Fellow from each African university. Doctoral student Lisa Gatti was the Fellow from the University of Pennsylvania. The curriculum included three components: 1) 6 one week learning modules; the six modules: leadership skills, implementation science and health systems research, program and project management, monitoring and evaluation, technology and health informatics, communications and media skills; 2) a 3-month experiential, mentored attachment to a host organization in any of the partner African countries; and, 3) virtual and in-person opportunities to interact and collaborate with faculty, and other Fellows. The pilot was internally and externally evaluated, and findings fed into a proposal for a year-long program for five years beginning 2012: funding was granted and Fellows are being selected, with the expanded program implementation to begin July 2012. The 1-year fellowship from the Office of AIDS Research, NIH, and USA includes nine 1-week core interactive, didactic modules divided into 3 blocks that are flanked by two 4.5-month mentored, project-oriented rotations. Projects are programmatic, policy-oriented, or research-based, and are developed with guidance from a multidisciplinary mentoring team, which includes mentors from academic institutions and project sites. The project aims 1) to train 100 highly qualified fellows from African and US collaborating institutions using case-based, interactive modules within African partner institutions and mentored, project-based experiences at attachment sites; 2) to build capacity within partnering African health centers to provide instruction on effective global health leadership; and 3) to demonstrate the short- and long-term impact of the program through an assessment of fellow competency post-fellowship and a more global evaluation of the program, and use this to expand ABC to other African institutions or create similar leadership training programs elsewhere.

Activity 3
Collaborative interprofessional research for developing forensic assessment guidelines related to skin color in Puerto Rico

A five-year interprofessional research study and intervention trial that will contribute to the development of a sexual assault nurse examiner program at San Juan Municipal Hospital, in San Juan, Puerto Rico, and study whether health care disparities based upon skin color exist for women who have been sexuallyabused. Nurses and physicians are being trained to perform a forensic examination for women who have been sexually assaulted. The study is also assessing the influence of skin color upon forensic findings related to sexual assault of women.
Dr. Yadira Regueira (University of Puerto Rico), Dr. Kathy Brown (Penn) and Dr. Marilyn Sommers worked together to develop a sexual assault protocol that could be used in San Juan. Drs. Regueira and Brown developed the protocol and Dr. Sommers initiated the research design and outcome measures. Doctoral student Janine Everett assisted with technology development and Project Manager provided staff training.

In summer of 2010 they worked with 2 undergraduates from University of Puerto Rico and two from Penn to give them

Dr. Marilyn Sommers in Puerto Rica

Participants at the RN4CAST Consortium Meeting, Krakow Poland, June 2011

advanced scientific training in skin science. By 2012 they had trained several women's health nurse practitioner students from University of Puerto Rico, who can now complete a highly skilled sexual assault forensic examination. The research equipment, including a camera and colposcope, remain at Centro Medico in San Juan.

Activity 4
Nurse work environments and retention in Europe

RN4CAST... The Registered Nurse Consortium
The ambition of the RN4CAST project is to produce actionable recommendations to improve nursing care and patient outcomes at the individual hospital level and to inform national policies that could improve care outcomes by strategic investments in nursing.

What follows is excerpted from the Associated Press Release that summarizes the recent survey findings of the RN4CAST Consortium that were published March 20, 2012 in the British Medical Journal.

(PHILADELPHIA, PA -- March 21, 2012) In one of the largest studies of its kind, a consortium of investigators from 13 countries led by the University of Pennsylvania School of Nursing in the U.S. and the Catholic University of Leuven, Belgium in Europe, found that nurses who reported better working conditions in hospitals and less likelihood of leaving also had patients who were more satisfied with their hospital stay and rated their hospitals more highly. The study was released March 20, 2012 in the current issue of the prestigious British Medical Journal. "Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States" by Dr. Linda H. Aiken and the RN4Cast Corsortium. British Medical Journal 2012;344:e1717

The massive study, which in some countries involved every hospital, surveyed 61,168 bedside nurses and 131,318 patients in more than 1,000 hospitals in 13 countries over the course of three years, finding that in those hospitals with better work environments and fewer patients in each nurse's workload, patients and nurses both reported higher standards of care and more satisfied patients…

Policy implications for the findings suggest that despite the differences among the healthcare systems studied, particularly in terms of both organization and financing, all countries encountered problems of “hospital quality, safety, and nurse burnout and dissatisfaction.” Many European nurses report they intend to leave their hospital positions, from 19 percent in The Netherlands to nearly half of all nurses (49 percent) in Finland and Greece, leading the

researchers to ponder the potential for a worsening shortage of nurses.

A significantly lower proportion of nurses in the U.S. (14 percent) reported their intentions to leave their current positions, possibly due to increased efforts in the U.S. to improve hospital nurse staffing levels. Having fewer patients per nurse has been linked to better outcomes for patients, including lower rates of death following everyday surgeries. Nearly 7 percent or 400 in the hospitals in the U.S. have achieved "magnet status," so-called due to their ability to attract and retain nurses because of good work environments. No hospital in Europe has a similar "magnet" designation.

The study, conducted with a 3 million euro grant from the European Commission with additional funding from the National Institute of Nursing Research of the National Institutes of Health in the U.S., investigated hospital quality and safety of care. The project continues to gather similar data from teams in Botswana, China, and South Africa.

Activity 5

Networks in Asia for assessment of hospital nurse work environments (excerpted from http://www.nursing.upenn.edu/chopr/Pages/default.aspx)

In a large and rapidly urbanizing and developing population center such as China, health care reform is essential. The China Medical Board has funded a study to evaluate the state of nursing in China, and to encourage nursing education and research. Under the direction of Sun Yat-sen University (SYSU) and with the help of the University of Pennsylvania, eight nursing schools in provinces across China have collected data on hospital environment, nurse characteristics, staffing levels and patient satisfaction. In total, the study includes data on 180 hospitals, 9000 nurses, and 4500 patients, making it one of the largest studies of nursing in China. The study is well situated to capture the attention of leaders and government officials, adding a new perspective to the health care discussion. In addition, the study process is encouraging collaboration and research ties between Chinese nursing schools and Penn.

Nursing students at the 2012 China Medical Board Nursing Workforce Research Workshop at Sun Yat-sen University (SYSU)

Participants at the China Medical Board Nursing Workforce Research Workshop analyzing provincial data on nursing conditions

The experience of developing an international human resource training program in alcohol and other psychoactive substances

by Margarita Villar Luis, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development

Developing an initiative that involves the partnership between institutions with similar propositions but with different types and levels of administration is a delicate task that requires considerable investment in order to articulate the parts involved, from the elaboration of the proposal until its completion. The aim of this experience report is to show one example of this type of initiative, which was implemented in the early 2000s and maintained until today.

The enterprise was initiated in 2002, when the University of São Paulo at Ribeirão Preto College of Nursing (EERP-USP) was invited by the Organization of American States (OAS) and the Inter-American Drug Abuse Control Commission (CICAD), established an agreement to perform a program of research capacitation courses on alcohol and other psychoactive drugs for Latin American nurses. These institutions would provide funding for EERP to deliver the courses (one year of duration) and for students to attend the courses in Brazil (three months of on-site classes). The first two editions of the course were successful, and it was been required to be continued, but using distance-learning methodology.

In 2005, the course was adapted to the online methodology, with a one-month period of on-site classes. With this new structure, Spanish-speaking Caribbean countries were included, considered an area with a strategic potential to offer the course, as there was a demand of interested professionals and problems involving the drug issue in that region.

In 2006 the CICAD-OAS formed an alliance with the National Secretariat for Drug Policies (Secretaria Nacional de Políticas Sobre Drogas - SENAD), which at the time was a department connected to the Brazilian Presidency but is now associated with the Ministry of Justice. This national organization now funds the program in terms of its local costs (Brazil) regarding the infrastructure required to develop the course, and provides student support (lodging, meals, material to write the research). Since then, the SENAD has established an agreement with EERP-USP, which is in place until today.

Since 2009, SENAD has assumed the complete costs of the program (tickets, student lodging and other costs) and requires changes such as reviewing and updating contents, including Portuguese-speaking African countries, and prioritizes the participation of Brazilian professionals from the North, Northeast and Central-West, as these regions are more deficient regarding specialization courses on alcohol and other psychoactive drugs.

The objectives of the program are to offer specialization-level capacitation to professionals in the fields of health, education, law and others interested in the topic. Its focus is offer research training regarding the prevention of drug use among several population groups, user treatment and rehabilitation, and other related themes.

The main specific objectives are to study psychoactive drugs as a complex phenomenon considering all dimensions involved (international, national and local); encourage national and international scientific production on psychoactive drugs in Latin America, the Caribbean and in Portuguese-speaking African countries, and to encourage the creation of local study and research groups in the participants' home countries.

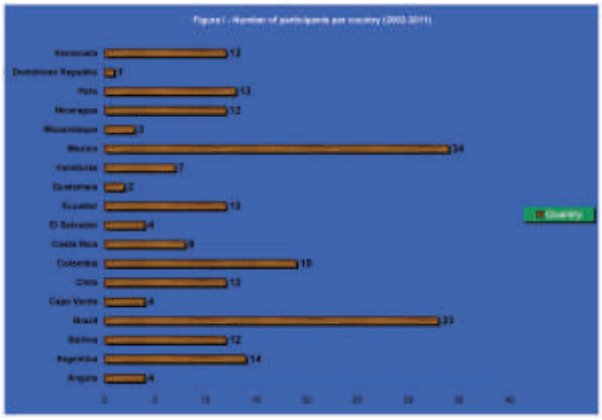
The Department of Psychiatric Nursing and Human Sciences at EERP-USP is responsible for the coordination and development of the course, specifically regarding activities that include the elaboration of the course (forwarded to SENAD on a yearly basis), its accomplishment and management. For activities regarding the classes, tutoring and student counseling, a partnership was established with other EERP departments and other faculties of the University of São Paulo.

The course duration is one year (600 hours), and it is divided into four online and one on-site modules. On the first module, the students learn how to use the platform, and the three following modules include themes about psychoactive substances, and quantitative and qualitative research methods to serve as the foundation for their development of a study to be presented at the end of the course, in the form of a scientific article.

Results

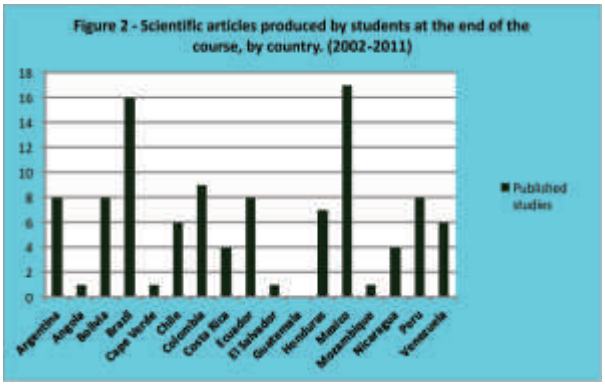
Until this date the course has had two hundred and six students from countries of the Americas and Africa (Portuguese-speaking countries) (Figure 1)

It is observed that most students are from Mexico and Brazil. Students from African countries face many



difficulties to leave work for the course; therefore, despite their subscription, when students are called for the course, few are actually capable of initiating and completing the program. Most participants were healthcare professionals graduated in Nursing (62.6%), followed by Medicine (11.6%) and Psychology (8.7%), although pedagogues (7.7%) also comprised a significant group. The graduation area of the other participants was considerably diversified (occupational therapists, lawyers, social workers, sociologists, social scientist, nutritionists, dentists, statisticians, among others).

Regarding the participants' occupation, most worked with universities (84.9%), followed by governmental institutions (10.6%) such as ministries, secretariats (Health, Justice), and others (4.3%) in health or education institutions (secondary level schools).



It is highlighted that the students' ages ranged between 24 and 60 years, with a mean age of 45 years, and most within the age group of 35 to 44 years (48.5%) followed by the groups over than 45 years (27.1%) and 24 to 34 years (24.2%). Regarding their gender, there were 158 (76.7%) women and 48 men (23.3%). Their research training ranged considerably, as some students had a graduate level while others had a specialization, masters and even doctorate degrees (1%).

Regarding the outcomes of this investment, figure 2 shows the studies that have already been published.

Considering the scientific projects developed by the students, 105 (50.8 %) were published in journals of international and local impact.

With the objective to evaluate the actions that indicated the continuity of the former course participants, they were asked to answer a questionnaire regarding the activities they developed in their country of origin, after returning, using the knowledge they acquired. Only 17 (8.2%) institutions/students answered. The data showed that they have received institutional support to develop initiatives in teaching (including contents regarding alcohol and drugs in some classes), research (creating study and research groups), and outreach, but few have received substantial financial support to conduct their investigations (Brazil, Mexico). Others have received small help from local or international organizations such as PAHO (Argentina, Nicaragua, Honduras). Participants from Chile and Colombia reported they did not receive any financial support, and those from other countries did not provide an answer in this regard.

