SECRETARIAT REPORT

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

JULY 2024 TO JUNE 2026

UTS UNIVERSITY OF TECHNOLOGY SYDNEY

GLOBAL NETWORK

WHO COLLABORATING CENTRES

Contents

Throughout this report the Global Network of WHO Collaboration Centres for Nursing and Midwifery will be abbreviated to GNWHOCCNM.

Executive Summary

Background: The WHO Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology Sydney (WHO CCNMH UTS) was elected Secretariat of the Global Network of WHO Collaborating Centres for Nursing and Midwifery (GNWHOCCNM) in 2022 with a four-year tenure. This report describes activities and achievements between July 2024 and June 2026.

The Global Network has 45 Collaborating Centre members, located in all six of the WHO Regions. A number of strategic partners work with the GNWHOCCNM, share resources and documents, support GNWHOCCNM through the development of tools or resources, and link all the global entities for nursing and midwifery. The GNWHOCCNM provides a medium for influencing policy, with, for example, the collective strength of the network used to highlight the importance of the WHO Regional Nursing and Midwifery Advisers to the Director General of WHO in 2024. The value and influence of the GNWHOCCNM was recognized at the first Global Forum of WHO CCs, convened by WHO in Lyon in April 2026, with the Secretariat approached by seven CCs from a range of other health disciplines seeking to establish similar styles of global networks to the well-established network serving Nursing and Midwifery.

Activities: The GNWHOCCNM works to strengthen and enhance nursing and midwifery education, leadership, practice and research, supporting WHO's goal of *Health for All*. The GNWHOCCNM's strategic plan is aligned with the policies priorities of the Strategic Directions for Nursing and Midwifery (SDNM). The GNWHOCCNM's main actions are training and education, research, supporting WHO in the implementation of programs at country level, collection, collation and dissemination of information and providing technical advice to WHO. Nursing and Midwifery Collaborating Centres across the globe have been busy delivering their local priorities, under the umbrella of the SDNM.

Key activities in the reporting period were:

- strengthening nursing and midwifery visibility, collaboration and leadership to influence policy and decision-making, including on the importance of the WHO Regional Nursing and Midwifery Advisers;
- maintaining awareness of emerging issues and supporting response;
- strengthening alignment with WHO strategic priorities including SDNM, the 2025 State of the World's Nursing and Midwifery (SOWN 2025) reporting and response, and broader global Human Resources for Health (HRH) initiatives;
- being instrumental in gathering data and reporting for SOWN. This included Michele Rumsey Director at WHO CCNMH UTS, representing the GNWHOCCNM on the SOWN Steering Committee;
- using the results of the 2023 GNWHOCCNM Survey to set up subgroups in line with the SDNM priority areas of work to promote collaboration and partnership working;
- identifying key priority areas for GNWHOCCNM's future work, in alignment with the SDNM, through research. In 2025, an interactive poll to gather participants' views on where the greatest focus and investment should be directed from 2026 to 2030 was undertaken; the data will be used to guide future GNWHOCCNM planning and advocacy.
- information dissemination, which takes place through the GNWHOCCNM website, the Nursing and Midwifery Global Community of Practice (NMGCoP), the biannual LINKS magazine, webinars, social media, face to face and virtual meetings. GNWHOCCNM engagement is increasing with

social media and digital connectivity transforming information sharing and fostering collaboration and innovation;

- a series of well attended funding webinars was run to improve opportunities for diversifying funding. This was supported by a web platform showcasing WHO CC NM (Collaborating Centres for Nursing and Midwifery) case studies and by sharing data on WHO CC Terms of Reference (TORs) and areas of geographical focus to facilitate collaboration with partner WHO CCs;
- expanding collaboration between WHO CCs, regional nurse advisors, academic institutions and global partners through promoting interaction, sharing of resources and knowledge, and the identification of overlapping interests, expertise and geographical areas of work;
- encouraging face to face meetings of GNWHOCCNM members through holding side-meetings at major events. This proved an effective and cost-effective mechanism. The largest side-meeting was at the International Council of Nursing Congress (ICN) 2025 in Helsinki, where 52 participants met representing WHO CCs from all 6 WHO Regions and was also attended by global partners including WHO, Sigma Theta Tau International, ICN, International Confederation of Midwives, and AFREhealth;
- promoting GNWHOCCNM participation at WHO and partner events including WHA, Triad, and regional meetings. Members of GNWHOCCNM have been active across the globe; Secretariat and members have delivered presentations, run side-meetings of GNWHOCCNM, supported collaboration, developed networks for peer support and cooperation, and described the benefits of GNWHOCCNM.

Handover of Secretariat: Preparatory work for the handover to the WHO CC for Nursing and Midwifery Development in the Faculty of Nursing at Mahidol University, Thailand in June, 2026 has been ongoing for a year. A series of meetings and a package of tools and procedures will support the incoming Secretariat. Dr. Ameporn Ratinthorn, Dean of the Faculty of Nursing at Mahidol University has been Co-Secretary General for the 2022-2026 period which has been extremely helpful for continuity.

Conclusion: The GNWHOCCNM and their strategic partners provide valuable support to the important work being undertaken by the nursing and midwifery WHO CCs around the globe. The Secretariat has been working hard to make positive and lasting improvements to the tools and resources available to GNWHOCCNM members. Collaborative working is one of the main sources of GNWHOCCNM's strength, and promoting this is considered by the Secretariat to be key to GNWHOCCNM's success. Communication between members is paramount to effective exchange of ideas and support. The model of GNWHOCCNM side-meetings at larger conferences has proved to be an effective mechanism. In addition, the Nursing and Midwifery Global Community of Practice (NMGCoP), has over 12000 individual members and provides a fantastic forum for peer support, learning and resources. It is growing daily and is continuously updated with new resources and tools. LINKS Magazine is going from strength to strength; it features stories from the regions, disseminates information on best practice and collates information on upcoming events. The Secretariat's new strategic vision for funding is through diversified funding partnerships. Webinars and tools to facilitate identification of sources of funding and aid partnership working for collaborative applications have been developed.

1. Welcome

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

It has been a great honour to serve as Secretariat and we thank Dr Ameporn Ratinthorn, Director of the WHO CC at Mahidol University, Bangkok from SEARO for co-chairing. The Secretariat will be in good hands over the next 4 years with Mahidol at the helm.

This report provides background to the GNWHOCCNM and its Strategic Plan; an outline of the work carried out by the Secretariat across the period 2024-26 with reports on meetings and other relevant activities; the results of the 2024 survey of members; and a financial summary for the Secretariat's role for the Global Network. We look forward to supporting and collaborating with the WHO CC for Nursing and Midwifery Development, Mahidol University, Thailand as they take over as the new Secretariat, and with other key partners in the future.

With best wishes and kind regards,

Prof. Kathleen Baird, Dr Ameporn Ratinthorn and Prof. Michele Rumsey.

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Head of School Nursing and Midwifery, Faculty of Health, University of Technology Sydney

Dr Ameporn Ratinthorn, Co-Secretary General, Global Network of WHO CCs for Nursing and Midwifery.

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Director of WHO CC for Nursing and Midwifery Development, Mahidol University

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Co-Secretary General, Global Network of WHO CCs for Nursing and Midwifery.

Director of WHO CC for Nursing, Midwifery and Health Development, University of Technology Sydney

2. Background and strategic plan

2.1 The Secretariat

The WHO CCNMH UTS was elected Secretariat of the Global Network in 2022 with a four-year tenure. This report describes activities and achievements between July 2024 and June 2026. Throughout its tenure, WHO CCNMH UTS has sought to further the vision and mission of the Global Network by being a reliable source of communication, community and collaboration between the Global Network and its partners. Increasing the visibility of the WHO CCs was an ambition which continues to be as a priority going forward.

Key activities include: identifying and implementing activities which will promote the aims of GNWHOCCNM; maintaining awareness of emerging issues and supporting response; disseminating best practice tools and policies; and promoting good communication. Information dissemination takes place through many and diverse means, notably the GNWHOCCNM website (www.globalnetworkwhocc.com), the Nursing and Midwifery Global Community of Practice (NMGCoP), the biannual LINKS magazine, webinars, social media, face to face and virtual meetings. Examples include funding webinars which were well attended and informative; LINKS magazine's promotion of upcoming events and new resources, and in-person meetings of the Global Network as side meetings at major conferences. The Global Network has 45 CC members and the NMGCoP has over 15000 members and provides a fantastic and effective forum for peer support, learning and resources.

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

WHO policy is that health research is best advanced by supporting, coordinating and utilising the activities of existing institutions. WHO defines a Collaborating Centre as "*an institution designated by the Director-General of WHO to form part of an international collaborative network set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels*". There are over 800 WHO CCs in over 80 Member States working on diverse health issues from nutrition to mental health. Currently 45 centres in total are members of the GNWHOCCNM. Of these, 27 focus solely on nursing, 16 on nursing and midwifery, and 2 solely on midwifery. Table 1 gives the number of CCs for each WHO Regional Office.

The membership of the Global Network is fluid, and the number of CCs will change, and in recent times membership fluctuates between 44-46 centres. Some former CCs have not been re-designated or are waiting for their designation currently – this can be a big challenge for some centres as WHO processes for renewal can be very in depth. This explains why some data refers to different numbers of Global Network members, as it reflects the membership at the time of data collection or event.

Region	Number of Active WHO CCs
AFRO	4
AMRO	13
EMRO	3
EURO	10
SEARO	6
WPRO	9
TOTAL	**45**

Table 1. Active WHO CCs in Nursing and Midwifery by Regional Office at June 2026

The geographical distribution of the WHO CCs is depicted in Figure 1, and Table 2 lists the Centres. Additional details of these WHO CCs, including their Terms of Reference (TORs) can be found in Appendix 1.

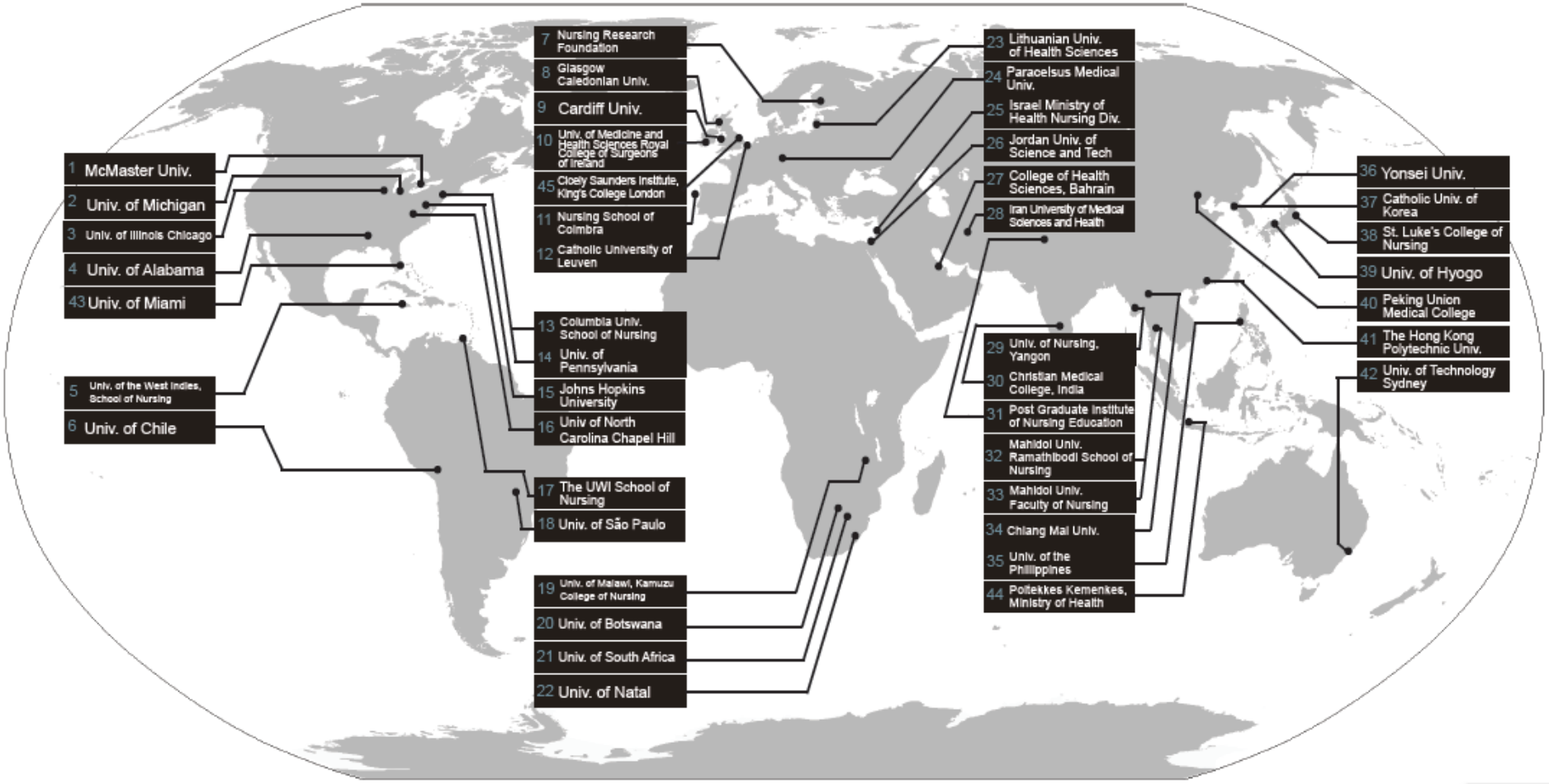


Figure 1. The Global Network of WHO Collaborating Centres for Nursing and Midwifery

GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

AFRO - WHO REGION FOR AFRICA
AMRO - WHO REGION FOR THE AMERICAS
EMRO - WHO REGION FOR THE EASTERN MEDITERRANEAN
EURO - WHO REGION FOR EUROPE
SEARO - WHO REGION FOR SOUTH EAST ASIA
WPRO - WHO REGION FOR THE WESTERN PACIFIC

AFRO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Botswana	WHO Collaborating Centre for Nursing and Midwifery Development	Gaborone, Botswana	BOT3
University of South Africa (UNISA), Department of Health Studies	WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development	Pretoria, South Africa	SOA14
University of KwaZulu-Natal, School of Nursing	WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving	Durban, South Africa	SOA13
University of Malawi, Kamuzu College of Nursing	WHO Collaborating Centre for Interprofessional Education and Collaborative Practice	Lilongwe, Malawi	MAL3

AMRO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Pennsylvania, School of Nursing	WHO Collaborating Centre for Nursing and Midwifery Leadership	Philadelphia, USA	USA206
McMaster University	WHO Collaborating Centre in Primary Care Nursing and Health Human Resources	Hamilton, Canada	CAN39
University of Miami, School of Nursing and Health Studies	WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety	Miami, USA	USA349
University of Michigan, School of Nursing, Office of International Affairs	WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing	Ann Arbor, USA	USA283
University of Alabama at Birmingham, School of Nursing	WHO Collaborating Centre for International Nursing	Birmingham, USA	USA241
Columbia University, School of Nursing	WHO Collaborating Centre for Advanced Nursing Practice	New York, USA	USA272
University of Illinois at Chicago	WHO Collaborating Centre for International Nursing Development in Primary Health Care	Chicago, USA	USA193
Johns Hopkins University, School of Nursing	WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing	Baltimore, USA	USA297
University of North Carolina at Chapel Hill, School of Nursing	WHO Collaborating Centre in Quality and Safety Education in Nursing and Midwifery	Chapel Hill, USA	USA461
University of Sao Paulo, College of Nursing at Ribeirao Preto	WHO Collaborating Centre for Nursing Research Development	Sao Paulo, Brazil	BRA32
The University of West Indies School of Nursing, Mona (UWISON)	WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean	Kingston, Jamaica	JAM15
University of the West Indies (UWI) at St. Augustine, School of Nursing	WHO Collaborating Centre in Nursing Policies and Leadership	St. Augustine, Trinidad and Tobago	TRT1
University of Chile	WHO Collaborating Centre for Development of Midwifery	Santiago, Chile	CHI18

EMRO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Iran University of Medical Sciences and Health Services	WHO Collaborating Centre for Education and Research in Nursing and Midwifery	Tehran, Iran	IRA58
University of Bahrain, College of Health & Sport Sciences (CHSS)	WHO Collaborating Centre on Nursing Development	Manama, Bahrain	BAA1
Jordan University of Science and Technology	WHO Collaborating Centre on Nursing Development	Irbid, Jordan	JOR16

EURO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Glasgow Caledonian University, Department of Nursing and Community Health	WHO Collaborating Centre for Nursing and Multidisciplinary Rehabilitation	Glasgow, Scotland	UNK160
Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation at King's College London	WHO Collaborating Centre for Palliative Care and Policy	London, England	UNK346
Nursing Research Foundation	WHO Collaborating Centre for Nursing	Helenski, Finland	FIN19
Nursing School of Coimbra	WHO Collaborating Centre for Nursing Practice and Research	Coimbra, Portugal	POR14
Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences	WHO Collaborating Centre for Midwifery Development	Cardiff, Wales	UNK276
Lithuanian University of Health Sciences	WHO Collaborating Centre for Nursing Education and Practice	Kaunas, Lithuania	LTU4
Catholic University of Leuven	WHO Collaborating Centre for Human Resources for Health Research and Policy	Leuven, Belgium	BEL51
University of Medicine and Health Sciences Royal College of Surgeons of Ireland	WHO Collaborating Centre for Nursing Regulation and Continuing Professional Development	Dublin, Ireland	IRE12
Paracelsus Medical University, Institute of Nursing Science and Practice	WHO Collaborating Centre for Nursing Research and Education	Salzburg, Austria	AUT15
The Israeli Ministry of Health, Nursing Division	WHO Collaborating Centre for Leadership and Governance in Nursing	Jerusalem, Israel	ISR32

SEARO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA35
Mahidol University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Bangkok, Thailand	THA34
Chiang Mai University, Faculty of Nursing	WHO Collaborating Centre for Nursing and Midwifery Development	Chiang Mai, Thailand	THA43
Christian Medical College and Hospital	WHO Collaborating Centre for Nursing and Midwifery Development	Vellore, India	IND138
Postgraduate Institute of Medical Education and Research (PGIMER), National Institute of Nursing Education	WHO Collaborating Centre for Nursing and Midwifery Development	Chandigarh, India	IND140
University of Nursing, Yangon	WHO Collaborating Centre for Nursing and Midwifery Development	Yangon, Myanmar	MMR4
Poltekkes Kemenkes, Ministry of Health, Directorate of general health Workfore	WHO Collaborating Centre for Nursing and Midwifery Development.	Jakarta, Indonesia	INO24

WPRO

INSTITUTION	COLLABORATION CENTRE	CITY/COUNTRY	CODE
University of Philippines, Manila	WHO Collaborating Centre for Leadership in Nursing Development	Manila, Philippines	PHL13
University of Technology Sydney	WHO Collaborating Centre for Nursing, Midwifery and Health Development	Sydney, Australia	AUS93
St Luke's International University, College of Nursing	WHO Collaborating Centre for Nursing Development in Primary Health Care	Tokyo, Japan	JPN58
University of Hyogo, Research Institute of Nursing Care for People and Community	WHO Collaborating Centre for Disaster Risk Management for Health	Kobe, Japan	JPN77
The Hong Kong Polytechnic University (HKPU), Faculty of Health and Social Sciences, School of Nursing	WHO Collaborating Centre for Community Health Services	Hong Kong, China	CHN89
Peking Union Medical College, School of Nursing	WHO Collaborating Centre for Nursing, Policy-Making and Leadership	Beijing, China	CHN129
Yonsei University, College of Nursing	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	Seoul, Republic of Korea	KOR16
The Catholic University of Korea, College of Nursing, Research Institute for Hospice and Palliative Care	WHO Collaborating Centre for Training in Hospice & Palliative Care	Seoul, Republic of Korea	KOR104

Table 2. The Global Network of WHO Collaborating Centres for Nursing and Midwifery at June 2026

The GNWHOCCNM was first formed between 1987-1988 and has the vision of creating a global network for nursing and midwifery leaders. GNWHOCCNM promotes ongoing collaboration and communication between members; WHO CCs with similar interests can share resources and expertise. New subgroups have been set up to reflect the four key policy directions of the SDNM (Jobs, Education, Service Delivery and Leadership). The aim of these groups is to encourage collaboration and reflect the benefits of the data collected in the 2023 survey as WHOCCs better understand each other's interests, areas of expertise and geographical experience. For example, a new global research project has been proposed on Government Chief Nursing and Midwifery Officers (GCNMOs). The project will undertake a global analysis on the status of GCNMOs. This project has been initially proposed with collaboration between four Centres in the GNWHOCCNM, but initial discussions have shown that there is widespread interest in the study and it is anticipated that this research will involve extensive work with many centres.

The first Global Forum of all WHO CCs, convened by WHO in Lyon between April 8-9 2026, brought together representatives from more than 800 institutions designated as CCs across more than 80 countries. In Lyon, the value and influence of the GNWHOCCNM was highlighted, with the Secretariat approached by seven CCs from a range of other health disciplines seeking to establish similar style to that of the Global Network. The LINKS magazine was discussed widely and the constitution was shared, with the aim of inspiring the creation of new global health networks.

The collective strength of the GNWHOCCNM was further demonstrated through the joint letter sent to the Director General, WHO, Dr Tedros Adhanom Ghebreyesus in November 2024. Collaborating centres and strategic partners across the GNWHOCCNM contributed to the development of the letter, which highlighted the importance of continued support for WHO Nursing and Midwifery Regional Advisers. The correspondence emphasized the need to establish and maintain a WHO Regional Nursing and/or Midwifery Adviser position within every Regional Office to ensure the effective integration of the expertise and perspectives of the world's largest health workforce into global health strategies, policies, and practice.

The response from Dr Tedros acknowledged the critical role of nursing and midwifery in advancing universal health coverage and reinforced the impact of coordinated advocacy through GNWHOCCNM. The exchange demonstrated the power of the GNWHOCCNM to work collectively in promoting positive change within the nursing and midwifery sector. The original letter to Dr Tedros and his response is included in Appendix 2.

Dr Tedros has also been a strong advocate for WHO CCs more broadly, championing and opening the landmark Global Forum of WHO CCs. He has described WHO's network of CCs as "an immensely valuable but under-utilized resource for global health," further recognising the important contribution these centres make to advancing global health priorities.

The GNWHOCCNM Side Meeting, held during the ICN Congress 2025 in Helsinki in June 2025, brought together fifty-two participants from WHO CCs across all six WHO regions, alongside global partners including World Health Organization, Sigma Theta Tau International, International Council of Nurses, International Confederation of Midwives, and AFREhealth, with participation both in person and online. Feedback from participants reflected a strong sense of goodwill, collaboration, and relationship building, with many noting that the meeting genuinely felt like a true global network. Experiences such as this continue to demonstrate the significant value and strength of the Global Network.

A number of strategic partners work with the GNWHOCCNM and these are shown in Table 3. These strategic partners are very important as they work together at WHO meetings and link all the global entities for nursing and midwifery.

GNWHOCCNM Strategic Partners	
International Confederation of Midwives	The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world, to achieve common goals in the care of mothers and newborns.
ICN International Council of Nurses The global voice of nursing	Operated by nurses and leading nurses internationally, the International Council of Nurses (ICN) works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.
jhpiego Saving lives. Improving health. Transforming futures.	Jhpiego works to prevent the needless deaths of women and their families by developing strategies to help countries care for themselves by training competent health care workers, strengthening health systems and improving delivery of care.
Sigma GLOBAL NURSING EXCELLENCE	Sigma Theta Tau International aims to advance world health and celebrate nursing excellence in scholarship, leadership, and service.
AFREhealth African Forum for Research and Education in Health	AFREhealth is an interdisciplinary health professional forum which seeks to improve health care in Africa through research, education and capacity building.
Pan American Nursing and Midwifery Collaborating Centres PANMCC	Pan American Nursing and Midwifery Collaborating Centres (PANMCC) is a network of PAHO/WHO Collaborating Centres within the AMRO Region that supports the role of nurses and midwives in the advancement of "Universal Health Coverage" by addressing current health priorities and promoting regional and global cooperation.

Table 3. GNWHOCCNM strategic partners.

Many ICN and ICM policy documents and resources are shared with the whole Network. Support can be through the development of tools and resources or direct assistance to WHO CCs and collaborative advocacy actions. This includes contributing to and co-signing joint correspondence, such as the letter addressed to the DG of WHO, Tedros Adhanom Ghebreyesus, which enhanced the visibility and impact of the document through the collective support of global partners.

The GNWHOCCNM is an international, independent, not-for-profit organization comprising WHO CCs from across all six WHO Regions. The global reach and influence of GNWHOCCNM is shown in Fig. 2, with the orange colour representing countries where centres and partners are located and carry out work.

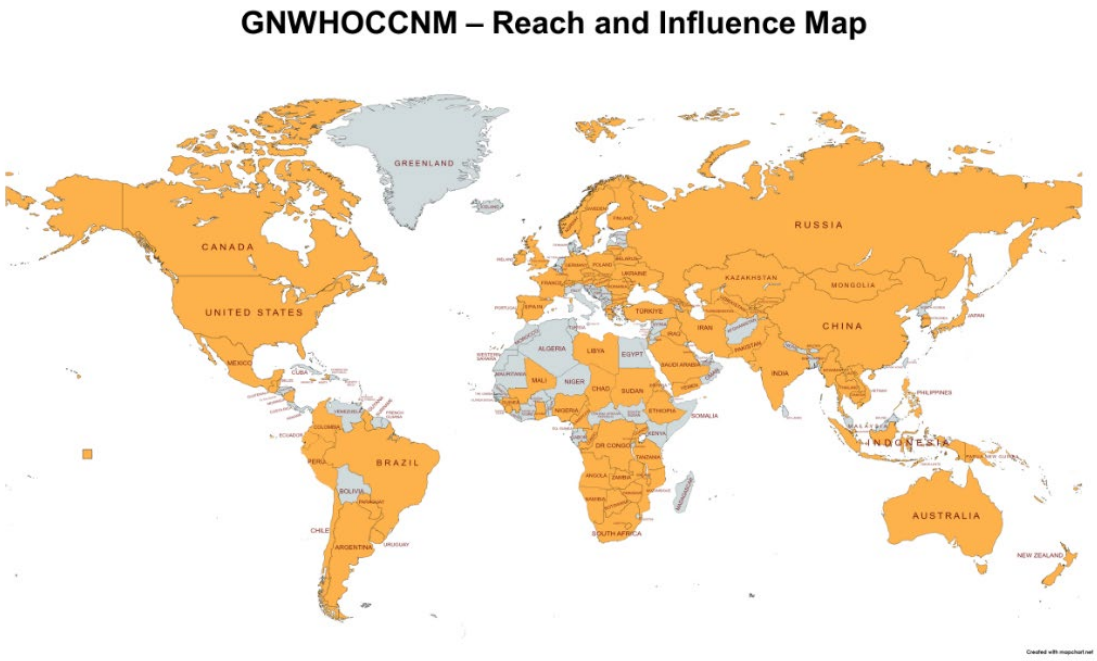


Figure 2. The global reach and influence of GNWHOCCNM

The GNWHOCCNM works to strengthen and enhance nursing and midwifery education, leadership, practice and research, supporting WHO's goal of *Health for All*. The GNWHOCCNM's strategic plan is aligned with the policies priorities of the Strategic Directions for Nursing and Midwifery (SDNM). GNWHOCCNM's main actions are training and education, research, supporting WHO in the implementation of programs at country level, collection, collation and dissemination of information and providing technical advice to WHO. Through its actions, the GNWHOCCNM aims to develop and build institutional capacity in countries and regions. In March 2023, Dr Amelia Latu Afuhaamango Tuipulotu, the then newly appointed Chief Nursing Officer at WHO, attended her first meeting of the Executive Committee and expressed her support for the GNWHOCCNM. Her support has continued throughout 2024-2026., for example through discussions at WHO Academy regarding CPD courses for nursing and midwifery programs. She has also been a prominent advocate for the Basic Emergency Care Program (BEC), also supporting regional roll-outs including the Pacific Regional Basic Emergency Care training in Fiji. She has regularly updated the Global Network on the BEC program.

Figure 3. Dr Amelia Afuhaamango Tuipulotu attending a working lunch with Global Network colleagues.

2.3 Developing the Strategic Plan for 2022-2026

Background

In September 2022, the Strategic Plan for the GNWHOCCNM was presented to the Executive Committee for the 2022-2026 term. The plan was reviewed in the face-to-face meeting prior to the WHA in Geneva in May 2024 and approved by the Executive Committee in June 2024.

The Strategic Plan was developed in line with the mission, vision, guiding principles, and operating principles of the GNWHOCCNM. One of the key guiding principles is to involve and support all Centres in progressing WHO SDNM Policy Priorities 2021-2025: Education, Jobs, Leadership, and Service Delivery. These policy priorities have now been extended to 2030. A summary of these strategic directions and supporting policy priorities is presented in Fig. 4.

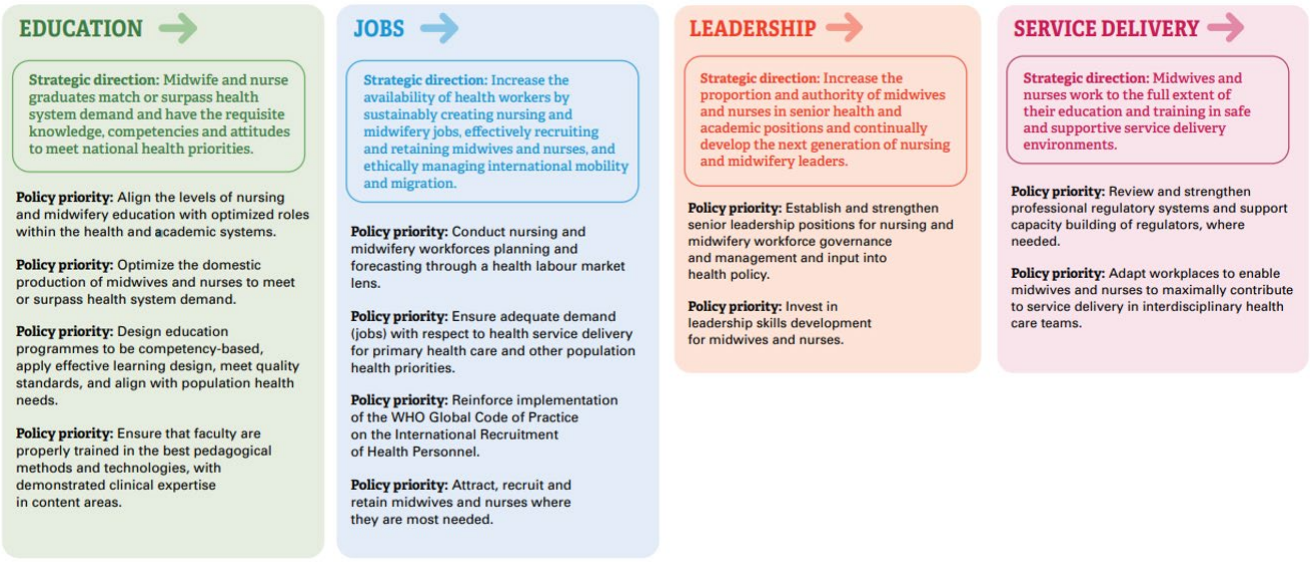


Figure 4. Summary of WHO Global Strategic Directions for Nursing and Midwifery Policy Priorities (2021 - 2030)

In addition, the 5 priorities for WHO Fourteenth General Programme of Work (2025-2028) were noted. **Priority 4** is of particular importance to the GNWHOCCNM:

WHO Priorities 2022-2026

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

The Strategic Plan has been aligned with the SDNM key priority areas of Jobs, Leadership, Education, and Service Delivery. Another key professional area has been added on the topic of Research and Communication.

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

2.4 The Strategic Plan 2022 - 2026

Vision
A Global Network of Nursing and Midwifery Leaders.

Mission
The Mission of the Global Network is to maximize the contributions of nursing and midwifery to advance *Health for All* in partnership with WHO and its member states, member CCs, NGOs, and others interested in promoting and improving the health of populations. In addition to fostering collaboration and communication within the nursing and midwifery global community, GNWHOCCNM will carry out advocacy and evidence-based policy activities within the framework of the WHA, regional resolutions, and WHO Programs of work, and in alignment with WHO SDNM Policy Priorities. These policy priorities, originally timetabled for 2021-2025 have been extended to 2030 and therefore remain absolutely relevant as guiding the prioritisation of GNWHOCCNM activities.

Guiding Principles for 2022-2026

- Advance *Health for All* through advocacy, education, research and evidence-based policy activities;
- Involve and support all Centres in the principal activities of the GNWHOCCNM and in progressing the WHO SDNM Policy Priorities 2021-2030: Education, Jobs, Leadership, and Service Delivery;
- Utilize and demonstrate the GNWHOCCNM's unity in diversity;
- Share knowledge, skills and resources within the GNWHOCCNM and with other partners;
- Develop Centres individually and the GNWHOCCNM as a whole;
- Promote communication that is clear, focused, disseminated, and timely;
- Recognize and seek involvement with relevant stakeholders, nationally and internationally
- Ensure all Network activities conform to ethical principles.
- The Secretariat has ultimate responsibility for the coordination and communication of the GNWHOCCNM in collaboration and consultation with member Centres.
- Strategic plans are reviewed every two years in conjunction with each biennial meeting.

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

Partners of the Global Network are WHO headquarters, WHO regional office, WHO country office, CCs and their partners: International Council of Nurses (ICN), International Confederation of Midwives (ICM), AFREhealth, Johns Hopkins Program for International Education in Gynaecology and Obstetrics (Jhpiego) and Sigma Theta Tau International Honor Society of Nursing (STTI) (Fig. 5).

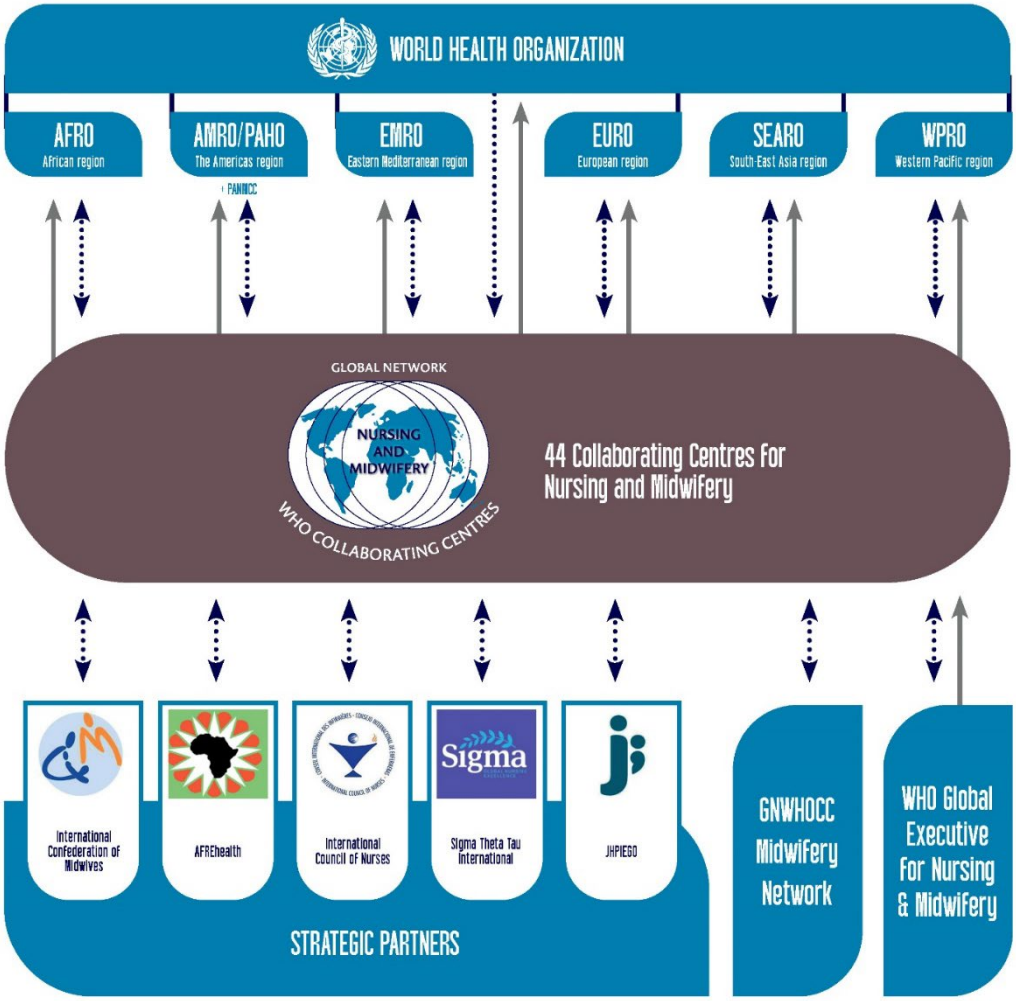


Figure 5. Global Network for Nursing and Midwifery Structural Diagram

Key Professional Areas of the Global Network

Research and Communication

- Participate in and generate research as appropriate to advance WHO's 'Health For All' agenda, the United Nations Sustainable Development Goals (SDGs), and the health policy priorities identified in the WHO Strategic Directions for Nursing and Midwifery 2021-2030: Jobs, Leadership, Service Delivery, and Education.
- Liaise with and facilitate connections between Global Network members, key collaborating partners, stakeholders, and institutions to leverage local, regional, and international research expertise and thereby contribute to the WHO Global Health Agenda.
- Secretariat to disseminate relevant best practice tools and policies in support of WHO health agenda.
- Secretariat to highlight the contributions of the Global Network to WHO health agenda (e.g. biannual publication of the LINKS Magazine).
- Encourage Global Network contributions to key health and development forums.
- Organize biennial conference to share contributions of the Global Network to WHO program agenda and facilitate collaboration and global nursing and midwifery leadership development within the work of the Global Network.

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

Education

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

Jobs

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

Leadership

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

Service Delivery

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

Goals and Objectives

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

Objective 1.1: Identify, support, and evaluate the effective implementation of evidence-based activities that would advance the WHO Health for All vision, Universal Health Coverage and the WHO SDNM 2021-2025.			
Action	**Individual/Group Responsible**	**Examples of Activities**	**Date completed**
Action 1.1.1: Secretariat to organize a virtual global conference with GNWHOCCNM Members and key stakeholders to highlight and discuss relevant Network activities.	Secretariat	Ongoing LINKS magazine WHO Community of Practice Side meetings (agreed at Exec) Global hybrid conference	Ongoing July 2026
Action 1.1.2: Secretariat to consult internally on key literature, events and opportunities relevant to the interests of the GNWHOCCNM and the advancement of the WHO SDNM 2021-2025, and to disseminate information accordingly.	Secretariat	Key literature, events and opportunities disseminated through NMGCoP, LINKS Magazine and at meetings. Approach to maximize opportunities for funding disseminated through Funding Webinars. Support provided with upload to websites	Ongoing
Action 1.1.3: Secretariat to continuously strategize with the members of the Global Network on how to engage nursing and midwifery leaders in the implementation of the WHO '*Health for All'* vision and the advancement of the WHO SDNM 2021-2025.	Secretariat	Interaction and strategizing with Global Network through Executive Committee, face to face meetings of Network members, side meetings at major conferences, NMGCoP, survey data, and LINKS magazine.	Ongoing
Objective 1.2: Maintain awareness, promote sensitivity, and support Global Network responsiveness to emerging health care news, issues, and crises.			
Action	**Individual/Group Responsible**	**Activities**	**Date to be accomplished**
Action 1.2.1: Secretariat and centres to monitor and track emerging health issues and crises and disseminate relevant information.	Secretariat and centres	Monitoring of emerging issues Dissemination through monthly emails, social media, NMGCoP, LINKS, and Regional updates	Ongoing
Action 1.2.2: Secretariat to invite WHO CCs to submit articles regarding emerging	Secretariat	LINKS Magazines produced November 2024, April 2025 and December 2025. The next	Ongoing

health issues for LINKS magazine and Global Network Regional Update		issue will be produced in July 2026. The number of online views and visitors substantially increased from Volume 15 to Volume 16 of LINKS. While impression data is no longer available, dissemination strategies such as the inclusion of LINKS in email signature and distribution of physical copies at regional and global meetings continue to support broad outreach and visibility.	