Conclusion

The course has proven to be a disseminator of knowledge regarding psychoactive substances and the scientific investigation activities in this area. Furthermore, the partnership promoted Brazil as a country that invests in human resources not only within the country but also in neighboring regions that have a political relation with Brazil and share similar interests. It also disseminated the EERP-USP across the Americas and in Africa as an advanced centre for specialized capacitation in alcohol and drugs, recognized by a Brazilian governmental organization (SENAD) that is characterized as an important source of

financial support for initiatives addressing the theme of alcohol and drugs, in the fields of research, outreach and human resource capacitation.

The partnership with SENAD proved to be productive throughout the period, as it allowed for achieving the course goals, which coincide with those of this institution and also those of EERP, while a WHO Collaborating Centre for Nursing Research. It should be highlighted that the Specialization Course on the Research of Alcohol and other Psychoactive Drugs is the only national initiative of SENAD with a Nursing institution.

Regarding the initiatives by former students in their home countries, Mexico, counting on students with a Ph.D., developed the greatest number of research groups and publications, and also received the most expressive financial support. Another factor that affected this outcome, and should be highlighted, is the fact that, in the same period, EERP-USP established an agreement with Mexico for Ph.D. programs, and some institutions that are currently WHO CCs, took advantages of both initiatives, the specialization and the doctorate course, and sent their candidates. This suggests that institutions with a strategic view, which are better aimed at using resources as they become available, can improve their level of scientific capacitation, and, in addition, establish other university agreements (co-advising doctorate and post doctorate students) with institutions that offer the chance to share the knowledge (as the case of EERP)

The lack of funding as well as support from the institution of origin to implement local initiative pose as powerful hindrances to performing research, outreach projects or the inclusion of the topic of alcohol and other psychoactive drugs in teaching.

Other factors that may interfere are the lack of affinity with the theme, as many students were indicated by their institutions with no specific interest; some changed their initial thoughts, others suggested to maintain the same beliefs, others, yet, were unable to articulate the theme with their interests of investigation, and, eventually, the contents were not included as objects of study in subsequent investigations.

As a final evaluation, it is believed that the program is being successful, reaching some concrete outcomes while others require a better measurement. For the institutions involved through their support, SENAD, EERP-USP, Department of Psychiatric Nursing and Human Sciences, as well as for the students and their home countries the course has been an innovative experience with a positive return (sharing and increasing knowledge, living and experiencing other cultures). For the Collaborating Centre, the course is one more strategy that fulfills its mission.

Silvana Mishima, Silvia Cassiani, Isabel Mendes, Margarita Villar Luis and participants of the Research capacitation course on alcohol and other psychoactive drugs

Interprofessional Collaboration on Ageing Research

by Isabel Amélia Costa Mendes, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development

The University of Sao Paulo, Brazil held the first of three annual interprofessional conferences on 1-2 of December, 2011. The focus of the first conference was to facilitate dialogue and debate on ageing research highlighting interprofessional collaborations to build aging science. Globally, it is projected that one out of eight persons will be age 65 or older by 2030 with the fastest growing population age 85 and older (National Institute on Aging, 2007). Brazil's population will shift from 1.6 million adults over 80 years of age in the year 2000 to over 13.7 million people over 80 years of age in 2050 (Molina, 2007). Due to this dramatic shift in demographics the University of Sao Paulo invited ten scientists and educators in interdisciplinary aging science specifically in the areas of nursing, dentistry and sports medicine/kinesiology from Australia, Canada, Chile, Italy, Sweden, United Kingdom, and the United States. Brazilian professors facilitated the interprofessional dialogue and debate.

The Nurse scientists were convened by Dr. Isabel Amelia Costa Mendes, Secretary General of the World Health Organizations (WHO) Collaborating Centres for Nursing & Midwifery Development, University of Sao Paulo at Ribeirao Preto, College of Nursing, WHO Collaborating Centre, Brazil. Maria Horne, PhD, SCM, SCPHN, RN from the University of Manchester, England, UK spoke on Fall prevention, exercise and care of older people; attitudes, beliefs and best practices; Pamela Cacchione, PhD, APRN, BC from the University of Pennsylvania School of Nursing, Philadelphia, PA, USA discussed the nursing school owned and operated Living Independently for Elders (LIFE) program; and Lisa Skemp, PhD, RN from Our Lady of the Lake College School of Nursing, Baton Rouge, LA, USA described Partnering to build community capacity for healthy active aging. The conference provided an opportunity to illustrate nurses' ongoing role in designing, leading and facilitating interprofessional collaborations for developing science and scholarship to meet the needs of a growing older adult population.

Dr. Horne presented the critical importance of understanding the individual elder's perspective in exercise and fall prevention; in particular, the desire of the elders to not take on an attitude of "preventing falls" but rather a positive focus on building strength and resilience; promoting the peripheral benefits of exercise and leading active, healthy lifestyles as well as involving older people as 'active participants' in developing fall prevention interventions based on the experiences of elders (Horne et al., 2009; Horne et al., 2010). She demonstrated that while evidenced based fall prevention programs may be scientifically sound, to translate into practice it is essential to listen to and incorporate the perspective of those elders the program is designed to serve. Dr. Cacchione provided an excellent example of a nursing school designed and managed community-based independent living program for elders (Sullivan-Marx, Bradway, & Barnsteiner, 2010). She discussed how the nurse led interprofessional Living Independently Elders (LIFE) program met the physical and mental health needs of the older adults as well as built capacity in the community. For example they renovated a vacant building in the community to house the LIFE program, and trained and hired local community caregivers. Examples of addressing the elder needs demonstrated again, that the effectiveness and sustainability of the program lies not only the strength of the research and translation into practice – but the critical importance of incorporating and facilitating the community and other professionals in all phases of the work. Dr. Skemp then described an innovative framework for developing the infrastructure for partnering with interprofessional colleagues and community members in the conduct of global aging research and education initiatives. The infrastructure include: 1) a virtual communication mechanism to hold meetings; 2) a reciprocal knowledge and skill set based on the "Culturally informed community nursing practice" model (Dreher & Skemp, 2011); and 3) the use of electronic tools, such as the Gerontology Healthy Aging Portal (GHAP) on the eGranary© (Skemp, Ko, Missen, & Peterson, 2011), for access to information both in terms of current research evidence/best practices, as well as a secure system for the conduct of research. Additionally, she discussed the benefits of being in an academic environment where the tripartite mission fosters sustainability of partnerships by integrating research, education and practice initiatives to continue building community capacity for healthy aging initiatives when research funding is variable.

Outcomes of the conference include a beginning plan among the nurse scholars to use the virtual communication tools to develop an ongoing relationship with the WHOCC for building a global network of nurses and health colleagues dedicated to partnering with communities to build interprofessional gerontological science, education and practice.

The Research Pro-Rectory of the University of São Paulo offered full logistic support to this event that counted with the leadership of four knowledge areas for its organization and accomplishment: Nursing, Dentistry, Physical Education and Sports Medicine. On the Nursing area, the WHO Collaborating Centre for Nursing Research Development, through the participation of its Director, Isabel Amelia Costa Mendes, is responsible for organizing this and the next two Conferences in 2012 and 2013.

Dreher, M. & Skemp, L. (2011). Healthy places, healthy people: a handbook for culturally informed community nursing practice. (2nd ed.). Indianapolis, IN: Sigma Theta Tau International.

Horne M., Speed S., Skelton D. & Todd C. (2009) What do community dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention? Age and Ageing, 38 (1): 68-73.

Horne M., Skelton D., Speed S. & Todd C. (2010) The influence of primary health care professionals in encouraging exercise and physical activity uptake among White and South Asian older adults: experiences of 'young' older adults. Patient Education and Counseling, 78: 97-103.

Molina, H. (2007). Meeting the needs of an aging society. The Brazilian example. Perspectives. http://www.aarpinternational.org/resourcelibrary/resourcelibrary_show.htm?doc_id=598313 National Institute on Aging. (2001). Why population aging matters: a global perspective. National Institutes of Health (Publication No. 07-6134). Retrieved from http://www.nia.nih.gov/NR/rdonlyres/9E91407E-CFE8-4903-9875-D5AA75BD1D50/0/WPAM.pdf

Skemp, L., Ko, J., Missen, C., & Peterson, D. (2011). Global access to aging information and the gerontology healthy ageing portal. Journal of Gerontological Nursing. 37(1), 14-19.

Sullivan-Marx, EM, Bradway, C., Barnsteiner, J. (2010). Innovative collaboration: A case study for academic owned nursing practice. Journal of Nursing Scholarship. 42(1), 50-57.

Pamela Cacchione, Maria Horne, Isabel Mendes and Lisa Skemp

III Latin American Forum on Scientific Editing in Nursing and Health 2011

by Isabel Amélia Costa Mendes, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development

Mobilizing researchers and leaderships in scientific editing to achieve quality targets for the products of this activity, particularly journals, was the goal of this event, which took place on November 8th-9th 2011 in Ribeirão Preto, Brazil.

The WHO Collaborating Centre for Nursing Research Development, affiliated with the University of São Paulo at Ribeirão Preto College of Nursing, Brazil, is responsible for organizing this event every two years, to serve as a platform for interaction among editors and directors of institutions responsible for nursing journals in Latin America, as well as to lead processes that project nursing in their interaction with research funding entities and aim for the sustainability of scientific editing.

The event program joined Brazilian and international leaderships, who discussed the following themes:

• *PAHO knowledge management, policy and strategy for scientific dissemination, free knowledge access and work in networks, presented by Eliane Pereira dos Santos, Library and Information Network Coordinator, PAHO Knowledge and Communications Management*

• *Visibility of nursing and health publications in Latin America and the Caribbean, discussed by Lilian Calò, Information Source Production Manager at BIREME/OPAS Brazil.*

• *e-PORTUGUESe as a strategic knowledge dissemination network, by Regina Ungerer, Coordinator of the e-PORTUGUESe network/WHO headquarters.*

• *Technical-scientific production at the Brazilian Ministry of Health: from editorial planning to information dissemination, by Shirlei Rodrigues Gonçalves, responsible for General Documentation and Information Coordination, Ministry of Health.*

• *Scientific disclosure: the role of universities, class entities and VHL Nursing, discussed by Isabel Amélia Costa Mendes, Director WHOCC-Brazil; Telma Ribeiro Garcia, Publications and Social Communication Director, ABEn: Francisco Carlos Felix Lana, Coordinator of VHL Nursing and Maria Helena Palucci Marziale, Coordinator of the Portal of Nursing Journals.*

The editors and participants had the opportunity to participate in a recycling workshop conducted by Isabelle Reiss, who discussed the use of Thomson Reuters tools for citation analysis and management in scientific production, followed by Débora Dias, who shared her analysis about Quality in Nursing and Health Science Journals in the ISI Web of Science database with the audience.

Editors of eleven Brazilian scientific journals in nursing, together with the directors of the maintaining institutions, participated in discussions about the challenges and perspectives of Scientific Editing in Nursing, this debate was followed by Isabel A. C. Mendes', Director of the Brazilian WHOCC, talk on the Sustainability and editorial professionalization: a target to be reached.

The event culminated in a consensus that a work group, lead by the WHOCC director, will assess alternatives and present, within a short period, editorial sustainability proposals to all Brazilian nursing editors. This promises advances towards professionalization, work rationalization and optimization of editors' time.

Isabel Mendes and Telma Ribeiro Garcia

Francisco Carlos Felix Lana, Shirlei Rodrigues Gonçalves, Eliane Pereira dos Santos, Isabel Mendes, Regina Ungerer and Lilian Calò

Exchange programs and collaborative research and education through international relationships

by Maria Helena Larcher Caliri, University of São Paulo at Ribeirão Preto College of Nursing, WHO Collaborating Centre for Nursing Research Development

The Ribeirão Preto College of Nursing (EERP-USP), a World Heath Organization Collaborating Centre for Nursing & Midwifery Development, has been a strong investor in exchange programs to develop collaborative work in research and education through international relationships. Dr. Maria Helena Larcher Caliri has been a faculty member at EERP-USP since 1996 and has invested much of her time in international relationships ever since. In 2009, Dr. Caliri added one more milestone to her extensive international experience when she engaged in a short-term program (December 2008 to February 2009) at the University of Michigan School of Nursing (UM SoN) as a visiting professor. For three months, Dr. Caliri was involved in scientific activities and interacted with faculty with the purpose of establishing partnerships for collaborative work and exchange programs opportunities between EERP and UM SoN. Dr. Caliri had the opportunity to observe the similarities and differences between the graduate and undergraduate programs of the two universities by participating in classes and seminars, visiting laboratories and touring the University Hospital. While at the UM Dr. Caliri met Dr. Beatrice Kalisch, and that meeting was the start of a collaborative research project. Dr. Kalisch does research focused on the image of nurses and nursing and the impact of nursing care on patient safety and developed an instrument (MISSCARE) to measure nurses' perceptions of missed nursing care on their hospital units. This concept refers to any aspect of required care that is omitted either in part or in whole or delayed and that might be universal to nurses independent of their nationality. Being that both researchers agreed that a methodological study could be done in Brazil for a cultural adaptation and validation of the MISSCARE instrument so future cross national comparisons can be made between USA and Brazil to bring insights about similarities and differences related to nursing practice.

In April 2012, it was the turn of Dr. Kalisch to be hosted by EERP-USP as a visiting professor, and the partnership that started in Michigan in 2009 was strengthened through Dr. Kalisch's participation in several activities.