Table 4. Goal 1 of the Strategic Plan

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

Objective 2.1: Use academic literature, Global Network insight, and global partner expertise to investigate the current status and prospective future for HRH as it pertains to the nursing and midwifery global workforce.			
Action	**Individual/Group Responsible**	**Activities**	**Date to be accomplished**
<u>Action 2.1.1:</u> Secretariat to develop at least one publication, website, strategic vision, or briefing for dissemination to the Global Network once or more during its time as Secretariat.	Secretariat	Supported vision with the development of funding Webinars and draft publication. Websites maintained – COP and GNWHOCCNM	Ongoing Webinars in February and August 2024
<u>Action 2.1.2:</u> Secretariat to disseminate best practice tools and policies for support of human resources for health development.	Secretariat	Tools and policies are regularly updated on GNWHOCC and NMGCoP websites. Supported by information dissemination through LINKS Magazine	Ongoing
<u>Action 2.1.3</u>: All centres to review latest WHA resolutions and WHO directives relevant to nursing and midwifery to inform activities relevant to HRH. Secretariat to develop position papers when relevant.	Secretariat and centres	Information shared GNWHOCCNM profile raised with GNWHOCCNM now invited to WHO global partners meeting prior to WHA meetings. Attended meetings in 2024, 2025 and 2026.	Ongoing

		First Global Forum of WHOCCs	

Table 5 Goal 2 of the Strategic Plan

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

<u>Objective 3.1:</u> Create meaningful and accessible communication among WHO HQ, regional offices, Collaborating Centres and partner organizations			
Action	**Individual/Group Responsible**	**Activities**	**Date to be accomplished**
<u>Action 3.1.1:</u> Secretariat to highlight the contributions of the Global Network in its bi-annual publication of the LINKS Magazine.	Secretariat	Contributions of Global Network highlighted LINKS stories all aligned with one or more of the SDNMs. Several surveys, who does what and global reach	Bi-annually
<u>Action 3.1.2:</u> Secretariat to maintain active and continuous communication with GNWHOCCNM members and key partners about relevant Network activities to enhance collaboration and clarity	Secretariat	Active and continuous communication with GNWHOCCNM maintained. Partner letter to Dr Tedros, in support of Regional nurse adviser role, signed by all CCs and partners in the Network, representing over 1000 nurses and midwives.	Ongoing
<u>Objective 3.2</u>: Communicate the work of the Network/Collaborating Centres regarding nursing and midwifery practice			
Action	**Individual/Group Responsible**	**Activities**	**Date to be accomplished**
<u>Action 3.2.1</u>: Secretariat to update database and GNWHOCCNM website on key information and activities relating to WHO CCs (including TORs, Personnel, Projects, country links, Publications, Impact, etc) to promote Network activities and archive information for future use by Network members and key collaborating partners.	Secretariat	Maintenance of database and GNWHOCCNM website ongoing. Data from 2023 and 2024 survey on CC TORs and areas of interest collected, analysed. Data made available to promote collaboration and funding applications.	Ongoing June, 2024 July 2024 June 2026

		Report published every 2 years on the GNWHOCCNM's activities and achievements.	
Action 3.2.2: Secretariat to disseminate information about relevant seminars, forums, and conferences to members of the GNWHOCCNM to encourage Collaborating Centre participation	Secretariat	LINKS magazine and the monthly email newsletter provide updates on key conferences, seminars and forums to promote attendance and CC participation. Monthly updates Regional update	Ongoing
Action	**Individual/Group Responsible**	**Activities**	**Date to be accomplished**
Action 3.2.3: Secretariat leadership team to attend (virtually or in-person) at least two global health events per year to promote the active participation of Global Network members.	Secretariat leadership team	Secretariat Leadership team attended many WHO, ICN, ICM, Sigma events and conferences. WHO CCs were invited to the first ever Global Partners' Meeting. Secretariat has been instrumental in organizing side meetings of GNWHOCCNM at these meetings to promote partnership building and collaboration. Secretariat meets regularly with WHO HQ CNO and other WHO partners	Ongoing

Table 6. Goal 3 of Strategic Plan

3. Activities and highlights

3.1 Executive Committee

The Executive Committee continued to provide governance and strategic oversight for the Global Network during a period of significant global health workforce challenges and rapid healthcare transformation. Eight meetings of the Executive Committee were held in the reporting period. Areas of focus included:

- strengthening nursing and midwifery visibility, collaboration and leadership;
- strengthening alignment with WHO CNO priorities and global HRH efforts
- supporting WHO priorities including the SDNM and SOWN 2025 reporting and response;
- enhancing data collection and mapping of CC activities;
- improving opportunities for funding;
- expanding collaboration between WHO CCs;
- advancing multi-partner engagement with regional offices, ICN, ICM, Sigma, AFREhealth, and Jhpiego; and

- promoting GNWHOCCNM participation at WHO events including WHA, Triad, and regional meetings.

The Executive Committee encouraged the holding of side meetings of the GNWHOCCNM at international and regional conferences, providing an excellent and cost-effective way for GNWHOCCNM members to meet face-to-face. Possible future meetings could be facilitated either by the Secretariat, partner organizations, regions or member CCs.

3.2 Secretariat / Global Network

The Global Network Secretariat continued expanding collaboration between WHO CCs, regional nurse advisors, academic institutions and global partners. The Secretariat encouraged and enabled stronger cross-regional communication, shared learning and alignment with WHO strategic priorities, particularly the WHO Strategic Directions for Nursing and Midwifery (extended until 2030) and workforce development agendas.

The recommendations which were developed following the 2023 survey conducted by the Secretariat were incorporated into the Secretariat action plan. Three funding webinars were run (in February and August of 2024) to enhance access to external funding and to encourage collaborative partnerships. Case studies from LINKS Magazine have been highlighted as a tool for supporting funding applications.

The Secretariat has been continuing its work to strengthen partnerships, for example, by creating better connections between the CCs and the Midwifery Network. The Secretariat has promoted the sharing of tools and resources in LINKS Magazine, on the NMGCoP platform and on the GNWHOCCNM website, which is updated with tools and reports from partners, as well as LINKS stories from CCs aligned with the SDNMs. This makes for quick access to relevant tools and resources. In the future, a section for low-resource settings would be beneficial.

A new survey of members was undertaken in 2025 through an interactive poll on strategic priorities for 2026-2030. The results of this poll are presented in Section 3.12. The results of the poll will be used to guide future GNWHOCCNM planning and advocacy efforts and ensure that Secretariat efforts reflect the needs of its members.

The Secretariat highlighted global advocacy efforts to strengthen nursing and midwifery leadership in health policy, education and service delivery. Publications showcased the role of nurses and midwives in achieving universal health coverage, emergency preparedness and equitable care delivery. Support for the WHO HQ Chief Nursing Officer, Dr. Amelia Latu Afuhaamango Tuipulotu, and her initiatives and work has continued. The Secretariat meets regularly with Dr Tuipulotu, usually prior to Executive Committee meetings, to support ongoing collaboration and has been working closer with the WHO Academy, including at the side meeting for Nursing and Midwifery Centres at the Global Forum in Lyon. The important role of the WHO Regional Nurse Advisors is recognized and the GNWHOCCNM has been active in strengthening promoting these roles, including through the joint letter to Dr Tedros.

LINKS Magazine itself emerged as a major platform for knowledge-sharing across regions. Success stories, innovative educational models, leadership initiatives and workforce strategies were shared widely to support collaboration among WHOCCs globally.

The Secretariat strengthened collaboration across the Global Network through LINKS Magazine, regional engagement, and strategic policy initiatives. A major focus during 2024–2026 was supporting dissemination and dialogue around the forthcoming *State of the World's Nursing 2025*

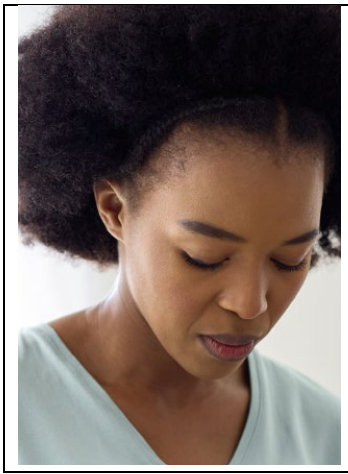
report, aligning activities with WHO Strategic Directions for Nursing and Midwifery priorities in leadership, education, jobs, and service delivery. The Secretariat also expanded opportunities for WHO CCs to share innovations and evidence-informed workforce solutions.

Sharing of tools, resources, and experience is a key role of the GNWHOCCNM. This can be through stories and experiences highlighted in the LINKS magazine, through tools and resources shared on the NMGCoP or through the peer support and partnerships which have developed through face-to-face or virtual Network meetings.

3.3 African Region (AFRO)

WHOCCs in Botswana, Malawi and South Africa highlighted initiatives to strengthen nursing education, leadership development and workforce retention. Regional activities focused on preparing nurses for expanded community health roles and improving healthcare access in underserved settings.

Investments in workforce education and capacity-building initiatives are linked to universal health coverage goals. Examples of clinical training, faculty development, and interdisciplinary collaboration designed to improve maternal health, chronic disease management, and preventive care demonstrate how nurses and midwives are leading innovative service delivery models to address growing population health needs.



Research into anti-natal depression and maternal mental health among South-African midwives identified an absence of mental health training as a significant barrier to healthcare. Incorporating mental health education into midwifery curricula at both undergraduate and postgraduate levels is crucial to equip midwives with the skills for comprehensive maternity care. In rural settings, community health workers and telemedicine can play a vital role in bridging access gaps, facilitating timely interventions, creating referral frameworks, and improving access to care.

University of KwaZulu-Natal, School of Nursing, WHO CC for Educating Nurses and Midwives in Community Problem Solving – SOA13

AFRO contributors to LINKS magazine emphasized community engagement and primary healthcare approaches aimed at reducing inequalities in rural and vulnerable populations. Collaborating Centres and regional partners in Botswana, Malawi, and South Africa reported significant progress in strengthening nursing leadership and community-based health services. Initiatives focused on preparing nurses to address workforce shortages, improve primary health care delivery, and strengthen rural and underserved health systems. Educational partnerships and mentoring programs helped nurses develop leadership competencies while supporting equitable access to care in local communities. Nurse-led interventions supporting maternal health, chronic disease management and public health outreach are improving access to health care.

Another highlight from the AFRO Region was Namibia's adoption of the world's first consolidated postpartum haemorrhage (PPH) guideline, jointly published by WHO, FIGO and ICM. Namibia rapidly integrated the recommendations into national intrapartum, emergency obstetric, newborn and postnatal care guidelines, demonstrating strong partnership and country-level leadership. With the

guidelines now finalised, the Ministry of Health and Social Services, together with WHO, UNFPA and the Independent Midwives Association of Namibia, is planning national training and implementation to strengthen maternity care and reduce preventable maternal deaths. This highlights the effective localisation and uptake of partner-developed tools at country level.

3.4 Region of the Americas (AMRO/PAHO)

Collaborative regional activities focused on expanding primary health care nursing roles, nurse education, and long-standing institutional partnerships across the Caribbean. GNWHOCCNM centres supported capacity building, regulation, and regional workforce strengthening. CCs across Canada, the United States, Brazil, Jamaica, and Trinidad and Tobago have promoted innovative digital learning initiatives designed to strengthen nursing education and workforce preparedness. These programs expanded access to continuing professional development through online learning platforms, virtual simulation, and collaborative international teaching partnerships. The projects supported nurses working in geographically dispersed communities and enhanced preparedness for future public health emergencies. Universities in Brazil, Canada, Chile and the United States reported expanded research partnerships and leadership programs.

6 nurse educators from Trinidad and Tobago, Jamaica and Barbados spent a week in the University of Michigan on a train-the-trainer, clinical simulation program. The program immersed participants in cutting edge teaching methodologies with hands-on experience in the simulation lab. By investing in educators, the quality of nursing education and of health care will improve.

University of Michigan, School of Nursing, Office of International Affairs, WHO CC for Research and Clinical Training in Health Promotion Nursing – USA283

The growing role of advanced practice nurses is strengthening primary health care systems and improving access to services for vulnerable populations. Collaborating Centres shared examples of nurse-led clinics, chronic disease management programs, and partnerships addressing the needs of Indigenous communities, older adults, and underserved urban populations. These initiatives demonstrate the increasing contribution of advanced nursing practice to equitable and people-centred care.

Supporting the mental health and wellbeing of healthcare workers following years of pandemic-related strain has been a focus in the AMRO region. Regional collaborations promoted resilience, interdisciplinary care and workforce sustainability.

3.5 Eastern Mediterranean Region (EMRO)

LINKS Volume 18 featured EMRO and showcased efforts by WHO CCs in Bahrain, Jordan, and Iran to modernize nursing education and strengthen clinical leadership. Activities included curriculum reform, leadership development programs, and initiatives to improve evidence-based practice within hospitals and universities. The projects aimed to prepare nurses and midwives for rapidly evolving health system demands while strengthening workforce sustainability.

Bahrain WHOCC launched a Pink Universities Campaign to encourage self-examination for breast cancer. The campaign served as a vital platform for raising awareness and promoting breast health in the Bahrain community.

University of Bahrain, College of Health and Sport Sciences (CHSSS), WHO Collaborating Centre on Nursing Development – BAA1

The EMRO region also reported on initiatives supporting workforce resilience and interdisciplinary collaboration in complex healthcare environments. Centres highlighted the importance of continuing professional development, mentorship, and regional partnerships to maintain quality care during periods of instability and health system pressure. The work of nurses and midwives delivering care in fragile, conflict-affected and vulnerable settings reinforces the need for adaptability and strong leadership of nurses and midwives working across diverse and challenging settings. WHOCCs shared practical tools, workforce strategies and service delivery models supporting healthcare continuity during crises.

EMRO institutions highlighted training and preparedness initiatives designed to improve emergency response capacity. In particular, they recognized the importance of leadership, adaptable education models and partnerships to maintain essential services during emergencies.

3.6 European Region (EURO)

Volume 19 of LINKS Magazine placed a spotlight on the European Region, highlighting innovations from CCs in UK, Finland, Portugal, Belgium, Ireland, and Lithuania. European centres highlighted cross-border collaborations focused on nursing research, evidence-based practice, advanced nursing practice, leadership, implementation of WHO Europe workforce priorities, and digital health innovation.

Initiatives included research partnerships between universities and health services, implementation science projects, and programs supporting advanced clinical practice. These activities strengthened regional knowledge exchange and reinforced the role of nursing research in improving patient outcomes and healthcare quality. EURO WHO CCs emphasized how strengthening collaboration between academic institutions and health systems improves patient outcomes.

A major theme was the development of sustainable nursing workforce policies to address workforce shortages, retention, and changing population needs. Centres shared research and policy initiatives aimed at strengthening recruitment, improving workplace wellbeing, and supporting leadership pathways for nurses and midwives.

"The WHO European Region spans 53 diverse countries. Our CCs play a vital role in connecting policy, education, and practice to ensure that the nursing and midwifery workforce is prepared to tackle present and future health challenges……. WHO CCs provide expertise that can be translated into tailored interventions for country specific needs, ensuring no one is left behind. As we navigate an uncertain economic climate, the importance of strategic partnerships and targeted country work has never been greater."

Margrieta Langins – Nursing and Midwifery Policy Advisor, WHO Europe

EURO contributors showcased digital health initiatives and integrated models of care designed to support ageing populations and chronic disease management. Examples of how technology and workforce innovation can improve continuity of care.

3.7 South-East Asia Region (SEARO)

A major theme in SEARO WHOCCs in India, Myanmar and Thailand was advancing nursing education, faculty development, expanding simulation-based learning opportunities, and competency-based learning which will strengthen health care and nursing leadership across the region. Collaborating Centres in India, Myanmar, and Thailand reported important progress in nursing education reform and clinical skills development. These initiatives aimed to better prepare graduates for complex clinical environments and to support national workforce development priorities.

NurseCMU Dean Asst. Prof. Dr. Suparat Wangsrikhun (front row, center) joined the project participants for a group photo

The 3-year LEAN project aims to enhance nursing education in Vietnam and Thailand by addressing challenges in Ambient Assisted Living (AAL) care. AAL refers to technology-driven solutions designed to support individuals, particularly the elderly or those with disabilities, in living independently and safely in their own homes. Partner institutions will continue implementing project activities, including curriculum development, faculty training and pilot initiatives in AAL education. The outcomes of the LEAN project can serve as a model for other institutions seeking to modernize nursing education and improve healthcare outcomes through technology driven solutions.

Chiang Mai University Faculty of Nursing, WHOCC for Nursing and Midwifery Development, THA43

SEARO activities demonstrated how regional collaboration between nurses and midwives contributes directly to universal health coverage through primary care, maternal-child health and community-based interventions.

The critical role of nurses and midwives in maternal, child, and rural health programs is demonstrated through outreach initiatives providing preventive care, health education, and maternal health services to underserved populations. Collaborative programs strengthened local leadership and improved access to essential services in remote and rural communities.

3.8 Western Pacific Region (WPRO)

Collaborating Centres in Australia, Japan, China, the Republic of Korea, and the Philippines showcased innovative work in digital health, healthy ageing, and palliative care.

Projects explored the use of technology to improve continuity of care, support older populations, and enhance nursing education. Centres also shared examples of interdisciplinary collaboration to improve quality of life for ageing communities and individuals with chronic illness.

The Principles of Partnership guide is an adaptable working approach for best practice to aid organisations in building mutual participation in research and health development programs in the Pacific. The approach was co-designed and built on a body of evidence developed through any years of collaborative working between the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) and WHO CC at the University of Sydney. The approach is intended to address power imbalances. This is important as traditional Western approaches can overlook the expertise of local communities and fail to acknowledge the complexity and diversity of Pacific societies and the values that underpin them.

The principles of safety; respect; collaboration; beneficence and reciprocity; justice; and relationships should underpin all stages of any program or project.

The Western Pacific Region demonstrated strong regional cooperation through research partnerships, academic exchanges, and collaborative workforce initiatives. Centres supported leadership development, culturally responsive care models, and knowledge-sharing across countries in the region. These activities reinforced the importance of international collaboration in strengthening workforce resilience and improving healthcare delivery. WPRO institutions continued to play a major role in mentoring and supporting cross-regional collaboration.

3.9 Cross-Regional Collaboration

Across all regions, LINKS Magazine highlighted the growing collaboration between WHO CCs, WHO regional offices, NGOs, universities, and healthcare organisations. Shared initiatives focused on leadership development, workforce strengthening, policy advocacy, and equitable healthcare delivery. The Global Network continued to serve as an important platform for knowledge exchange and professional collaboration supporting the WHO goal of “Health for All.”

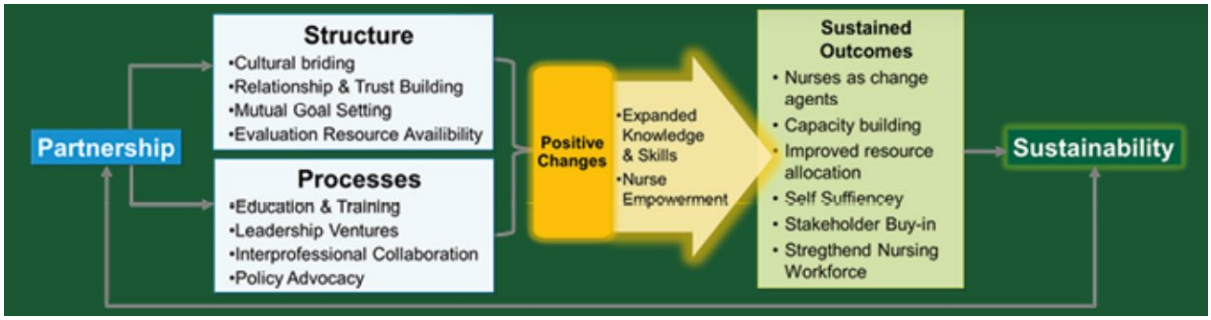


Figure 6. The operational model of sustainability in global nursing (Edwards et al., 2020 – see LINKS magazine Vol 20).

Throughout 2024–2026, the Global Network amplified the visibility of nurses and midwives as essential leaders within healthcare systems worldwide. Stories across LINKS Magazine showcased innovation, resilience, and research excellence while advocating for continued investment in nursing and midwifery education and workforce development. These activities aligned closely with WHO strategic priorities and reinforced the central role of nurses and midwives in future global health planning.

One example of outstanding collaborative working between CCs comes from a study carried out in Caribbean countries. The Caribbean region faces persistent challenges in nursing and midwifery workforce development due to high migration rates, workforce shortages, and limited regional data collection. Seven PAHO WHO CCs were involved in this study, Fostering International Collaborations to Inform Nursing and Midwifery Policy: A Caribbean Initiative, which aimed to streamline processes to collect comprehensive region-wide data and reduce respondent burden. This article directly exemplifies a blueprint for optimizing CC activities, and contributes to advancing nursing and midwifery policy.

The study used a qualitative approach to describe government chief nurses' concerns and policies related to improving nurses' work environments across 20 Caribbean countries. Chief nurses identified five main areas of concern—physical environment, staffing and workload, safety and security, professional development, and nurses' well-being—with improvements and policy actions largely reflecting these same themes but occurring inconsistently across the region.

By identifying critical needs and fostering targeted interventions in the Caribbean, the model provides guidance for strengthening nursing and midwifery capacities. Enhanced data collection ensures that education and service improvements align with workforce realities. By sharing expertise and scarce resources through this innovative and reciprocal approach, optimum outcomes can be achieved. Lessons learned may provide a roadmap that others can use to establish effective international collaborations for nursing and midwifery workforce development.

The success of this initiative was attributed to structures and processes that set the foundation for effective communication, collaboration, and synergies among the CCs to achieve project goals. The findings demonstrate the power of collaboration and coordinated efforts to inform policy and practice in resource constrained regions, and the need for coordinated regional and international efforts to prioritize chief nurses' concerns and to strengthen nursing work environments.

3.10 Redesignation and Newly Designated Collaborating Centres

The redesignation process has great implications for the future work and stability of CCs. It is therefore a matter of great concern that it has become more and more complicated and time consuming. There

is ongoing work in this area to try to streamline processes, including the Secretariat requesting a webinar between WHO and the GNWHOCCNM to discuss WHO CC redesignation processes and disseminate relevant information.

Against the backdrop of strong support for CCs from WHO DG Dr Tedros' for CCs, the first successful convening of the first Global Forum for WHO CCs, and the announcement of the next Global Forum in 2027, the value of CCs is becoming increasingly apparent. Streamlining these processes would help strengthen the sustainability and effectiveness of CCs, recognising their immense contribution and ongoing importance within the current global health landscape.

In 2025, the GNWHOCCNM welcomed four newly designated WHO CCs, expanding the GNWHOCCNM's global reach.

- INDONESIA – WHO CC for Nursing and Midwifery Development, Poltekkes Kemenkes, Ministry of Health, led by Dr Anna Kurniati, Director of Health Workforce.
- IRELAND – WHO CC for Nursing Regulation and Continuing Professional Development (CPD), Royal College of Surgeons in Ireland, led by Dr Thomas Kearns.
- IRAN – WHO CC for Education and Research in Nursing and Midwifery, Iran University of Medical Science, led by Prof Leili Borimnejad.
- UK - WHO CC for Palliative Care and Policy, Cicely Saunders Institute of Palliative Care, Policy, and Rehabilitation at King's College London, led by Dr Anna Peeler and Professor Richard Harding.

3.11 Meetings

Members of GNWHOCCNM have been active across the globe at conferences and events. Secretariat and members have delivered presentations, run side-meetings of the GNWHOCCNM, supported collaboration and developed networks for peer support and cooperation, or promoted the benefits of the GNWHOCCNM. Table 7 shows some of the major events where Network members have been active, and provides a summary of those activities. Many of the events described below were not hosted by GNWHOCCNM. However, we would like to highlight the activities of the regions and the contribution of members from the GNWHOCCNM who were in attendance. The Executive Committee has promoted the use of side-meetings at major conferences to encourage face-to-face meetings and collaboration, and to facilitate building new partnerships.

Table 7. Conferences, Partner Meetings, and Regional Events where GNWHOCCNM have had involvement (1 July 2024 – 30 June 2026)

Date	Event	Organiser(s)	Location	Type	Summary of GNWHOCCNM Activities
8-12 July 2024	Regional Meeting for Nursing and Midwifery	WHO EURO	Kyrgyzstan	Regional Partner meeting	The regional conference was followed by a 2 day WHO CC meeting to learn more about successes and challenges in nursing and midwifery in Kyrgyzstan. The Secretariat presented, promoting GNWHOCCNM and the tools it has produced to enable collaborative working, access to funding and the benefits of a global network.
25-28 July 6-8 August 2024	35th International Nursing Research Congress	SIGMA	Singapore Virtual	Partner Conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
4-6 September 2024	International Global Health Recalibration	Chiang Mai University	Chiang Mai, Thailand	Research Conference	Sponsored and supported a special meeting during the conference for Members to connect, exchange ideas, and strengthen collaborations, under the idea of innovation and partnership.
9–12 September 2024	ICN NP/APN Network Conference 2024	International Council of Nurses	Aberdeen, Scotland, United Kingdom	Global nursing conference	Themes included advanced practice nursing, workforce investment, digital health, interdisciplinary collaboration, and resilient health systems.
10–12 September 2024	RCN International Nursing Research Conference 2024	Royal College of Nursing	Newcastle upon Tyne, United Kingdom	International research conference	Topics included inclusivity in nursing research, underserved populations, and interdisciplinary collaboration.
24-25 September 2024	Regional Conference, Africa and Eastern Mediterranean	ICM	Kigali, Rwanda	Partner Conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
4-5 November 2024	5th WPRO Regional Forum of WHO Collaborating Centres	WHO Western Pacific Regional Office	Manila, Philippines	WHO regional meeting (WPRO)	A forum for CCs where workforce strengthening, regional collaboration, leadership, and implementation of WHO regional priorities were discussed.