Dr Kalisch participated in the graduate course Nursing Knowledge Communication, coordinated by Professors Dr. Isabel Amélia Costa Mendes and Dr. Caliri to discuss content related to nursing practice in the United States and the staff categories within the health team; Misscare – its assessment and measurement in American hospitals; Patient safety and interruptions in nursing team work. Dr. Kalisch and Dr Caliri discussed the preliminary results of the proposed research and data obtained by a master student Lillian Dias Castilho Siqueira that is doing the validation study of the MISSCARE as also planning to present abstracts on international conferences.

In addition to the many research and educational activities developed during her visit to EERP-USP, Dr. Kalisch presented the lecture The image of nurses and nursing in the North American media, through the Global Network of WHO Collaborating Centres for Nursing and Midwifery Distinguished Lecture Series

Regarding the expectations towards the activities that were developed, Dr. Caliri said “we expect that Dr. Kalisch's visit will promote integration between UM researchers and the graduate students and faculty of EERP-USP. We also believe that those who participated in the activities gained deeper knowledge regarding the contents that were addressed and improved the skills needed to develop and disseminate their results in international events and journals”.

Maria Helena Larcher Caliri and Beatrice Kalisch with faculty members and students from EERP-USP

Beatrice Kalisch

San Francisco, USA

Collaboration on mentoring, training and research around the world

by Sally H. Rankin & Pilar Bernal de Phelis, University of California School of Nursing, WHO Collaborating Centre for Research & Clinical Training in Nursing

The UCSF WHO Collaborating Center has been busy over the past few years, collaborating with nurse colleagues around the world. Faculty members from the center have particularly been working in the areas of mentoring/training and research.

Over the past two years, faculty members from the UCSF School of Nursing have been sharing their expertise with universities around the world, providing technical assistance and consultation to universities seeking to strengthen their nursing programs. Our faculty members have provided support to universities in China, Ecuador, Japan, Jordan, Keyna, Malawi, Mozambique, Pakistan, Portugal, Tanzania, and Zambia. Areas of mentoring and training have included nursing education, nursing research, nursing administration, midwifery, primary health care, advanced practice nursing, and HIV. These activities provide the opportunity to transfer knowledge and skills, and also to learn from our colleagues in other settings.

In 2011, a group of 12 health care providers from Malawi, including nine nurses, visited San Francisco as part of a project aimed at exchanging ideas about how to address the health care needs of marginalized and underserved populations. UCSF School of Nursing Associate Dean for International Programs and Global Health Sally Rankin and University of Alabama at Birmingham (UAB) School of Nursing Assistant Dean for International Affairs Lynda Wilson had secured a grant from the Fulbright Foundation for the project, which funds the exchange of Fulbright fellows between the United States, Malawi and Zambia. The Malawi fellows spent two weeks in and around San Francisco, visiting nurse-led programs serving vulnerable populations. Then in July 2011, a contingent of UCSF faculty traveled to Malawi to continue the exchange and help the Malawi fellows implement some of the ideas they had taken away from their visit. The Malawi visit included workshops to help faculty get research published in peer-reviewed publications and curriculum development for a nursing PhD program at Kamuzu College of Nursing, part of the University of Malawi. As part of the project, a similar exchange took place between 13 health care workers from Zambia and faculty from UAB. Another group of faculty from UCSF are scheduled to visit in June 2012.

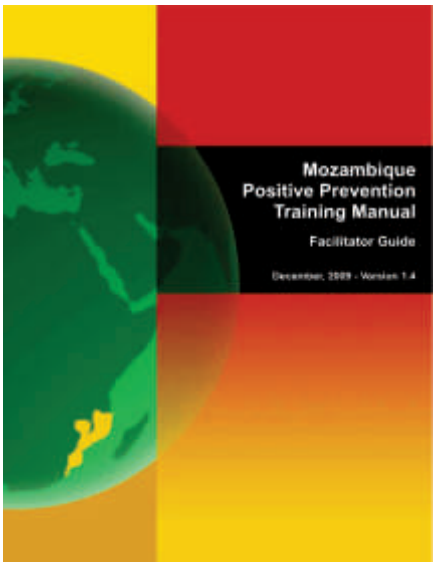
The Center has also been very involved in the Afya Bora Consortium Fellowship in Global Health Leadership. The consortium includes Makerere University, Uganda; University of Nairobi, Kenya; Muhimbili University, Tanzania; University of Botswana; UCSF, Johns Hopkins University; University of Washington; and University of Pennsylvania. The focus of the fellowship is to provide health care professionals with the practical skills that they will need to become leaders in their fields, including nursing, medicine and public health. Faculty members from each university work closely to develop and implement the program, while trainees from each country work side by side. One of the important goals of the program is for colleagues from different countries to learn from each other. The program consists of both didactic modules, as well as programmatic rotations at the various university sites in Africa. UCSF School of Nursing has been involved in developing and teaching the curriculum, and in promoting students for participation.

Since 2006, Dr. Carol Dawson Rose from the UCSF School of Nursing has been working with partners in Mozambique to improve care for people living with HIV, with a focus on training clinical providers on how to address the prevention needs of people living with HIV (PLHIV) and preventing HIV transmission to others. Addressing HIV prevention with individuals who are aware of their HIV infected status is also known as Positive Prevention (PP). HIV prevalence in Mozambique has a generalized HIV epidemic with HIV prevalence at 16%. In an over-extended health care system, efforts to provide HIV care, which includes care and education on how to improve health and prevent HIV transmission to others is essential. Dr. Dawson Rose is working with the Government of Mozambique, the US government's President's Emergency Plan for AIDS Relief, the US Centers for Disease Control and Prevention, the International Training and Education Center on Health, Vanderbilt University, and local NGO Friends in Global Health to train providers in how to address HIV prevention within HIV care settings. Through national policy changes the program helps to integrate this approach into the health care system, and works to strengthen the systemwide, Mozambique national response to HIV/AIDS. One of the main strategies has been building strong ties between the local community and health facilities to maximize the access that PLHIV have to consistent Prevention with Positives messages and services, and further that these messages are in harmony across all government programs and partners. The program team works closely with the central, provincial and district governments to achieve program goals. The team works in clinical sites where

healthcare professionals are trained to integrate PP into HIV care by conducting short risk-reduction interventions with HIV-positive patients during their routine clinic visits. To date, the team has initiated the Prevention with Positives training program, has conducted multiple trainings of trainings, and assisting the Mozambican Ministry of Health on evaluating the national roll out of these efforts. The team is currently working in provinces hardest hit by the HIV epidemic.

As part of the WHO Collaborating Center, UCSF also houses the UCSF International Nursing Network for HIV/AIDS Research. In the past five years, the Network completed its fifth international multi-site study, titled "Exploring the Role of Self-compassion, Self-efficacy and Self-esteem for HIV-positive Individuals Managing Their HIV." Results from this study have been published in peer-reviewed journals, and will be presented at the International AIDS Conference in Washington, DC in July 2012. In addition, the Network is currently planning its sixth study, which will focus on health literacy for people living with HIV. These collaborative studies are an opportunity not only to increase knowledge in the area of HIV/AIDS care, they also allow for international mentoring of principal investigators, and well as research training for students at each site.

In Fall 2011, the UCSF School of Nursing initiated a Global Health Minor, affiliated with the WHO Collaborating Center. This program offers students the opportunity to examine nursing issues that affect the global community, ranging from infectious diseases in other countries, to refugee concerns within the San Francisco Bay Area. With a focus on health disparities and program planning, this minor prepares students to become experts and leaders in nursing care at the local, national and international level.



HIV/AIDS Training Manual

Fellows Rose Mazengera, Angela Chimwaza, Spy Munthali and Enalla Thombozi visit with UCSF School of Nursing Professor Susan Kools (in orange).

HIV/AIDS Training in Mozambique

Workforce Integration of Internationally Educated Nurses (IENs)

by Andrea Baumann, Faculty of Health Sciences Mc Master University, School of Nursing, WHO Collaborating Centre in Primary Care Nursing and Health Human Resources

Andrea Baumann and her research team at the Nursing Health Services Research Unit, McMaster University site are investigating several projects focusing on the workforce integration of Internationally Educated Nurses. These projects aim to ease the entry of IENs into the health care workforce by compiling an inventory of bridging programs, creating a guide for employers and finding ways to strengthen IENs communication and clinical skills.

Key Messages

• Ontario is the leading employer of IENs in Canada. It is vital that these nurses are given early orientation to the Ontario health care system to enable them to enter the workforce. If nurses delay their return to practice, they may lose competence and confidence.

• Andrea Baumann and her research team at the NHSRU, McMaster University site, and the Ontario Hospital Association (OHA) developed a web-guide www.oha.com/ien and flip-book to help employers create a diverse multilingual workforce. (Funded by the Government of Ontario)

• The NHSRU and the Canadian Association of Schools of Nursing (CASN) collaborated to identify key characteristics of good bridging programs, including flexibility to serve the diverse needs of IENs and faculty who have dedicated time to provide a supportive environment.

• The Internationally Educated Nurse (IEN) and English as a Second Language (ESL) Nurse Integration project helped registered nurses and registered practical nurses educated abroad and in Canada integrate into the Hamilton Health Sciences (HHS) workforce. Participants engaged in the majority of the interventions offered and all interventions were successfully implemented. Recommendations are aimed at enhancing each intervention in the future. (Funded by the Government of Ontario)

Migration of Nurses in Latin America

Dr. Andrea Baumann is working with WHO and PAHO colleagues to investigate the migration of nurses in Latin America. The project will explore jointly with the countries, the problem of migration and to lay the foundations to define guidelines of responsible administration. The School of Nursing of the University Andrés Bello, is coordinating the project in South America. The University of Miami School of Nursing and Health Studies have agreed to join the project for the United States. Dr. Baumann, one of two national investigators will oversee this study in Canada along with regional team members including Silvina Malvárez , PAHO/WHO, who is overseeing the planning, coordinating and consolidating of the regional report. Objectives include: to determine the magnitude of international migration of nurses from Latin America; to identify the characteristics of the migration of nurses from Latin America and to describe the social (cultural, economic, political and legislative), labor and professional processes associated with the migration of Latin American nurses.

The Changing Nature of Health Professionals' Work: The Impact of Infectious Disease

NHSRU researchers from the McMaster University site investigated the impact of rising infectious disease on the changing nature of nurses' work in the Niagara Health System (NHS). There has been an increased incidence of hospital-acquired infections (HAIs) in Ontario, particularly in this region. Using a case study design, researchers documented and catalogued the increase in new provincial and hospital-specific infection control policies and practices that affected the daily nursing care of patients. Findings indicate the rise in infectious disease impacted the nature of nurses' work and shifted priorities, increased data management and data-based decisions and increased the communication and connectivity required across disciplines. In response, healthcare professionals in the NHS developed several innovative clinical approaches. These included the use of visual management whiteboards for immediate communication at the nursing station on each unit; the use of daily communication “huddles” to share critical just-in-time information in the emergency department; and in-hospital unit strategies to address

additional time management required for documenting, communicating and moving patients. The study was invaluable in describing the impact of infectious disease on the changing nature of nurses' work in the daily care of hospitalized patients.

Employment Integration of Nursing Graduates: Evaluation of a Provincial Policy Strategy Nursing Graduate Guarantee (NGG)

This longitudinal study examines employment trends of new graduate nurses annually in the province of Ontario and provides evidence of the impact of the NGG on nurse employment. Since 2007, the NHSRU researchers have conducted yearly evaluations of the Ontario Ministry of Health and Long-Term Care (MOHLTC) employment policy, the Nursing Graduate Guarantee. The NHSRU research team collects data from employers, new nursing graduates (RN's and RPN's), front-line staff nurse mentors, and union representatives through surveys, interviews and focus groups. The research findings help to inform policy makers about the impact of the NGG on full-time employment and integration of new graduates into the workplace through the extended orientation and mentorship program.

Approaches to Accountability: Implications of Goals, Governance, Services and Sub-sectors

An accomplished interdisciplinary team is collaborating with policy makers across multiple sub-sectors to clarify what is known about best practices. The aim is to achieve accountability under four approaches: financial incentives, regulations, information directed towards patients/payers and professionalism/stewardship. The success of these approaches will differ when applied to various categories of services and within various sub-sectors. Likely outcomes will depend upon a) the policy goals being pursued; b) the governance/ownership structures and relationships in place; and c) the goods and services being delivered and their production characteristics. There are related sub-studies, each with specified researcher leads and decision-making partners. Andrea Baumann is a member of the research team of the sub-study focusing on nursing regulatory bodies. For additional information, please see www.approachestoaccountability.ca.

Home Care Nursing Programs

by Elizabeth Madigan, Case Western Reserve University,
WHO Collaborating Center for Home Care Nursing

Development of Home Care Nursing Networks in support of Providing Consultation to countries on Home Care

As part of our terms of reference, we are developing networks for home care nurses. The first, for Latin American home care nurses, has been work in conjunction with the regional nursing advisor, Dr. Silvina Malvares. While initially an email-based group, in March 2012, Dr. Elizabeth Madigan traveled to Bogota Colombia for the 1er Encuentro Internacional de Enfermeria en Atencion Domiciliaria, sponsored by Universidad de Ciencias Aplicacadas y Ambientales. UDCA presented a two-and-a-half day workshop on home care nursing and had more than 200 attendees from Colombia but also Brazil and Costa Rica. During this conference, the Latin American home care nurses network project was presented and there were groups organized around specific topics of interest, including practice guidelines, telehealth implementation, and the roles of nurses, auxiliaries and family caregivers.