Date	Event	Organiser(s)	Location	Type	Summary of GNWHOCCNM Activities
6-8 November 2024	XVIII Pan American Nursing Research Colloquium	PANMCC	Santiago, Chile	Research conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
7-9 November, 2024	Regional Conference Europe	ICM	Berlin Germany	Partner Conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
19-27 May 2025	78th World Health Assembly	WHO	Geneva Switzerland	Decision making Assembly for WHO	Advocacy for nursing and midwifery workforces alongside partners like ICN, and dissemination of updated global health policies such as extension of SDNM, Pandemic Agreement, etc.
9–13 June 2025	ICN Congress 2025	International Council of Nurses	Helsinki, Finland	Major global nursing congress	GNWHOCCNM organized side meetings and networking activities involving WHOCCs and partners from all WHO regions. Discussions included SDNM extension to 2030, SOWN 2025, advanced practice nursing, digital health, climate change, and leadership development.
10 June 2025	GNWHOCCNM Meeting during ICN Congress	GNWHOCCNM Secretariat	Helsinki, Finland	Global partner / WHOCC meeting	Dedicated coordination meeting involving WHOCCs, WHO, ICN, ICM, Sigma, Jhpiego, and AFREhealth. Topics included regional reports, leadership priorities, education standards, and future Secretariat planning.
17-20 July 2025	36th International Research Congress	SIGMA	Seattle, USA	Partner conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
22-24th September 2025	8thAFREhealth Annual Symposium	AFREhealth	Dakar, Senegal	Partner Conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
October 2025	Western Pacific Regional Committee meeting	WHO WPRO	Nadi, Fiji	WHO Regional Meeting	GNWHOCCNM Secretariat, the only WHO CC for Nursing and Midwifery present at the meeting. Networked and represented Pacific nursing and midwifery needs to partners including Fiji Nursing

Date	Event	Organiser(s)	Location	Type	Summary of GNWHOCCNM Activities
					Association President Miliakere Nasorovakawalu and Regional Director Dr. Ma'u Piukala.
4-8 November 2025	48th Biennial Convention	SIGMA	Indianapolis, Indiana, USA	Partner conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
7–9 November 2025	ICM Regional Conference Europe	International Confederation of Midwives	Berlin, Germany	Regional partner conference (EURO)	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
December 2025	Secretariat Handover Meeting	GNWHOCCNM Secretariat	Online	WHOCC Meeting	Discussions on handover process, roles, responsibilities, and future directions with the next Secretariat (Mahidol University and KU Leuven Institute for Healthcare Policy)
20-22 March 2026	Creating Healthy Work Environments	SIGMA	Orlando, USA	Partner conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
23-26 March 2026	International Maternal Newborn Health Conference	JHPIEGO	Nairobi, Kenya	Partner conference	Promoted the event to GNWHOCCNM through avenues such as the LINKS Magazine and monthly send outs.
March 2026	Secretariat Handover Meeting	GNWHOCCNM Secretariat	Online	WHOCC Meeting	Discussions on handover process, roles, responsibilities, and future directions with the next Secretariat (Mahidol University and KU Leuven Institute for Healthcare Policy)
7 April 2026	Secretariat Handover Meeting	GNWHOCCNM Secretariat	Lyon, France	WHOCC Meeting	Discussions on handover process, roles, responsibilities, and future directions with the next Secretariat. Discussions for the Mahidol University conference, June 2026.

Date	Event	Organiser(s)	Location	Type	Summary of GNWHOCCNM Activities
7-9 April 2026	Global Forum of WHO CCs	WHO	Lyon, France	WHO Global Forum	The first global forum of WHO CCs. Attendance from many CCs in GNWHOCCNM and discussions with other CCs on how to create a similar style of network. Side meeting for Nursing and Midwifery centres hosted by Dr Amelia Latu Afuhaamango Tuipulotu at WHO Academy. Informal meeting with Howard Catton, ICN.
18-23 May 2026	79th World Health Assembly	WHO	Geneva Switzerland	Decision making Assembly for WHO	Promoted event to GNWHOCCNM through monthly email send out and encouragement to block out time and attend online.
18 May 2026	Strengthening Nursing engagement in Global Health	WHO and ICN	Geneva Switzerland	Partner meeting	Secretariat presented key GNWHOCCNM activities, emphasising the need for collaboration and partnership. Catch up with Dr Amelia Latu Afuhaamango Tuipulotu.
8–10 June 2026	Leadership for Global Health: Advancing Nursing and Health Care Systems	Mahidol University Faculty of Nursing	Bangkok, Thailand	Global nursing and health systems conference	The venue for the GNWHOCCNM Secretariat transition. Conference themes include nursing leadership, global collaboration, and strengthening health systems and workforce capacity.

A summary of some of the key meetings over the last 2 years is presented here.

Global Health Recalibration Conference, 4-6 September 2024, Chiang Mai

The Global Health Recalibration Conference, 2024 was held in Chiang Mai, Thailand in September 2024. It attracted a diverse group of supporters and participants, including academics and health researchers, from across the globe. The conference emphasized the necessity of resetting and realigning global health priorities under the theme "Strengthening Outcomes, Education, Clinical Practice, and Research".

Participants engaged in interactive and collaborative learning sessions addressing topics such as interdisciplinary collaboration, health promotion and future pandemic preparedness. A special afternoon tea was held for representatives of WHO CCs in attendance which provided a valuable networking opportunity.

Figure 7. WHO CC participants at the Global Health Recalibration Conference, Chiang Mai, Thailand, September 2024.

5th WHOCC WPR Regional Forum, 4-5 November, 2025, Manila, Philippines.

Among WHO's six regions, the Western Pacific Region (WPR) is the only one that regularly convenes a Regional Forum of WHO CCs. The forum serves as a unique platform for sharing knowledge and strengthening collaboration across disciplines and technical areas, and aligning activities with regional health priorities. 122 participants attended (106 in person and 16 online) representing diverse disciplines and institutions across the region. The Forum offered an invaluable opportunity to reflect on progress, share lessons learned, and explore approaches under the new regional vision, *"Weaving Health for Families, Communities and Societies in the Western Pacific Region."* Through

these exchanges, participants reaffirmed the essential role of WHOCCs as catalysts for innovation, research, and workforce development. The Fifth Forum offered a rare and valuable opportunity for the 9 WHO CCs to meet face-to-face and it was the first such occasion in several years.

As the Western Pacific Region moves forward with its collective vision of *"Weaving Health,"* the WHOCCs for Nursing and Midwifery will continue to connect education, leadership, workforce development, and service delivery and contribute to stronger, more resilient, and healthier communities across the region.

Figure 8. Participants at the 5th WHOCC WPR Regional Forum, Manila, November 2024.

Meeting of GNWHOCCNM at ICN Congress, Helsinki, 10 June 2025.

On 10 June, 2025, the GNWHOCCNM convened its annual meeting at the International Council of Nurses (ICN) Congress in Helsinki, Finland. 52 participants (30 in-person and 22 online) represented WHO CCs from across all six WHO regions, alongside global partners including WHO, Jhpiego, Sigma, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), and AFREhealth. The meeting provided a collaborative space to share updates, review progress against WHO strategic priorities, and discuss actions to advance nursing and midwifery aligned with the SDNM policy priorities; Leadership, Education, Service Delivery, and Jobs worldwide. The group welcomed the extension of the WHO Strategic Directions for Nursing and Midwifery (2021–2025) to 2030, ensuring continued alignment with the Sustainable Development Goals.

The State of the World's Nursing 2025 (SOWN 2025) report was a key topic of discussion. Leveraging SOWN 2025 data for evidence-informed decision-making, policy development, and global advocacy was emphasized. During the meeting, participants engaged in an interactive polling exercise to help

identify key priority areas for the GNWHOCCNM's future work, aligned with the WHO SDNM. The poll captured participant views on where the greatest focus and investment should be directed from 2026 to 2030. The results of the poll, discussed in Section 3.12, will be used to guide future GNWHOCCNM planning and advocacy efforts, ensuring that the GNWHOCCNM's activities are responsive to the evolving global health landscape and the needs of the nursing and midwifery workforce.

Regional and WHO CC Updates Centres from multiple regions provided updates on key initiatives and cross-centre collaborations, for example, joint patient safety research, contributions to WHO Lifelong Learning, and student leadership development through the Asia Pacific Alliance for Health Leaders.

Figure 9. Delegates at GNWHOCCNM meeting at ICN Congress in Helsinki, June 2025.

Meetings of GNWHOCCNM Subgroups

Using the results of the 2023 Secretariat survey, which identified the TORs and geographical interests of the WHO CCs, GNWHOCCNM Subgroups were launched in 2025 to strengthen collaboration and targeted action aligned with the WHO Strategic Directions for Nursing and Midwifery (SDNM). Subgroups were established across the four priority areas: Jobs (Human Resources for Health); Leadership; Education; and Service Delivery. CCs were invited to join the subgroups which aligned most closely with their TORs but participation in multiple groups is welcomed.

Each subgroup facilitates focused workshops, resource-sharing, and joint research efforts among CCs with similar interests or areas of work. This initiative will provide opportunities for institutions to forge working partnerships with other centres, fostering long-term collaboration and innovation. Working together also increases the potential for applying for funding grants as a collective, which can lead to stronger proposals and better chances of success. Dedicated Working Groups have also been created on the WHO NMGCoP website, providing a centralized platform for communication and collaboration.

In addition, some of the most interesting and useful data to emerge from the 2023 survey is where each CC's geographical focus lies. Linking the countries in which CCs work and the subject of their work will hopefully provide information to facilitate the formation of additional collaborative partnerships.

To date, only the Education subgroup has met, these meetings provide useful and productive platforms to exchange experiences, expertise and ideas and to build collaboration and partnerships. It is hoped this coordination will continue with next Secretariate.

3.12 Interactive poll on Strategic Direction for Nursing and Midwifery policy priorities

The Secretariat sent out a Mentimeter poll during the GNWHOCCNM Helsinki side meeting to identify each Centres' priorities within each SDNM. This interactive polling activity aimed to identify the strategic priorities for 2026-2030.

Key Findings from the GNWHOCC Priority Poll:

Jobs priorities:

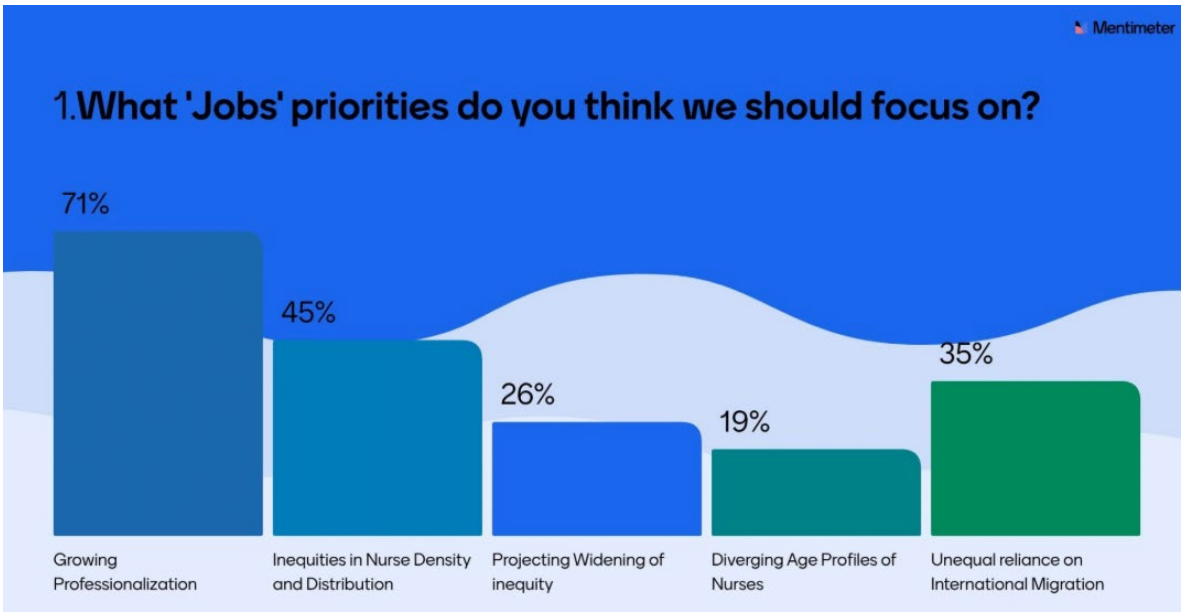


Figure 10. Results of 2025 interactive survey on jobs priorities

Growing professionalisation was voted as the top priority (71%) (Fig. 10). Currently 80% of the world's nurses are at the 'professional' level. Where nurses are working to the full extent of their education and with updated scopes of practice, their contributions elevate the skill mix of interprofessional teams to optimize service delivery and accelerate progress towards universal health coverage. A professionalized workforce can drive innovation, take advantage of career pathways, and stimulate economic and social development and inclusive growth.

Inequities in nurse density and distribution, and reliance on international nurse migration are also issues of considerable concern.