The second network being developed is the International Home Care Nurses Organization. With support from CWRU, Frances Payne Bolton School of Nursing, the IHCNO is meeting in July 2012 for a planning meeting for its first conference, to be offered in summer 2013. There are nurses from Singapore, Australia, Greece, the UK and the US involved. The IHCNO has a website: www.ihcno.org , a presence on LinkedIn, and a group on The Global Alliance for Nursing and Midwifery (GANM). The mission of IHCNO is to "develop and support a vibrant world-wide network of nurses who promote excellence in providing optimal health and well-being to patients living in their homes." This is work that are part of our terms of reference for our WHO CC.

Home Care Specific Educational Programs

We have had a number of international visitors on short-term study programs whose interest area is the development of nursing education and/or home care. For example, we hosted three groups from Taiwan, Chang Gung University; Korea, Chonhae College of Nursing; and Japan, Aichi Medical University. The study experience included home care and hospice home visits and visits to nursing homes. The study programs have been positively evaluated by the Taiwanese, Koreans, and Japanese students and faculty members. Planning for more programs is in process for the rest of the year 2012.

Faculty member, Deborah Lindell, DNP, RN, taught two community health and nursing theory courses in March 2012 (including home care content) at Wuhan University, Wuhan China, through a program sponsored by Wuhan University and Project HOPE. The courses were highly rated by the students participating, the sponsors from Project HOPE and Wuhan University. Ten faculty members from Wuhan HOPE School of Nursing, China are expected to come to FPB in September 2012 for a training program that will include home care visits.

Dr. Madigan, through a research contract with the US Centers for Medicare & Medicaid Services (CMS), has been working on the development of a revised standardized assessment instrument for all home health care patients in the US. This standardized assessment instrument, Outcomes and Assessment Information Set version C (OASIS-C) was field tested in three states, submitted to the National Quality Forum for endorsement and was implemented nationally starting January 1, 2010. Dr. Madigan has provided numerous educational programs (8 offerings from November 2008 to present) on this project, including the use of process measures to determine how nurses and other home health care providers offer care to home health care patients.

Home Care as part of Healthy Aging

We were funded for a project "Healthy Aging in the Caribbean" by the Pan American Health and Education Foundation (PAHEF). The purpose of the program is to enhance the knowledge of healthy aging for health care providers in the Caribbean working with a multidisciplinary team from Case Western Reserve and the University of the West Indies Center on Ageing, Dr. Denise Eldemier-Shearer. Dr. Diana Morris from CWRU also worked on this project. Training has been done in Trinidad for health care workers from Trinidad, Grenada, and St. Lucia. Using a train-the-trainer approach, the health care workers are then expected to train colleagues and others in healthy aging. As part of this work, the role of home-based care is presented and promoted.

Increasing Partnerships

by Jennifer Smith,Columbia University School of Nursing,
WHO Collaborating Center for Advanced Practice Nursing

Columbia University School of Nursing has signed Memorandums of Understanding with the following: Ben Gurion University Department of Nursing, Be'er Sheba, Israel; Oslo University Hospital Nursing Research Department, Center for Shared Decision Making and Collaborative Care, Oslo, Norway; and the University of Pretoria, Pretoria, South Africa.

Visitors to CUSON and the WHO Collaborating Center included: Peoples Republic of China Ministry of Health; University of Dublin College of Nursing; Jerusalem College of Technology, Israel; University of Pretoria; Hanzehogeschool Groningen School of Nursing, Netherlands; Japan Ministry of Health, Labour and Welfare; Ewha University College of Nursing, Korean Society of Nursing Science, Seoul, Korea; and Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal.

Dominican Republic

With the support of the Columbia University School of Nursing's WHO Collaborating Center for Advanced Practice Nursing, nurse practitioner students, combined BS/MS entry to practice students and faculty members continue to travel to La Romana, Dominican Republic to care for patients at La Clinica, an HIV/AIDS and primary care clinic. La Clinica was originally developed by Dr. Stephen Nicholas, Professor of Pediatrics and Associate Dean of Admissions at Columbia University College of Physicians and Surgeons. The clinic has previously hosted medical, dental and public health students from Columbia, and now will with CUSON's addition, all four schools at the Columbia University Medical School will be represented. All schools at CUMC are located in the Washington Heights neighborhood which is home to a large Dominican population, making this experience particularly appropriate.

These clinical experiences are now offered several times a year for different student groups so that as many students as possible will be provided with opportunities to learn first-hand about the health and life of another culture, as well as to share health information with staff, patients and families and to provide support for requested ongoing clinical projects.

Students receive clinical course credit for the time in La Romana and transportation and housing costs were covered by financial support from the WHO Center. CUSON believes that this and other cross-cultural exchanges are vital for both student learning and for the institutions involved.

Oslo Consortium

With partner schools, College of Nursing Jesenice, Slovenia; Fairfield University, CT; Instituto Politecnico de Leiria, Portugal; Oslo University College, Norway; Trinity College, Dublin; University of Alabama, Birmingham, AL; University of Malta and Via University College, Denmark; work continues on developing exchange programs for masters and post-masters students in order to support and develop nursing education and educators at the advanced level.

One Acute Care NP student to date has completed a semester at Oslo University College. He gained valuable experience in the intensive care rotations at Oslo University Hospital–Ulleval in the thorax unit and completed a didactic course in health promotion and lifestyles and a Norwegian language course. Additionally, faculty member Mary Johnson, DNP, was awarded a two week Fulbright fellowship to Norway, supported by Oslo University.

A grant has been submitted with the Department of Nursing at Oslo and Akershus University College of Applied Sciences to the Norwegian government “Partnership Program for North America.” The funds would cover student and faculty exchanges to increase knowledge of simulation pedagogy and pain management and to strengthen our partnership in these fields of study.

Other

CUSON Professor Richard Garfield recently presented on Reconstruction after Disasters, comparison of Haiti and Sichuan earthquakes at the Chinese Institute for Social Sciences. Three years after a major earthquake in southern China, the Institute is reviewing its efforts to monitor needs and assist in reconstruction. Comparative international experiences have not been common in China, but modernization is creating an opportunity for such development. Dr. Garfield brought knowledge of baseline assessments, which are improving through the UN system

that he helped set up when at the World Health Organization several years ago. Those assessments, created for Libya and the Horn of Africa, are now joint products of the UN-related ACAPS and the US Centers for Disease Control and have become widely used.

The famine in the Horn of Africa is the largest disaster at this time in the world. Columbia's School of International and Political Affairs featured Dr. Garfield as a speaker in a November program Famine in the Horn - Early Warnings Unheeded?. Other speakers included Gerry Martone, Director of Humanitarian Affairs, International Rescue Committee; Federica D'Andreagiovanni, Coordination Response Division-OCHA Somalia desk; and Sibi Lawson-Marriott, External Relations for Eastern and Central Africa, World Food Programme.

Dr. Garfield has been featured recently in newspaper articles on the use of cholera vaccine there, and in NPR on the use of cellphone data to monitor population movements in the months after the disaster. He coauthored an analysis of that data in PLOS medicine this fall. This is the first use of passive data from all subscribers' cellphones in the country to assess conditions following a disaster.

Dr. Laura Zeidenstein, CNM, traveled to Bangladesh in November in response to an invitation to initiate a collaborative clinical project between Gonoshasthaya Kendra (GK - translated as People's Health Center) and Columbia University School of Nursing and its Center for Children and Families. GK is a national integrated rural health system that was founded in 1972 by Dr. Zafrullah Chowdhury. The project, "Saving Mothers in Bangladesh: Prevention and Management of Emergencies in Rural Settings" focuses on training traditional birth attendants (TBAs) in emergency life-saving skills, including raising awareness about TBAs, who attend 85% of births in Bangladesh. GK has recognized the vital role of TBAs in the maternal-child health (MCH) infrastructure in Bangladesh and has conducted skills trainings since the 1970s by integrating the TBAs into a health care team approach. GK serves one million people in Bangladesh and has been successful in lowering the MCH morbidity and mortality rates (MMR) in their catchment areas to nearly half (145/100,000) that of the nationwide MMR of 320/100,000. Postpartum hemorrhage (PPH) is the leading cause of maternal death in childbirth and culturally sensitive interventions will be explored to meet the complex medical and social needs of laboring women at high risk for dying in childbirth.

CUSON students with community children outside La Romana, Dominican Republic.

Laura Zeidenstein, CNM, DNP conferring with colleagues in Bangladesh.

Virtual Training Program and Maternity Care Projects

by Antonia Villarruel & Jody Lori, University of Michigan School of Nursing,
WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing

Adaptation of the PAHO Virtual Training Program on Health and Development:
This project involves adapting an existing health and local development program from its current use in Latin America to the English-speaking Caribbean. The course has already proved successful in Spanish-speaking communities, and PAHO is anxious to develop it for use in the English-speaking regions in its jurisdiction. This effort is in line with the WHO's Multilingualism Plan of Action, adopted in 2008.

This six-month, 250 course-hour program is meant for local politicians, government employees, academics, community organizers, health care workers, and others with an interest in the impact of development on health. It teaches assessment skills such as community resource mapping and resource equity analysis, as well as models and strategies in health and resource management. Finally, it relays local health planning strategies that are individualized for the community in which the participants are located and finishes with a final project consisting of the design of a local development project.

The course consists of six modules, each with handouts, learning materials, and multimedia components. Each module also comes with complimentary readings, PowerPoint presentations, and other forms of instruction.
The UMSONCC is currently identifying which materials should be translated into English and separating them from those that will be either replaced by more recent or relevant materials, or those that should be adapted for use in the Caribbean sub-region. Once this phase is completed, the breakdown will be sent to PAHO for review, and the next phase, translation, will begin.

The desired outcomes of this project are similar to its Spanish-language counterpart: to reinforce the bond between health and development at the most local level through the training of stakeholders and decision makers.
Challenges in implementing this project stem from the differences between the nations of this diverse sub-region. Differences in types and styles of government, large differences in income and resources, large population and human resource differences among nations, and an overall lack of health policy professionals pose challenges to the success of the Adaptation Program. However, the UMSONCC and PAHO are committed to bringing this project to fruition, and are working diligently to have the course ready as soon as possible.

Transitions in Maternity Care: Morazán, Honduras

This ongoing project by faculty member Lisa Kane-Low, Ph.D., CNM, FACNM provides nursing students at the University of Michigan the opportunity to work in rural health clinics and observe maternity and childbirth practices in the developing world. Students also teach basic English skills and public health to school-aged children at primary schools near Morazán. This yearly trip is the first introduction to Global Health for many of the participants, and aids in bi-directional knowledge transfer between Honduran health workers and American nursing students. Dr. Kane-Low is actively involved in the community throughout the year and offers her professional services and conducts research on the prevention of pelvic floor injuries post-childbirth.

Challenges in implementing this student experience arise from political tensions and safety concerns in Honduras.

Increased Use of Skilled Birth Attendants in Ghana

Dr. Jody Lori, Ph.D., CNM, FACNM recently secured a five-year training grant from the Fogarty International Center at the National Institutes of Health to evaluate a program to increase skilled birth attendants throughout Ghana. The main goals of the initiative include: translating research findings into clinical practice protocols in sub-Saharan Africa and establishing relationships in sub-Saharan Africa in order to influence maternal-newborn health policy. Dr. Lori intends to 1) modify the Home-Based Life Saving Skills (HBLSS) program for use by skilled midwives (HBLSS-M) in a Ghanaian clinical setting; 2) establish the feasibility of the

HBLSS-M in Ghana; and 3) determine whether exposure to the HBLSS-M increases Ghanaian women's use of skilled birth attendants for delivery and improves birth outcomes. To meet these goals, a community participation strategy with a focus group design will be used to develop the HBLSS-M and to get buy-in from the community being served. Five skilled midwives will be trained to deliver the HBLSS-M and feasibility will be assessed. Finally, a two-group comparison design will be used to determine whether the HBLSS- M, delivered by 10 midwives, produces a greater number of deliveries with professional midwives and improves birth outcomes. It is hypothesized that child-bearing women who receive the HBLSS-M program will be more likely to deliver with skilled midwives and experience improved birth outcomes than the child-bearing women in the comparison group.

Dr. Lori builds upon her wealth of previous experience in West Africa, and inspires a new generation of nurse scientists by taking graduate nursing students with her to her projects in Ghana and Liberia.

Global Course Connections: Quito, Ecuador

The University of Michigan School of Nursing recently received a grant from the Center for Global and Intercultural Study to take 14 nursing students to Quito, Ecuador as part of a healthcare-focused course extension. This opportunity allows students to volunteer in rural and urban medical centers in Ecuador and earn credit for their experience. The students will have the chance to engage in a cross-cultural exchange while staying with host families that will introduce them to authentic Ecuadorean culture. The U-M School of Nursing has a history of successful grant applications of this type, having been awarded Global Course Connections grants to Ghana, Haiti, Ecuador, and Thailand in past years.

Collaboration with Mahidol University Faculty of Nursing, Bangkok, Thailand

The U-M School of Nursing recently received the Deans of the Faculty of Nursing of Mahidol University in Bangkok Thailand. The purpose of their two day visit was to discuss further collaboration between the two schools. The U-M School of Nursing and Mahidol already have a history of shared research and scholarly exchange, and this visit deepened the connection between the two institutions. The deans met with administrators including the Dean and Associate Deans, as well as current students and faculty members. As one of the most prominent schools of nursing in Thailand, the U-M and Mahidol stand to learn much from each other to further their goals of advancing population health and patient care in their respective countries and internationally.

Global Initiatives and WHO Collaborating Center for Geriatric Nursing Education

by Madeline A. Naegle & Michele Shedlin, New York University College of Nursing, WHO Collaborating Center for Geriatric Nursing Education

In 2011, all international activities at our College were consolidated under NYU College of Nursing Global, a broad structure for which Ann Kurth, Ph.D, CNM, FAAN is the Executive Director. NYUCN Global includes international research by independent investigators, visitors, visiting scholars and the WHO CC. Nursing participation in our New York University wide,

Interprofessional human resources for health initiatives in Ghana for example, is a recent and important program. Supported by Banco Santander, NYUCN Global has developed a global nurse scholars and leadership program to build the capacity of nurse leaders for scientific training in translational science, moving evidence into clinical practice. While starting in Ghana, we expect that we will be implementing this model in Latin America, the Middle East, Asia and other regions. In addition, NYUCN is one of seven colleges of nursing participating in the Rwanda Human Resources for Health Program, 2012-2019. Along with schools of Dentistry, medicine and public health, these colleges of nursing will recruit and work collaboratively to train health professionals who will be deployed to Rwanda for a year, working within the system and in turn, educating groups by discipline.

Building Capacity and Human Resources in Care of Older Adults New York University`s WHO Collaborating Center in Geriatric Nursing Education has continued as the matrix for Latin American and Caribbean based activities and will continue that work under the newly designated (2012-2016) Terms of Reference. These highlight the use of expanding collaborations with PAHO, WHO Collaborating Centers, and nursing organizations in Latin America and the Caribbean (LAC) to contribute to available learning about older adults. Specifically, we shall complete a Resource Guide of Competencies in Care of Older Adults for nurses and other health professionals, based on our interactive work and assessment of predominant learning needs in care of older adult, and optimal learning strategies. Both content and strategies can be modified for regional and cultural relevance. This Competencies Resource Guide, developing with feedback from content experts, nurses and other health professions, is a reference for training and program development easily modified by region and discipline. A future goal is for nurses and health care providers in LAC to implement evidence-based competencies in care of older adults. Using a network of existing relationships we will promote, with WHO/PAHO, models of competency-based inter professional education on evidence-based practices in Care of Older Adults in LAC. The NYU team on this project consists of Assistant Professor Allison Squires, Assistant Professor Tia Gilmartin, and Professsors Naegle and Shedlin.

The Resource Guide of Competencies in Care of Older Adults will be introduced on June 5, 2012 at NYU Buenos Aires, at the Symposium "Una Nueva Generacion de Adultos Mayores: Desafios y Strategias para Madurez Saludable (A New Generation of Older Adults: Challenges and Strategies for Healthy Aging in Latin America) planned by our WHO Collaborating Center in Geriatric Nursing Education, colleagues at PAHO, the NYU School of Medicine and New York University, Buenos Aires. We will convene a group of health professionals committed to addressing important issues around aging and those who can influence changes in health care delivery for this group. This symposium is chaired by Dr. Naegle and Professor Álvaro Fernández Bravo, PhD, Investigador CONICET and Director, New York University Buenos Aires with strong support of colleagues in cooperating schools and agencies. It will convene 80 health professionals and educators, representatives of health ministries and representatives of public health service agencies. The goals of the symposium include highlighting the importance of partnerships in the United States and Latin America among health professional and those planning for the health care needs of growing elderly populations in the Southern Cone

(Argentina, Brazil, Chile, Uruguay and Paraguay). There will be emphasis, as well, on the need to expand workforce capacity in the use of evidence-based competencies to promote health aging, prevent and care for non-communicable diseases. This event supplements our education and consultation projects focused on increasing the capacity of care of older adults.

In collaboration with the Pan American Health Organization and the Center for International Studies in Social Security, Latin American faculty, Goodwin and Horta and CN faculty members, Naegle and McCabe implemented The Nurse Leader in Care of the Older Adult, a continuing education workshop in Mexico City, February 22-26th, 2010. Thirty-five nurses from the Caribbean, Central America and Mexico participated in interactive group work and project planning based on extensive materials and learning experiences

facilitated by faculty. Materials from the Hartford Institute for Geriatric Nursing Education were among those highlighted for project development by participants.

Consultation to Advance Geriatric Nursing Education and Research

Since 2009, faculty members Naegle, Kovner and Budin at NYUCN have collaborated with nurse leaders and faculty members (Lima and Soares) and the School of Nursing, Federal University of Minas Gerais in Belo Horizonte, Brazil. The work has supported the development of a 30 hour specialty course in geriatric nursing, faculty development in Care of Older Adults, and seminars for students and faculty on research. In addition, Dr. Naegle is Co-investigator with Professors Lima and Soares on the research study on the Quality of Life of Older Adults living in selected districts of Belo Horizonte. In Fall 2012, Professor Soares will be a visiting Professor at the College, the third from FUMG.

Study Abroad in Latin America

Study abroad is a significant vehicle for identifying networks supportive of our WHO CC goals as well as providing opportunities for collaboration among schools and nursing organizations. New York University, the global university, has 10 study abroad sites in Asia, Europe, the Middle East and Latin America, where the site is in Buenos Aires. Two of these sites are free standing baccalaureate programs, Abu Dhabi and Shanghai. NYU anticipates the opening of a study abroad site in Brazil where we have been collaborating in small educational and research experiences and research since the 1970`s. These sites are optimal bases from which to collaborate with nursing programs in designated regions and to plan field experiences for academic courses. They are also nodes from which WHOCC may grow in collaborations with other geriatric institutes, colleges and schools of Nursing. In 2010, twenty-seven students participated in two winter intersession courses, Nursing Issues and Trends and Global Perspectives on Child Health were offered in collaboration with the School of Nursing, Universidad de Austral, Buenos Aires, Argentina.
These resulted from significant exploration and planning by Latin American faculty members Goodwin and Horta with leadership and faculty at the School of Nursing. Appreciation is expressed to faculty for their fine course execution and shepherding of graduate and undergraduate students in Nursing Issues and Trends (Professor Tom Olson, with assistance of doctoral student, Dan Cline) and Global Perspectives on Child Health (Professors W. Budin and S. Vacca). Feedback from the collaborating university faculty and student feedback on the quality of Universidad Austral teaching was excellent. The Nursing Issues and Trends course has been revised and was offered in 2011(17 students) and 2012 (19 students) by Professor Madeline Naegle. Field trips to rural health clinics, community based primary care clinics and maternity hospitals bring to life the context of the Argentinian health system, and highlight the severe shortage of registered nurses as well as issues of accessibility in a universal health coverage primary care oriented system. NYU CN students are very interested in study abroad and the opportunity in Argentina allows for much greater participation than our other study abroad course, Comparative Health Systems, offered during winter intersession at NYU`s La Pietra study abroad center in Florence Italy, is our only other study abroad course at present. [PICTURE OF STUDENTS GOES HERE]

The NYU College of Nursing Hosts Visitors Professors Leena Hannula and Liisa Hallila of Helsinki Metropolia University of Applied Sciences in Helsinki, Finland visited the College of Nursing on February 22 , 2010. They were graciously hosted in discussions of curricula (Midwifery, Julia Lange Kessler), and the College of Nursing`s programs and activities The Executive Director and President of the Norwegian Nurses Association spent two days in January 2011 discussing education and clinical preparation at the master`s degree level. They met with Associate Dean Haber and Coordinators of several of the 12 Advanced Practice Nursing Programs at the College.

The Hoge Schools based in Utrecht, Groningen and Zold, the Netherlands brings three groups of master`s prepared nurses and their faculty member to NYUCN every year. NYUCN master`s faculty provide a workshop and discussions for the

Visit to the Ambulatory Geriatric Clinic,
Hospital of the Federal University of Minas Gerais

exchange of ideas on the advanced practice nursing roles and its implementation in the United States and the Netherlands. With the introduction of the new LACE (Licensure, Accreditation, Certification and Education) model, changes in American nursing provide ample fuel for discussion. These visits are coordinated through the international office of the Lienhard School of Nursing, Pace University.

Research and Training in Latin America

NYU College of Nursing faculty continue individual research projects in Central America, focused on improving access and quality of care for non-communicable disease, improving the capacity of the nursing workforce to deliver quality care, and addressing social stigma and health care for persons with HIV.

Professor Kelley Newlin is conducting research with faith based communities in Nicaragua. At three impoverished communities she works with local churches and the country`s Ministry of health to treat patients with hypertension and Diabetes while evaluation the translation of evidence-based Diabetes education to Nicaraguan underserved communities.

Professor Mary Hickey now serves as consultant and evaluator to a project in the Dominican Republic initiated In 2009. At that time, the International Hospital for Children was contacted by the First Lady of the Dominican Republic to request services to help improve the care at Hospital Infantil Robert Reid Cabral, the largest pediatric government hospital on the island; it houses 350 beds. The outcome of Dr. Hickey`s 2010 needs assessment is a proposal (Nurse Training Program), accepted by the World Pediatric Project and submitted to the David Ortiz Children's Fund for funding. The proposal, funded in 2011, positioned Dr. Hickey , and a team of others to develop a "manual" for a nurse training program to improve infection control at Hospital Infantil Robert Reid Cabral. Dr. hickey will continue this project as Co-director.

Professor Michele Shedlin recently completed a two year NIH funded study through the Hispanic Health Disparities Research Center at University of Texas, El Paso. As Principal Investigator, she explored adherence to antiretroviral medication by persons of Mexican origin living with AIDS in Juarez, Mexico. She is currently leading a research team exploring characteristics of Colombian refugees who cross the border into Ecuador, fleeing drug-related violence. This NIH funded project has trained personnel in local development and refugee organizations in Quito, Ecuador.

Professor Alison Squires continues to study workforce distribution with specific focus on the nursing work environment in Hospital Metropolitano in Monterrey, Mexico. At the same time, Dr. Squires is studying work force and patient safety needs in four hospitals in Oaxaca, San Luis, Potosi and Tampico, Mexico.

The outcomes of WHOCC directed work interface with these individual projects, introduce more nurse researchers into our LAC network and intensity the network of connections supporting dialogue, education and collaboration with our Latin American partners in nursing and other health professions.

Students, faculty and staff and a community based primary care clinic, Pilar, Argentina

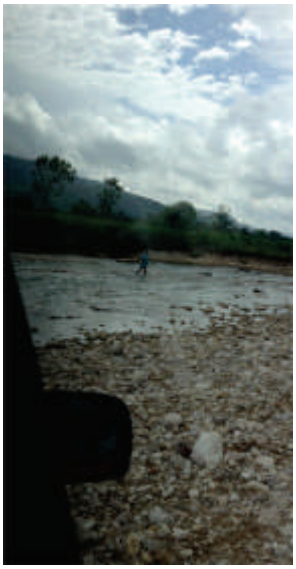
Health Workforce Development to Improve Maternal-Child Health in the Southwest Corridor of Haiti

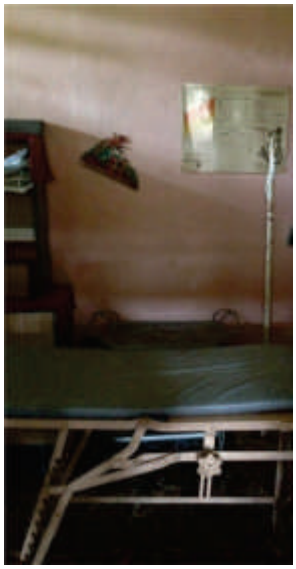
by Nilda Peragallo, University of Miami School of Nursing and Health Studies, WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety

The University of Miami School of Nursing and Health Studies (UM SONHS) is continuing its work in Haiti with a study addressing maternal and child health needs in the the Southwest Corridor of this island nation. In this two-part project funded by the W.K. Kellogg Foundation and launched in March 2012, UM SONHS investigators Drs. Rosina Cianelli, Nilda Peragallo, Carole Roseau, Emma Mitchell, and Natalia Villegas are currently conducting a needs assessment evaluation of the data related to maternal-child care in this region.