Education priorities:

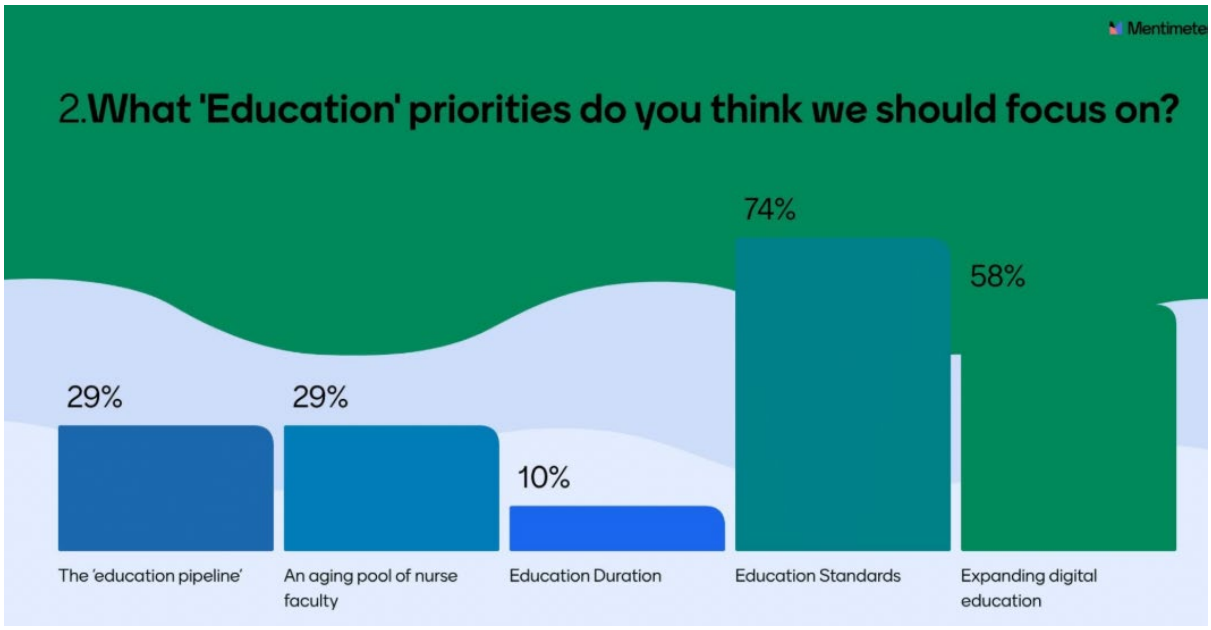


Figure 11. Results of 2025 interactive survey on education

Education Standards (74%) were voted as the top priority (Fig. 11). Better-educated nurses are equipped to manage complex conditions, bolster nurse competencies and improve the overall quality of care and clinical outcomes. Graduates from robust programs are more likely to stay in the profession, reducing turnover and fostering leadership pipelines.

Expanding digital education was also considered to be of great importance, gaining 58% of the vote. This is noted as an emerging issue.

Service Delivery priorities:

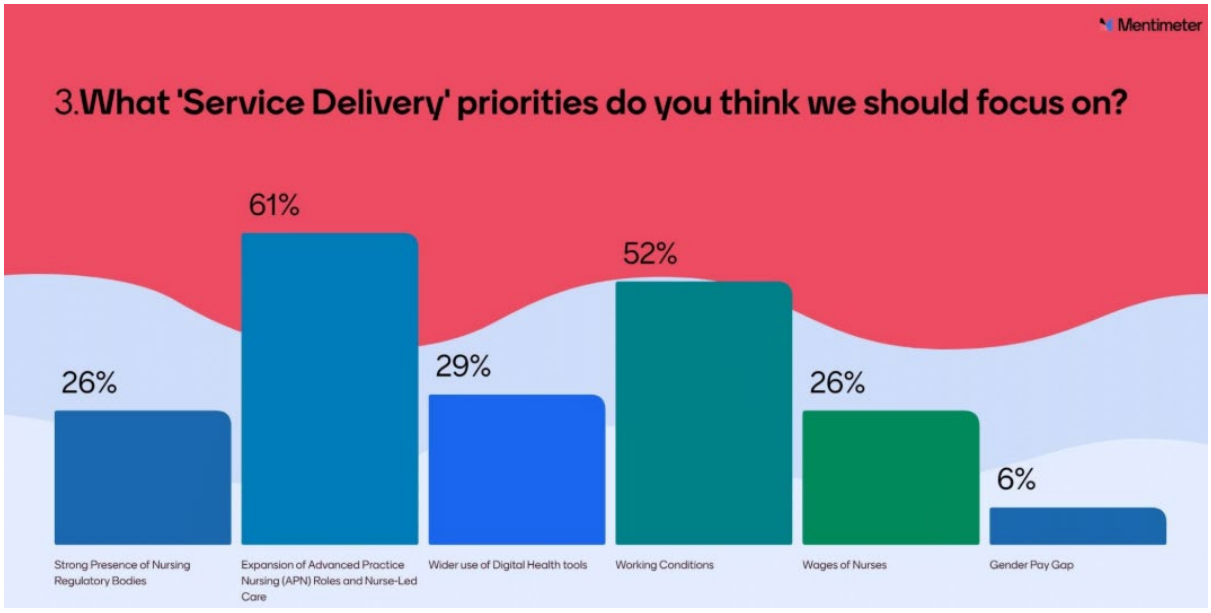


Figure 12. Results of 2025 interactive survey on service delivery

Expansion of Advanced Practice Nursing (APN) Roles and Nurse Led Care (61%) was voted as the top priority (Fig. 12). Sown reports that 62% of countries have introduced APN roles, highlighting the expanding scope of nursing practice. APN roles expand nurses' scope, allowing them to provide more specialized, cost-effective care; this is especially critical in under-resourced settings, contributing to improved patient care and health outcomes. APN roles are proven to deliver cost-effective care, alleviating physician shortages.

Improving working conditions was another strong area of interest; good working conditions are closely linked to successful recruitment and retention of nurses and midwives.

Leadership priorities:

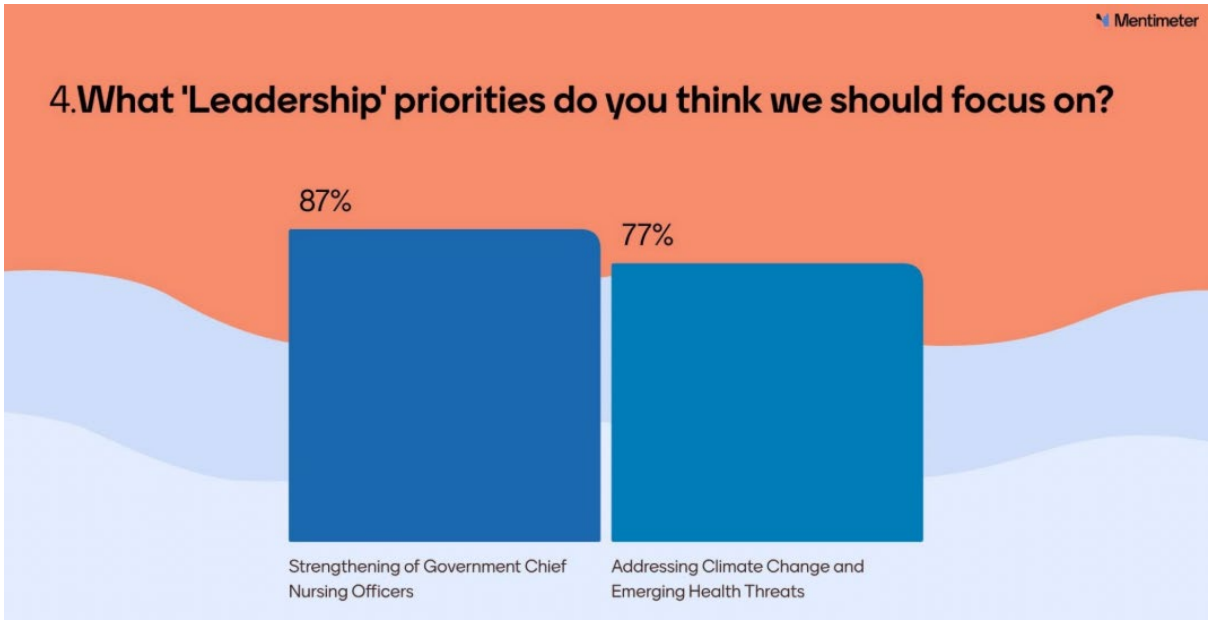


Figure 13. Results of 2025 interactive survey on leadership

Strengthening of Government Chief Nursing Officers (GCNOs) (87%) was the top leadership priority (Fig. 13): Although 82% of countries have Chief Nursing Officer positions (up from 71% in 2020), this doesn't necessarily indicate a strong policy role. GCNOs and adequate resources have positive impacts in policy development, resource mobilization, and for health services delivery planning. When enabled, GCNOs can spearhead reforms that address workforce distribution, working conditions, advance equitable care, and enable professional development.

Addressing climate change and emerging health threats was also of high concern, with 77% of the vote. Strong leadership is key to developing effective policy and practice to manage changing conditions.

Emerging Priorities:

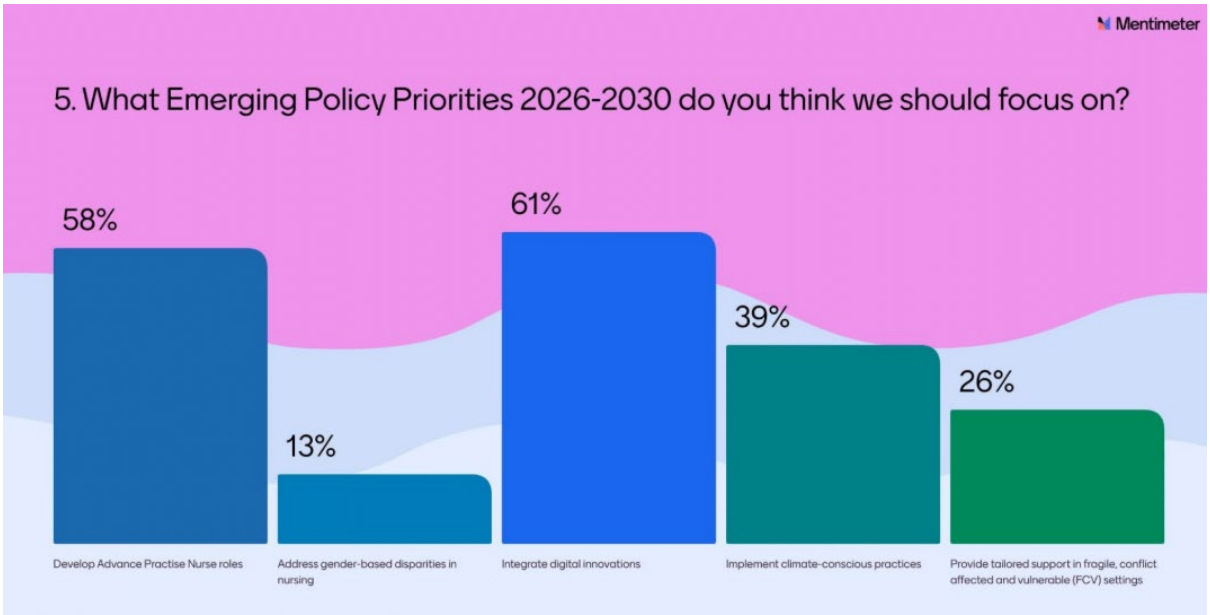


Figure 14. Results of 2025 interactive survey on leadership

Integrating digital innovations (61%) was voted as most relevant, with APN roles, climate change, gender equity, and addressing the needs of fragile and conflict-affected settings also considered highly relevant for strategic advancement (Fig. 14).

The results of the poll will be used to guide future GNWHOCCNM planning and advocacy efforts, ensuring that GNWHOCCNM activities are responsive to the evolving global health landscape and the needs of the nursing and midwifery workforce.

3.13 Communication, information dissemination and knowledge sharing

Social Media

Global social media platforms like Twitter (X) and the WHO NMGCoP have profoundly reshaped the landscape of collaboration within nursing and midwifery. These platforms have become vital conduits for knowledge exchange, professional networking, and resource sharing among WHO CCs for Nursing and Midwifery. They enable nurses and midwives to engage in real-time discussions, access research, and participate in virtual communities of practice. This digital connectivity has not only transformed information sharing but has also fostered a culture of collaboration and innovation among WHO CCs for Nursing and Midwifery. The GNWHOCCNM's activities, notably through LINKS magazine, strategically utilizes these platforms to amplify its reach and impact. Through targeted dissemination of content and active engagement with followers, it cultivates a vibrant community of shared learning and collective action.

X (twitter): https://x.com/gnwhocc (currently with 533 followers)

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

The Secretariat itself also has active social media. Michele Rumsey, as Co-Secretary General of the Secretariat, has over 6400 followers, creating a wide reach for dissemination of information.

Furthermore, the WHO CCNMH UTS Secretariat Facebook site has seen impressive growth, with a 100% increase in interactions from January, 2025 to May, 2026, including likes, comments and shares. Over the same time period, there has been a 24% increase in followers, now totalling 470.

Facebook via the Secretariat (WHO CCNMH UTS) - https://www.facebook.com/whocc2020

LinkedIn (via Michele Rumsey, representing the Secretariat) - https://www.linkedin.com/in/professor-michele-rumsey-am-4a0aa414/

LINKS magazine

The LINKS magazine is going from strength to strength, offering information and inspiration to members. Three magazines have been produced in the reporting period, in November 2024 (vol 18), April 2025 (vol 19) and December 2025 (vol 20). Each edition focuses on one region.