Haiti has been identified as one of the priority countries in the Americas needing long-term commitment from the international community to address severe health challenges. Global initiatives argue for improvements to the quality and scope of maternal care in Haiti as the strategy that will have the greatest impact in reducing needless maternal-child deaths in this nation (WHO, 2010,PAHO,2010). Although the fertility rate of Haiti's Southwest Corridor is higher than that of the nation overall, only 13% of births in this area are attended by skilled health workers such as midwives, nurses, and physicians, as compared to the national rate of 26% (Ministére de la Sante Publique, 2005). This information helps explain the need for increased training capacity in the area, and helps to illuminate why Haiti's maternal and child mortality rates are among the highest in the world and, in terms of maternal mortality, the highest in the Americas. Approximately 2,900 women die every year in Haiti for causes related to pregnancy, and childbearing complications (WHO, 2010); 75% of these deaths occur during childbirth or shortly afterwards and are due to conditions such as eclampsia, hemorrhage, infection, and clandestine abortions—conditions that are preventable if access to appropriate healthcare is available (WHO, 2004).

UM SONHS investigators have now completed the assessment phase as regards infrastructure, personnel, equipment, and services offered to mothers and children in the southwest corridor of Haiti. They are now assessing maternal and child needs, working directly with Haitian women, healthcare workers and leaders from within the targeted community. The collected data will later be used as groundwork to support the development of a 5-10 year proposal to expand the area's health workforce and implement a comprehensive and sustainable training program for nurses and health workers in this region.





1 - Interaction with Community Leaders; local community leader (left); Dr. Rosina Cianelli (right)

2 - The difficult road many women must travel in order to receive care

3 - Typical living conditions of many women across the critical areas of Haiti's Southwest Corridor

4 - Delivery room at a health center in the Southwest Corridor of Haiti

Nursing and Patient Safety Free Online Course

by Nilda Peragallo, University of Miami School of Nursing and Health Studies,
WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety

The University of Miami School of Nursing and Health Studies WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety (UM SONHS) continues to provide leadership to the Nursing and Patient Safety free online instructional course that was initiated in September 2011. Incorporating innovative educational tools, this course was designed to transfer knowledge regarding patient safety to nursing students, faculty and nurse professionals, especially in critical regions of Iberoamerica that would otherwise experience hardship in obtaining this health-promoting and even life-saving knowledge.

Crucial to the success of this initiative is an internationally collaborative design, whereby the members of RIENSEP (International Network of Nursing and Patient Safety Experts) provide their varying perspectives to the development and maintenance of the different course modules and to ensuring the highest quality of course content. The Pan American Health Organization (PAHO) joins the UM SONHS CC and its international partners in this effort.

During its first year, the Nursing and Patient Safety free online course saw its first integration into the nursing education curricula of educational institutions in its target regions. To ensure the continued success of this important resource, future plans include linking of the course with the PAHO Virtual Campus of Public Health, periodic re-evaluation and updating of course content, as well as the targeting of critical regions of the Americas where established contacts will aide in the dissemination of this free online course. Future plans also include the availability and dissemination of this course to countries in Africa.

Currently nearing the end of its one-year piloting phase, and now available in English and Spanish (with plans for translation to Portuguese within the next year), the web-based course is being utilized by nursing students, faculty and clinical professionals from varied regions of the Americas and has garnered highly positive feedback.

Moving midwifery education and practice forward in Macedonia

by Frances Day-Stirk, Royal College of Midwives,
WHO Collaborating Centre for Midwifery

Since initial discussions in 2004, the Macedonian Association of Nurses and Midwives (MANM) and the Royal College of Midwives (RCM) have been working together to support the development of midwifery in Macedonia. The ultimate aim is to improve care for women and babies in Macedonia and to support this a programme for midwifery educators, and then midwifery preparation has been developed.

Background and context

In Macedonia, midwifery curricula have always been defined, designed and taught by doctors and professors with no input from midwives. The gap between theory and practice appears chasmic. No student midwives have been trained since 1992, but previously the classic gymnasium model was followed whereby the student entered High School at around 14 years, choosing midwifery from a range of choices.

There was no formal regulation or central register, no standardised curriculum for student midwives, and no continuing professional development programmes or requirements in place. Available resources are limited; there are no midwifery textbooks written in Macedonian, and few teaching materials. Midwives themselves, through the MANM were committed to change, thirsty for knowledge and wanted to develop midwifery and practice in Macedonia

Needs assessment

In August 2006, the RCM and MANM undertook a joint audit of the learning and care environment. This included meeting colleagues in hospital, high school and university settings to look at what partnerships and working arrangements could be agreed prior to setting up the midwifery programme.
At that initial visit, through a stringent interview, recruitment and selection process, ten experienced midwives were recruited. These midwives (now numbering nine) have completed an education programme, led by the Royal College of Midwives UK, and supported by MANM.

The audit recommendations informed the development of the project, and an integrated plan was developed to prepare the student midwife teacher group for their role as midwifery teachers, developing a programme of continuing professional development for other qualified midwives, and then progressing to developing the whole curriculum to prepare students to become midwives.

MANM/RCM Teacher Preparation Programme participants :
From left to right:Back row:Biljana Serafimovska, Milica Beslac, Gordana Stojanovska Snezana Jovanovska
Snezana Protugerova, Daniela Stefanova,
Front row: Sue Macdonald, Ms. Tanja Trajkovska Nada Tofoska, Mrs.Velka Gavrovska Lukic, Sue Jacob and Tatjana Mirceska
Other student teachers (not pictured) Irena Necovska, Valentina Goricanec.

The student teachers' curriculum – educating the educators

The Educating the Educators curriculum was developed specifically for this project, to provide advanced midwifery theory and practice, integrated with curriculum studies and course development. It ran over two years, with regular teaching weeks in both years, with interspersed work to be undertaken by the student teachers. A portfolio of teaching and practice experience was provided to each student midwife teacher to record their activities and provide a means of assessing and developing their teaching and clinical skills.

Opportunities were provided for the student group to explore contemporary midwifery knowledge and practice and consider how to work towards a curriculum for student midwives based on the European Union Midwives Directives, congruent with the ICM Competencies of a midwife, and the ICM Global standards. We explored potential curriculum design and implementation models for the new midwifery programme in Macedonia. The World Health Organisation (WHO) suite of documents provided an important resource and springboard.

Group work – comparison of ICM competencies and protocols

Teaching students

The Project Steering Group included key stakeholders in the Republic of Macedonia, including representatives from the Ministry of Health, the High School, and the Clinics of Skopje and Bitola. This Steering Group met at four points through each year, coinciding with the study weeks, so that the Project Lead could report on progress, and student teachers could identify any issues that required attention, ensuring that they could gain teaching experience in a variety of contexts.

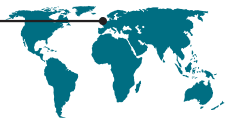
Course progress

The student midwife teachers greatly enjoyed their study weeks, and were enthusiastic to learn more about midwifery practice. The sessions on teaching and learning skills demonstrated contemporary and evidence based approaches to teaching different topics. A particular favourite was a very lively session of experiential learning around undertaking an initial assessment of the pregnant woman. My colleague Sue Jacob entered well into role to become surely the most problematic 'patient', challenging the 'midwife' taking her history. As teachers ourselves it was fantastic to see the student teachers trying out different techniques in their peer group, and then expanding this into their teaching practice with real students. The student nurses being taught by student midwife teachers loved the different and questioning approach used.

UK placement and links with UK

The project design included a UK placement, with a university Midwifery department. This provided experience of clinical and teaching practice; observational work; assessment and programme board attendance; curriculum planning and student support activities. This busy three week placement included reflective time, and additional curriculum planning workshops to help the student crystallise their learning into their programme design.
This expanded the picture of what being a midwife teacher could be, and was utilised in completing the Macedonian curriculum and designing its roll out phases.

A break from curriculum planning



Curriculum design

The curriculum design process included several drafts, and many electronic exchanges, amendments and polishing. The final curriculum is based on the simple, model of assessing needs, planning the course (and objectives) delivering the programme and evaluating it.

The three year programme includes 50% theory and practice, divided into terms and modules including the development of midwifery knowledge and practice skills (from normal through to complex and higher risk); research and evident base; psychological and sociological aspects of health care; medical and surgical issues; paediatric and mental health issues; professional studies and health promotion.

The final document was presented to the Minister of Health in Macedonia In November 2011 after being translated.

Course certificates at the end of the UK Placement

Main challenges

The project was exciting and challenging by degree. Many of the student midwife teachers had to use their own time to attend study sessions and teaching practice, and sometimes were not released from their clinical commitments. It was recommended to the Steering Group and at Ministerial level that ideally, the midwife group should be released from their 'day jobs' for the duration of the project – however this was not supported.
All teaching, except for some of the guest speakers, was in English, and therefore the student midwife teachers had to learn the midwifery and education theory in a foreign language. To assist this, at recruiting stage, this was a requirement, and those who were selected then attended classes to support their English development. It was therefore important to the teaching team to ensure that complex issues were presented as accessibly as possible.

In order to teach skills to student midwives, the student midwife teachers needed to be confident and competent in all areas of midwifery. Although all of them were experienced and valuable members of their health care teams, some had been out of certain areas of midwifery practice, working in specialised areas. Some, but not all, of the midwives were able to move to different midwifery areas.

This project took place over a number of years –from the original inception, through planning and design to implementation. The project suffered from some continuity, with changes at Ministry of Health and government level. However latterly there has been more stability which has been helpful and which, we hope, will enable the next stages of the project to be achieved.

Recently a new law has been passed which may address the difficulty faced by lack of regulation.

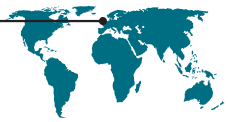
Achievements

The partnership between the RCM and a WHO collaborating centres and MANM has resulted in some important achievements.

MANM became a member of ICM and EMA, and are developing close links with other colleagues to share their expertise and experience.

The curriculum, and its accompanying clinical record book, based on the ICM and EU competencies has been designed and translated and is awaiting implementation.

The group of ten midwives successfully completed the Educating the Educators programme, submitting work – both theoretical and practical work of an excellent standard. These teachers have carried on, and implemented their learning in innovative and thoughtful



ways to improve the experience of students and fellow clinicians in the health system, and thus improve the care of patients and families. When the curriculum is put in place, Macedonia has a group of highly knowledgeable, skilled, and enthusiastic teachers who can lead and develop the programme and bring forth the first cohorts of student midwives.

Conclusion

This in country project has been an exciting collaborative adventure, working with highly committed and enthusiastic midwives towards a new training and education programme for student midwives, and developing continuing education for existing midwives. There have been major challenges along the way, and learning for all who have worked on the project. The next steps continue the challenge but hold the promise of well educated practitioners providing high quality, and humanistic care to women, their babies and families in Macedonia.

May 2012

Acknowledgements

Grateful thanks are due to Dame Karlene Davis (Former General Secretary (RCM); Mrs. Frances Day Stirk – Director of Learning Research and practice Development (RCM); Mrs.Velka Gavrovska Lukic (President (MANM); members of the project Steering Committee, and those who contributed to the whole project including the Minister for Health, : Mrs. Nikanda Kiproska (Vice president until 2010) (MANM)) Ms. Tanja Trajkovska (President of the Midwifery Section until 2010, then Vice president (MANM); and the enormous work from Midwife Teachers who completed the MANM/RCM Teacher Preparation Programme : Nada Tofoska, Milica Beslac, Snezana Protugerova, Irena Necovska, Biljana Serafimovska, Daniela Stefanova, Tatjana Mirceska, Gordana Stojanovska and Valentina Goricanec.

Implementation of Family Health Nursing in Germany

by Franz Wagner, DBfK – German Nursing Association,
WHO Collaborating Centre for Nursing

The German Nurses Association (DBfK) in 2009 established the Family Health Nursing Competence Center. From 2009 to 2011 the center was supported by the Robert Bosch Foundation.

Main activities of the center are the implementation of the family health nursing concept into the German health care system at federal and regional level, development of the education programme as a national benchmark, and establishing a national network of family health nurses and midwives. It is of utmost importance to increase the number of family health nurses and midwives as there is an imbalance between supply and demand. Therefore several measures are in force: continuous reporting and dissemination of the concept via media, brochures, flyers, journal and newspaper articles; repeated presentations, posters and lectures at national nursing and other health congresses; a network of educational institutions providing the education programme and support for course leaders; repeated meetings with ministries of health, work and social affairs, and families and elderly people at federal and regional level; meetings with stake holders (e.g. health insurances; real estate companies, communities) and with local authorities; integrating dissemination work into other activities of DBfK like promoting advanced nursing practice strategies and work force / skill mix strategies.

The center manages a grant program of the Robert Bosch Foundation for family health nursing students with grants of 2,000 EURO each. The photo shows the participants of the Family Health Nursing program which started in 2010 in Stuttgart.

The Center provides a homepage (see http://www.familiengesundheitspflege.de) and a library. The center disseminates the concept through meetings and congresses internationally and nationally.

The Center is supported by experts who meet annually to discuss issues regarding the implementation and dissemination of family health nursing. Experts include representatives from patient self-help groups, initiatives around the project "healthy city", representatives from universities, the government and health insurance.

An international meeting in 2011 was the starting point for a European network and project with several NNAs and universities from Scotland, Germany, Poland, Romania, Slovenia, Portugal, Spain, Italy, Austria and Armenia. This initiative was successful and as a result an international project was formatted and is supported by the European Union. The University of the West of Scotland (UWS) Family Health Nursing project team leads the project. The aim of this project is to develop an internationally standardized description of tasks and competencies of Family Health Nursing and a standardized curriculum for a program on master level. The German Nurses Association works in its role as WHO CC is partner of this project. Representatives of the WHO-CC attended the follow up meetings, contributes to the project (e.g. Delphi survey) and experts. The first results will be presented in July 2012 in Lublin, Poland. For a wider audience, the Center will organize an international conference to present further results, initiatives and activities in October 2012 in Berlin, Germany.

To evaluate the current situation of family health nurses and midwifes in Germany, the Center evaluates the careers and the work situation of the graduates. Results of the survey in 2010 and 2011 show, that family health nurses are still pioneers in their position. They are working in counseling / information centers, in community nursing services, self-employed, in liaison nursing and others. Funding of the work of family health nurses is still a challenge. There is no clear defined position in the health legislation. This is a factor that prevents from interested nurses to specialize in family health nursing. For midwives the situation is different: The ministry of families and elderly people recognized family health midwives as autonomous health care providers by law. The Center was involved in internal meetings to advice in the process of legislation. This legal basis will strengthen the status of the family healthnursing

and offers new opportunities for midwives. We lobby the ministry to recognize family health nurses as equivalent.

However, there is progress for the family health nurses, too. We are about to sign a contract with one of the biggest health insurance companies in Germany. From July 2012 the insurance will pay for support of clients over a period of 7 month. Intention of this offer is to stabilize the home care arrangements and support especially in very complex and challenging situations. Over a period of 7 months a family health nurse can support, encourage and sustain affected families or individuals. Recently, the government has recognized that there is an increasing demand of support for people in need of care and for the caregivers as well.

This offer refers to families with young children as well as to families with a family member with a handicap or a disability or dementia. This is a first supply of care which is not intended for long-term care.

This offers a great perspective for the estimated 60 family health nurses and midwives in Germany and encourages them to continue their helpful and effective labor for the families. It will promote the program of family health nursing effectively.

Graduates of the Family Health Nursing program in 2011 in Essen, Germany.

Asia Pacific Emergency and Disaster Nursing Network & Prevention and Control of Respiratory Diseases

by So-Sun Kim & Il Young Yoo, Yonsei University College of Nursing,
WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care

I. The 2011 Asia Pacific Emergency and Disaster Nursing Network (APEDNN) Meeting, Seoul, Korea

The 2011 APEDNN network meeting and the international conference on disaster nursing, convened in Seoul and Daejeon, the Republic of South Korea, from 21st to 24th October, 2011, were made possible through the support of the World Health Organization (WHO), the national Research Foundation of Korea, Government of Japan's Voluntary Contribution Funds; World Health Organization Collaborating Centre for Research and Training for Nursing Development in Primary Health Care, Yonsei University, Korea, Armed Forces Nursing Academy of Korea, Maple Foundation, Korea, and Seoul Metropolitan Government, Korea.

Recognizing the necessity of coordinated, sustained and maximum response to the growing numbers of emergencies and disasters in the Asia and the Pacific region, the World Health Organization (WHO) Regional Offices for South-East Asia (SEAR) and the Western Pacific(WPR) Regions, in collaboration with nursing leaders and partners formed the Asia-Pacific Emergency Disaster Nursing Network (APEDNN) in 2007, with the aim of providing a network through which emergency and disaster preparedness could be enhanced. Membership is composed of policy-makers, practitioners, researchers, educators, WHO representatives, and invited stakeholders committed to building disaster preparedness, response and recovery capacities. The network's 2008 meeting was held in Jinan, Shandong, China. The 2009 meeting was convened in Cairns, Australia, while the 2010 network meeting was convened in Auckland New Zealand.
The 2011 APEDNN meeting was attended by over 60 participants from 29 countries. Nineteen countries from the Western Pacific Region and ten countries from the South East Asian Region were represented. The meeting aimed to enable nurses and other health professionals to be more equipped to prepare for and respond to disasters through an 'all hazards preparedness' approach to disasters. The participants shared the experiences of emergencies and disasters in own countries. They shared the vision, objectives and conceptual framework of APEDNN in their work at national and regional levels. The participants identified methods of applying APEDNN courses, assessment tools, resources and research processes to plan, implement and evaluate measures aimed at strengthening nursing, health professional and community capacities to prepare for, respond to and recover from disasters. There were concerns regarding public health/emerging disease aspects of disasters; nuclear, biological and chemical disasters and the promotion of psychosocial and mental health during disaster response, recovery and rehabilitation phases. All participants have reached agreement on a quality improvement approach to capacity-building, research and evaluation endeavours of the APEDNN.

II. Maintaining Acute Respiratory Disease (ARD) website

WHO initiated a project targeting community health workers and communities for the prevention and control pandemic/epidemic prone acute respiratory diseases in 2008. The main objective of the project was to train community health workers in community settings.
There were eight Collaborating Centers for Nursing and Midwifery Development from six countries; The Republic of China (include Hong Kong), Republic of Korea, Thailand (include Chiang Mai), Jordan, Bahrain, and Egypt.
Each country was required to translate the guide and teaching materials into their own language and implement training program for community health workers. Also, Yonsei University College of Nursing, WHO Collaborating Centre for Research and Training for Nursing development in Primary Health Care was appointed as the coordinating body for the work on infection control measures for community health care of patients with acute respiratory diseases in the community settings.

All participants agreed the project as necessary and timely since there was a global concern about the threat of ARDs. Representatives from each country translated the WHO materials for trainers and trainees and deposited the materials at http://flucommunitycare.org which was developed by Yonsei University Collaborating Center. The training materials and methods were relevant to local contexts. This website is maintained by Yonsei University CC and average visitors are approximately 40 every week.

Acute Respiratory Diseases website

2011 APEDNN Meeting in front of Yonsei University College of Nursing

People-Centered Health Care

by Junko Tashiro & Michiko Hishinuma, St. Luke's College of Nursing,
WHO Collaborating Centre for Nursing Development in Primary Health Care

Our Collaborating Center for Nursing and Midwifery in Primary Health Care (PHC) has been working for development of further nursing practice models in PHC since 1990. In 2010, we celebrated the 20th anniversary of our designation. Our current focus is on the first domain of the global policy frame, "People-Centered Health Care", because our center assumes that peoples' participation is an essential part of PHC in order to contribute to Millennium Developmental Goals, which encompasses aging societies. People should be empowered or strengthen in their health literacy in order to control their own health. Towards that end, we started health programs targeting Elderly-centered, Family-centered, Women-centered Care, and with other people based on the People-Centered Care. Those programs started to obtain the desired outcomes. We also started a project collaborating with a university to strengthen Midwifery Education in Tanzania by establishing The Center for Asia Africa Midwifery Research (http://ap.slcn.ac.jp/mt5/asia-africa/). In addition, March 11, 2011, we experienced the Great East-Japan Earthquake, Tsunami and Nuclear Power Plant Accident, therefore we also participated in supporting activities for victims of this disaster. Thus, we will report on two major areas of our activities.

The Elderly-Centered Care Models based on an interdisciplinary approach

Nursing faculty, part time nurses and volunteers living in the urban community provided a weekly intergenerational day program (IDP) in one of our college buildings. Our intergenerational program has been on going for five years, offered 30 times a year for community dwelling frail elderly and school age children to promote elder's health and intergenerational exchanges for both generations.
In 2011, twelve female elders [mean age 74.6(SD 6.9)] and six school age children [mean age 8.7(SD 1.6)] were registered in our program. Eight elders were continuing participants from the beginning and three elders and three children were newly registered to the program. Elder's psychological QOL was longitudinally evaluated using the geriatric depression scale-15 (GDS-15) every six months. The 'non-depressive' group of elders ($n = 8$) showed no significant changes in GDS-15 score 2.6, 2.8, and 2.3 points at first involvement, after twelve months, and after twenty-four months respectively. The' depressive' group of elders ($GDS > 5$, $n = 4$) showed 8.8, 3.8, and 4.5 points at first involvement, after twelve months, and after twenty- four months respectively. There was a significant decreased in GDS-15 score between first involvement and after twelve months ($p < 0.001$), and first involvement and after twenty-four months ($p < 0.001$).

Our IDP represents decreasing elder's depressions especially in depressive elders because the intergenerational day program provides mutual beneficial exchanges and solidarity between generations. That will decrease elder's isolation and provision for positive effects in mental health. (from our Annual Report, 2011)

St. Luke's College of Nursing Disaster Relief Activities for The Great East-Japan Earthquake, Tsunami and Nuclear Power Plant Accidents in Fukushima, Japan.

The Research Centre for Development of Nursing Practice at St. Luke's College of Nursing (SLCN) started supporting the Fukushima Prefecture by sending nurse volunteers in April, around 1-1/2 months after the Great East-Japan Earthquake and tsunami on March 11, 2011. Our activities are based on a partnership with the non-profit organization Japan Clinical Research Support Unit, which launched the project "Hopes and Connections for the Disaster Victims". Upon request of the local government we sent nurse volunteers in total to three sites, Iwaki City, Soma City and Koriyama City. As of March 31, 2012, 1,075 nurses volunteers have participated.

In Soma City we provided assistance to the activities of mental health care team by sending mental health nurses.

In Iwaki City, initially the 127 evacuation shelters housed more than 19,000 evacuees. We provided nursing care in of the two evacuation shelters set up civic sports centre and school gymnasium. After the shelters in Fukushima Prefecture closed in mid-August, our focus of assistance shifted to supporting those who had moved from evacuation shelters to temporary housing units. In Iwaki City, we conducted more than 4,600 home-visits to serve the victims who decided to live in their homes even though damaged by the earthquake and tsunami.

All inhabitants in Tomioka-machi had been forced to flee due to the ongoing nuclear crisis at the Fukushima No.1 Nuclear Power Plant. We conducted 2,670 home-visit interviews with Tomioka-machi evacuees living in temporary housing facilities or apartments in Koriyama City.

These internally displaced persons (IDP) had lost ties with their municipalities of origin and they need detailed information from their hometown governments. Furthermore they have health problems caused by psychological stress, disruption of familiar lifestyles, etc.

Throughout the activities, we managed private information properly and took efforts to protect private information of the disaster victims. For the nurse volunteers, staff of the Psychiatric & Mental Health Nursing at SLCN provided monthly mental health care sessions and around 50 nurse volunteers participated.

There remains the potential for an increase in physical and mental health problems and in the risk of solitary deaths of people living alone in temporary housing. It is important that we consider how future care for the disaster victims will be continued.

WHO Collaborating Center for Nursing & Midwifery in Primary Health Care at St. Luke's College of Nursing, Tokyo, Japan (http://www.slcn.ac.jp/who/index.htm)

Training Program for relief nurses and Asia Pacific Emergency Disaster Nursing Network

by Aiko Yamamoto, University of Hyogo, Research Institute of Nursing Care for People and Community, WHO Collaborating Centre for Nursing in Disasters and Health Emergency

1. Redesignation in June, 2011

Research Institute of Nursing Care for People and Community (RINCPC) at University of Hyogo was designated as WHO collaborating centre titled WHO Collaborating Center for Nursing in Disasters and Health Emergency Management in May 24, 2007. After four years, our Institute was redesignated in June4, 2011. The followings are our Term of References for four years.

TOR 1: To promote nursing and health research on disaster reduction, preparedness, mitigation, response and recovery from disasters and similar life threatening events.

TOR 2:To apply and test the global disaster nursing competencies in various phases of disasters: preparedness, mitigation, response, recovery, and health emergency management.

TOR 3: To carry out a leading role in the continued development and sustainability of effective national, regional and global networks and systems for nursing and other health professionals involved in health emergency management.

TOR 4: To implement national and regional training needs assessments and, develop implement and evaluate training programs for the public and professionals involved in disasters and emergency management situations' and their prevention.

2. Summary on activities for 2 years from 2010 to 2012

1) Researches

The several collaborative international and national researches have been continued.

(1) A longitudinal research for survivors experiencing Great Sichuan Earthquake have been conducted since 2008. Research object is to clarify the survivors' daily lives and health conditions longitudinally. As health conditions, the following symptoms/disease were increased; cardiac disease, lose and regain weight, hypertension, diabetes, hepatic disease the follow-up date which was 1st year and 2nd years'. In contrast, the following symptoms/disease were decreased functional disturbances of body's joints and muscles, breathing problem, auto immune disease, asthma, allergy, kidney disease, gout and irregular menses. Survivors health conditions, those who answered "unhealthy" were 35.1% in second year, decreasing from the first year (49.9%). We are currently analyzing the results of the third year's survey.

(2) A collaborative research with other Japanese universities in order to develop the framework of disaster preparedness in nursing was conducted. It is funded by the Ministry of Education, Culture, Sports, Science and Technology in Japan. Four dimensions and total 421 items were extracted, including care provision with 122 items, nursing administration with 132 items, nursing education with 90 items, and nursing research with 77 items. The research has been conducted as second step in order to modify the framework.

(3) Disaster mitigation educations for junior high school students have conducted in cooperation with Akashi City in Japan since 2007. The aim of the program is that increase disaster preparedness among students as well as among their parents and community people. As the results, 55% of students reported that they talked about disasters with their parents. It seems that students may influence to their parents.

(4) After the Great East Japan Earthquake, research has been started to identify health conditions and self care ability among survivors through interview. The results will be reported next year.

The following programs for capacity building for nurses, students, or conducted from 2010 to 2012.

(1) The program titled "Development of Coordinators for Disaster Nursing for Middle East and Asian Countries" was provided in relation to JICA, WHO-WPRO, and WHO Kobe Center from 2008 to 2010. The contents were the health condition of the survivors, social system about disaster time, nursing care in the mid- term to long –term, the education of disaster nursing, and others. The trainees developed their own action plans as to what the nurses should do when the disaster happened in their countries.

(2) The training program among Chinese nurses taking care of survivors in their communities in 2009 and 2010 was developed and carried out based on the results of health conditions among Great Sichuan Earthquake survivors. The program was provided by the lecture, home visiting practice, and follow up workshop. Through home visiting and health consultation provided by nurses, self care ability to maintain own health among survivors seems to increase.

(3) The fundamental training program for relief nurses was provided in cooperation with the Hyogo Nursing Association. After the Great East Japan Earthquake, the training program was tentatively changed based on the activities at the disaster site, and provided to relief nurses.

Based on the experience of the Great East Japan Earthquake, it is necessary for relief nurses with coordination ability. The training programs for relief nurses will be changed and provided in future.
(4) The educational program "How to Teach Disaster Nursing at basic nursing education" have been provided since 2010. The contents covered legal system, networking, psychological aspects with nursing care, care provision for the Great East Japan Earthquake, disaster mitigation education, triage, and disaster nursing research. Many favorable comments were obtained in questionnaire after the program, such as "This seminar deepened my understanding" and "The program was very informative and useful." We also got requests for future programs. The educational program in relation with Japan Society of Disaster Nursing was also provided for Japanese nurse teachers.

3) Special activities
(1) At the time of the Great East Japan Earthquake, communication route for information sharing was developed among four organizations: the Japanese Association of Nursing Programs in University (JANPU) which aims to contribute improvement among people through improving nursing education and nursing research with cooperation among higher educational institutes, Japan Association of Nursing Academies (JANA) that aims to improve nursing as discipline through cooperation among academies, Japan Society of Disaster Nursing, and our Institute at University of Hyogo. Through this communication route, information sharing has been facilitated and mid- and long-term activities including nursing practice, education, and research have been conducted.
(2) Faculties of the Institute were dispatched to the Miyagi Prefecture's evacuation center for providing nursing care in the stricken area of the East Japan Earthquake. Health consultation was held in one of temporary housing area by faculties of this institute and faculties of Miyagi University.
(3) Faculties of this institutes joined several Forum and Meeting; The First Regional Health Cluster Forum on Humanitarian Emergencies, hosted by WHO Western Pacific Regional Office (WHO-WPRO), was held at the WHO Kobe Center. The Asia Pacific Emergency Disaster Nursing Network (APEDNN) meeting in every year for making a strong network ties among professional organizations and other groups from the Western Pacific and South-East Asia regions participated. We contributed information sharing and providing knowledge/experience related to disaster nursing.
(4) Two forums which were "Strengthening for disaster resilience" and "How do we make our Hospital Prepared for any Disaster? " were held with the WHO Kobe Centre.
(5) We are supporting the Executive and General Meeting of WHO-CC Global Network to be held at Kobe, Japan. The associated International Conference at Kobe in June-July, 2012 has been prepared as conference organizer.

Researches
Disaster mitigation educations
for junior high school students

Capacity building
The training program among Chinese nurses
taking care of survivors in their communities

Special activities
Health consultation in one of
temporary housing area

Special activities
Forum with the WHO Kobe Centre;
"Strengthening for disaster resilience"

The School Nurses International Conference and capacity building for disaster resilience

by Regina Lee, The Hong Kong Polytechnic University, School of Nursing, WHO Collaborating Centre for Community Health Services

The School Nurses International Conference 2011 and The First Creating Synergy for School Nurses Across Region Symposium in 2012 in Hong Kong

More than 300 local and international healthcare professionals and scholars gathered in Hong Kong from 25 to 29 July 2011 to attend the 16th Biennial School Nurses International (SNI) Conference 2011. It was the first time that this international conference had been held in Hong Kong, and the second time in Asia. Jointly organized by School Nurses International, the Hong Kong School Nurses Association, the WHO CC for Community Health Services, PolyU's School of Nursing, and the WHO Western Pacific Regional Office, the SNI Conference aimed at providing an inter-disciplinary platform for healthcare providers, policy makers, social workers and scholars to exchange insights on child and adolescent health across cultures and countries, especially Greater China and East Asia.

The theme of the conference was "The Role of School Nurse: Globalization, Policy Formulation and Evidence-based Practice". Distinguished scholars and industry practitioners were invited to deliver keynote speeches during the conference. In addition to the conference, different seminars, workshops and school visits were arranged to enable the participants to gain a more thorough understanding of the development of school nurses and health policy in Hong Kong. The five-day conference was opened on 26 July at the PolyU Jockey Club Auditorium by Ms Sandra Lee, immediate past Permanent Secretary for Food and Health (Health), Food and Health Bureau of the HKSAR Government; Ms Kathleen Fritsch, Regional Adviser in Nursing, WHO Western Pacific Regional Office; Ms Mary Henley, Founder of School Nurses International; Professor Timothy W. Tong, PolyU President; and Professor Maurice Yap, Dean of PolyU's Faculty of Health & Social Sciences.

Ms Kathleen Fritsch convened a meeting for all school nurses across the region during the SNI. School nurses expressed enthusiasm for forming a “Regional School Nurses Network” in order to have a platform for sharing good practices and resources in and beyond the region.

“The First Creating Synergy for School Nurses Across the Region Symposium 2012” was held on 28-29 March in Hong Kong and convened by Dr Regina Lee. There were over 30 participants from Singapore, Manila, Taiwan, Macao, mainland China and Hong Kong. The second meeting of the Regional School Nurses Network will be held on 24 June 2012 in San Francisco during the 44th NASN Conference. The Network's mission and strategic objectives, drafted by Ms Kathleen Fritsch and Dr Regina Lee and revised based on participants' comments are as follows:

16th Biennial School Nurses International (SNI) Conference 2011

The First Creating Synergy for School Nurses Across the Region Symposium 2012

Mission: To advance a professional network to promote school nursing education solidarity and the capacity to improve the health and well-being of children, adolescents and the overall school community.

Strategic Objectives:

1. Establish systems for ongoing interaction and mentoring among members to strengthen collaboration amongst nurses and other stakeholders;
2. Implement mechanisms/strategies as a knowledge platform for communication, information sharing, development and dissemination of evidence-based resources, utilizing information technology;
3. Formulate a research agenda focused on improving the health and well-being of children, adolescents and the overall school community;
4. Build school nursing capacities through education to identify, prevent and/or manage a full range of health conditions and situations, including emergencies and disasters (such as disease outbreaks);
5. Strengthen school nurses' profile and professional standards in advocating their influence on policy formulation, implementation and evaluation.

Capacity building for disaster resilience

The Sichuan earthquake in 2008 awakened nurses to the need to develop disaster nursing education. The lack of accepted competencies and gaps in education make it difficult to recruit nurses prepared to effectively respond to a disaster in the Chinese communities.

In collaboration with West China School of Nursing, Sichuan University, a 2-week summer programme entitled "Introduction to Disaster Nursing" was implemented in July 2009. A total of 150 Chinese nursing students who came from different institutes joined the programme. Pre- and post-tests were administered to assess students' perceived level of disaster nursing competencies. The preliminary results showed that most of them perceived the course useful in equipping them with the basic nursing competencies in disaster prevention, preparedness, response and recovery. Building on the experience of the

Introduction to Disaster Nursing summer programme

summer programme in 2009, an undergraduate general course, "Disasters and global health challenges" was developed. It will be pilot-run as an intensive summer programme for Chinese nursing students in Wulumuqi in the Xinjiang Uygur Autonomous Region of China in 2012.

A funded project entitled "An action research approach to developing community-based rehabilitation and health promotion strategies for quake survivors and capacity building of health workers" was conducted in collaboration with the West China School of Nursing, Sichuan University after the "512 Earthquake" in Sichuan, China in 2008. Community health needs assessment was conducted in two temporary housing areas in Dujiangyan of Sichuan, with about 6000 residents in 3 stages from 2008 to 2010. Health self-management manuals on hypertension, arthritis, insomnia, mental health and flu prevention were developed to address the common health concerns, and 2 health self-management activity rooms were built for health promotion activities.

Our experiences of the post-Sichuan quake interventions and disaster nursing competencies training were shared at the Asia-Pacific Emergency and Disaster Nursing Network (APEDNN) meetings annually. The Action research project was even profiled in the WHO planned publication "Nurses and Midwives in Action During Emergencies and Disasters: Case Studies from the Western Pacific" as one of the cases in China. The draft was disseminated at the APEDNN meeting last year. The final and edited version is scheduled to be published in 2012.

WHOCC, SN, PolyU

Bi-regional infection control training

To prevent and control healthcare-associated infection, adequately trained staff and substantial financial resources are essential. A Regional Infection Control Toolkit was developed for lesser resourced settings, consisting of 3 components: An assessment tool, toolkit and training programme. The training programme, entitled "Bi-regional Infection Control Training Course" was held from 15 to 20 November 2010 at The Hong Kong Polytechnic University (PolyU). It was jointly organized by the WHO Collaborating Centre for Community Health Services, School of Nursing, PolyU; the WHO Collaborating Centre for Infection Control, the Hospital Authority, and the Squina International Centre for Infection Control, Faculty of Health and Social Sciences, PolyU. The aim of the training was to train personnel at various levels in the healthcare system in multifaceted infection control practices specially for situations where resources are limited.

The training programme consists of lectures, interactive group work using PPRR (Prevention, Preparedness, Response and Recovery) model on infectious diseases, a skill test on Personal Protective Equipment (PPE), and a written test. Each participant was required to complete and submit the standardized infection control assessment tool/checklist, and make an action plan for conducting infection control training or development in their countries.

69 healthcare professionals from 16 countries (China, USA, Cambodia, Vietnam, Lao, Mongolia, Maldives, Samoa, Popnpei, Marshall Islands, Kosrae, Chuuk, Palau, Sri Lanka, Indonesia and Bhutan) were trained. 37 (53.6%) worked in hospitals; 31 (44.5%) worked in their respective Ministries of Health, and 6 (8.7%) were teaching faculty in universities. 21 (59.4%) participants had some previous training in infection control.

All the participants passed the written test. The highest score was 46 out of 50 and the lowest was 27 out of 50. Participants strongly agreed that the course was relevant and rewarding. They were satisfied with the training method.

After the training, a network was established among the course participants in order to support and facilitate their work in their home countries.

Bi-regional Infection Control Training Course

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PROGRAM HIGHLIGHTS

*For the complete Colloquium agenda, visit us on the web: **www.umpanamconference2012.com***

Wednesday, September 5, 2012

8:30am - 9:00am **Opening Ceremony**
Nilda (Nena) Peragallo (Dean and Professor, University of Miami, U.S.)
Maria Lenise do Prado (Professor of Nursing, Federal University of Brazil)
Pan American Health Organization/World Health Organization Representative

9:00am - 10:00am **Keynote Speakers** *In English with Spanish translation*
Donna Shalala (President, University of Miami, U.S.)
John Ruffin (Director, National Institute on Minority Health and Health Disparities, U.S.)

10:30am - 11:30am **Panel** *In English with Spanish translation*
"Global Research Funding Opportunities"

4:00pm - 6:00pm **Tour, University of Miami School of Nursing & Health Studies**

Thursday, September 6, 2012

8:00am - 8:15am **"Priorities in Nursing Research: 2012-2020"**
Silvina Malvárez (Regional Advisor on Nursing and Allied Health Personnel Development, Pan American Health Organization/World Health Organization)

8:15am - 8:30am **Keynote Speaker**
Luis Gabriel Cuervo (Senior Advisor, Pan American Health Organization/World Health Organization)

9:30am - 10:00am **Panel** *In Spanish with English translation*
"State of the Science: Nursing Research in Iberoamerica"

7:00pm - 11:00pm **Dinner Dance in honor of Dr. Maricel Manfredi**
Included in registration fee. Manfredi prize winner will be announced at beginning of evening

Friday, September 7, 2012

8:00am - 9:00am **Keynote Speaker**
Rosemary Bryant (President, International Council of Nurses)

9:00am - 10:00am **Panel** *In English with Spanish translation*
"Dr. Beverly McElmurry Legacy Panel"

12:00pm - 2:00pm **Closing Ceremony and Plated Lunch** *In English*
Keynote Speaker
Antonia Villarruel (Professor and Nola J. Pender Collegiate Chair and Associate Dean for Research and Global Affairs University of Michigan, U.S.)
"Translating Evidence for Practitioners, Policy Makers, and the Public: Implications for the Americas"

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The Secretariat of the Global Network of WHO Collaborating Centres for Nursing and Midwifery development shares with its members and society its acknowledgment to the Ministry of Health of Brazil and the Pan-American Health Organization – Brazil for their essential support to the Secretariat's activities.

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Guidelines:

texts should be limited to 7000 characters (including spaces);
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Official Publication of the Global Network of World Health Organization
Collaborating Centres For Nursing and Midwifery Development
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