- Volume 18 – Highlighted the CCs across the EMRO Region and had a special focus on tools and resources for working in Fragile, Conflict Affected and Vulnerable (FCV) settings.
- Volume 19 – Highlighted the CCs across the EURO Region.
- Volume 20 – Highlighted the CCs across the WPRO Region.
- Volume 21 will be produced in July 2026 and will highlight CCs across the AFRO Region and the Secretariat handover.

Online reach increased significantly from Volume 15 to Volume 16, from 1613 total views of LINKS Vol 15 to 3853 total views of Vol 16. Online viewers mostly used their desktops to access the magazine, (84-86%), with the remainder using mobile devices. Data is not available for subsequent editions. To support dissemination and visibility, the Secretariat team incorporates a clickable link to the latest edition of LINKS magazine into staff email signatures following each publication. This ensures that the magazine is promoted through all outgoing communications. In addition, physical copies of the magazine are distributed to each WHO Regional Office and WHO Headquarters.

LINKS magazine is seen as a vital communication tool; not only is it disseminating information and keeping members updated on practice and policy, but it is an important mechanism to showcase the GNWHOCCNM, its reach and potential. The features contained within the magazine provide a means to demonstrate capacity and expertise and represent a conversation happening across continents. The same concerns show up in different parts of the world, with local solutions offered or possibilities explored. Cross-cutting themes across all regions include workforce sustainability, equity and care for vulnerable populations, education, research, the use of digital tools, and fragile working environments. These repeatedly appear, reflecting that many people and centres are working on the same issues who could possibly collaborate, support and help each other to reach a solution. This can promote building partnerships both within and outside the GNWHOCCNM and contribute to a useful dataset to support funding applications.

In addition to its role in disseminating information globally, LINKS showcases the CCs and tracks and reports developments and changes, such as in key personnel. This can help to inform stakeholders of the important role of a WHO CC, combining as it does research, capacity building and collaboration work with countries and governments; this is not always clear to people outside the GNWHOCCNM.

An example of the sharing of practical tools and resources for nursing and midwifery professionals is shown in Fig. 15, an extract from Links Volume 18, giving access to resources for those working in FCV settings.

Figure 15. Knowledge exchange and the sharing of tools and resources: extract from LINKS Volume 18

The Secretariat coordinated contributions from centres and partners working in humanitarian environments and emphasized workforce resilience, equitable access to care, and strategies to support frontline health workers. LINKS Volume 18 reinforced the role of nurses and midwives in maintaining continuity of care during crises and in rebuilding health systems in vulnerable communities.

3.14 WHO Nursing and Midwifery Global Community of Practice

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

Figure 16. Images from the NMGCoP website

The WHO Nursing and Midwifery Global Community of Practice (NMGCoP) site provides a platform to facilitate collaboration, knowledge and resource sharing, and leadership development among nurses and midwives. It currently has over 15000 members, representing 190+ countries and is expanding.

One aim of the NMGCoP is to disseminate best practice tools and policies. The NMGCoP tools and resources section is being developed and the addition of new materials is ongoing. This is a forum for sharing knowledge, educational materials, resources, ICN and ICM publications and documentation from the Secretariat. One example of the tools or resources available is the sharing of webinars (Fig. 17) and the promotion of basic emergency care through the 25 x 25 program. Furthermore, there are over 30 groups, bringing together professionals with similar interest to promote peer support and the exchange of knowledge.

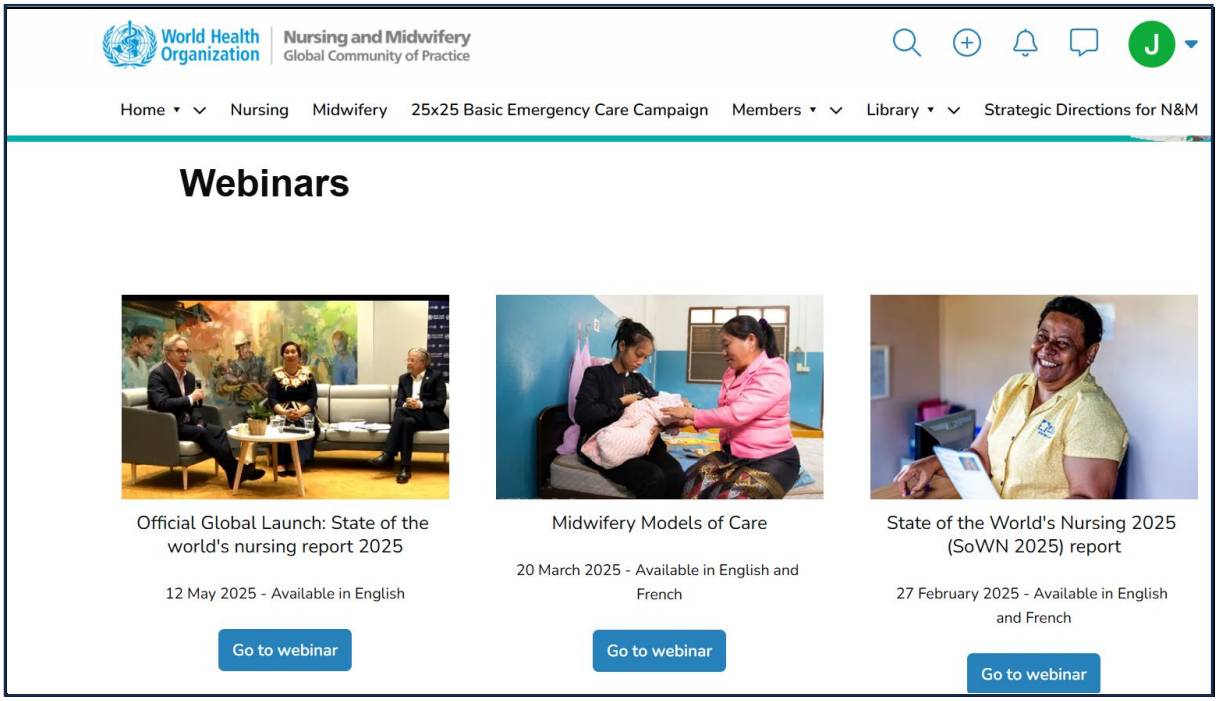


Figure 17. A sample page from NMGCoP website, showing links to informative webinars.

The Midwifery Network, which forms part of the NMGCoP, is growing rapidly and they are looking to expand further. They have formed an Advisory Council within the Midwifery Network with representatives from each region, to allow the development of content relevant to the regions. Examples include the WHO SAERO Midwifery Leadership Program and the 6 country Midwifery Group.

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

One insight gained from the 2023 survey was the change in the funding model for WHO CCs, with more reliance on institutes and less on external funding. In 2023, 80% of CCs stated that they received no external funding, compared to just over a third who received no external funding in 2014. This loss of external funding sources is concerning and an on-going issue. Diversifying and increasing funding partnerships is a vital ingredient for CCs, underpinning the potential to undertake core activities.

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

The 2023 survey of WHO CCs provided a searchable database of interests and expertise to facilitate finding potential partners for projects. Identifying cross-over, or partners with expertise from similar work in diverse countries, combined with opportunities for collaboration developed through the GNWHOCCNM's subgroups, should enable the WHOCCs to pull together to collaborate on and deliver global projects and access more diverse funding. In addition, it should encourage tools, research findings and experience to be shared and reduce duplication of work.

To support this vision, a series of funding webinars took place in February and August, 2024. Two sessions were run per webinar at different times to facilitate access across global time differences, with representation from all regions across the sessions.

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

Going forward, the current Secretariat is planning to develop a publication focused on the contributions of WHO CCs towards the Strategic Directions for Nursing and Midwifery (SDNMs). This work will be informed by the analysis presented at the GNWHOCCNM Side Meeting held during the ICN Congress 2025 in Helsinki, which highlighted the targeted priorities identified by CCs in relation to each of the SDNMs. The publication will also draw on the broad range of activities being undertaken across the GNWHOCCNM, including the many initiatives and case studies featured in LINKS magazine. Collectively, this paper presents a valuable opportunity to document and showcase the significant contribution of WHO CCs in advancing the SDNMs and strengthening nursing and midwifery globally.

3.16 State of the World Nursing Report 2025

Many of the Global Network's Members were instrumental in gathering data and reporting for SOWN 2025. Michele Rumsey, representing the Secretariat of Global Network, was on the Steering Committee, illustrating the influence which GNWHOCCNM now carries.

Figure 18. Flyer encouraging engagement in data collection for the SOWN Report

The findings from SOWN 2025 relate directly to country level actions to strengthening nursing that can ultimately drive progress in patient care, health system resilience, universal health coverage, and broader economic and social development. Aligning with SDNM, the SOWN 2025 findings are reported under Jobs, Education, Service Delivery and Leadership.

The key messages from SOWN 2025 are that the convergence of economic uncertainty, climate change impacts, and persistent health inequities creates a critical imperative to strengthen nursing capacity. Without immediate intervention, the slowing progress in key health indicators and reversals in universal health coverage progress suggest a looming crisis in global health service delivery. As the largest segment of the health workforce, nurses can drive progress on SDGS, delivering universal health coverage, advancing health equity, and ensuring the resilience of health systems. SOWN 2025 provides the data to derive the needed policy actions and investments.

Although global nursing stock is rising, many countries face declining nurse densities due to attrition, retirement, migration, and population pressures, undermining progress toward universal health coverage. With global health workforce shortages projected to reach 11 million by 2030, traditional approaches focusing solely on education or recruitment are insufficient. Countries must adopt comprehensive health labour market approaches that address both supply and demand factors. This will necessitate unprecedented cross-sector collaboration between health, education, finance, and labour ministries.

The recognition of the importance of nurses has increased in WHO Member States since 2020. The expanding scope of nursing practice in promoting, providing, and protecting health presents many opportunities to drive progress in health-related SDGs. While nurses increasingly take on advanced roles in many settings, health systems often lack the regulatory frameworks and support structures to optimize these contributions. Countries must modernize regulatory frameworks and enable working environments to fully leverage nursing capabilities in addressing contemporary health challenges. There has, however, been wide-scale implementation of the Global Strategic Direction for Nursing and Midwifery (SDNM) 2021-2025 and the data in SOWN 2025 was instrumental in the 78th World Health Assembly decision to extend the SDNM through 2030.

Jobs/Employment

While global stock of nurses and midwives is reportedly growing and the workforce shortage is reportedly decreasing, the pace of progress has slowed and masks diverging trends across and within regions which are very concerning (SOWN, 2025). Employment patterns reveal dangerous inequities that threaten global health security. 78% of nurses are in countries with 49% of the population indicating systemic market failures which require coordinated international action to address cross-border nurse migration. Ssource and destination countries must collaborate to prevent further strain on vulnerable health systems. Without intervention in both source **and** destination countries, migration patterns will further weaken already vulnerable health systems, particularly in Africa and the Eastern Mediterranean regions.

Education

Graduation rates will have to increase to offset current and future shortages, fuelled by population growth and ageing of the nursing workforce. Countries need comprehensive education system strengthening strategies that include faculty development, technology integration, and innovative clinical training models. Issues such as faculty shortages, limited clinical training sites and supervisors, and infrastructure constraints cannot be solved through isolated interventions. The trend toward bachelor's degree requirements must be aligned with the ability to capitalize on differentiated and optimized roles.

Service Delivery

Working conditions and regulatory frameworks show concerning variations that affect both quality of care and workforce retention. The lack of mental health support systems (such support is only reported by 42% of countries) and wide wage disparities suggest a need for global standards for decent work in nursing. Advanced practice nursing roles, while promising for expanding access to care, require more standardized approaches to education, regulation, and scope of practice.

Leadership

The gap between the existence of nursing leadership positions and their actual authority represents a missed opportunity for health system strengthening. While 82% of countries report having a Government Chief Nursing Officer, many lack the resources and authority to effectively influence policy. Leadership development programs are available in only a quarter of low-income countries, requiring substantial investment to build the next generation of nursing leaders.

SOWN Policy directions through 2030

- Adapt and extend the 12 global strategic policy priorities by 2026–2030 across four domains of employment, education, service delivery, and leadership.

- Mobilize targeted investments and multisector collaboration by engaging finance, labour, and education ministries, plus educators, regulators, employers, associations, and civil society to support workforce forecasting, expand training capacity, improve working conditions, and ensure equitable nurse distribution.
- Elevate five emerging priorities including advanced practice nursing, gender equity, digital health technologies, climate-health action, and tailored support for nurses in fragile, conflict-affected, and vulnerable settings to meet evolving health system and population needs.

4. Financial Information

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

Operational costs for 2024-2026 (including producing communication materials such as LINKS magazine, biennial reports, and purchasing materials) total $61,725, plus administration at $30,000. Membership fees for the same time period raise $51,857 AUD and Faculty of Health UTS equalled the support of $50,000, a further $8100 was spent on meetings, leaving an operational shortfall of around $3,000.

The in-kind contribution of WHO CCNMH UTS comprises time from salaried staff members including Debra Anderson, Kathleen Baird and Michele Rumsey (co Secretary Generals). Some of these in-kind costs were incorporated into other projects when travel was combined with other conference/meeting presentations.

5. Secretariat Staff and Affiliates Update

The secretariat is co-chaired by 4 Secretary Generals: Prof. Debra Anderson (who retired in 2026), Prof Kathleen Baird, Prof. Michele Rumsey from WHO CCNMH UTS, and Dr Ameporn Ratinthorn of WHO CC from Mahidol University, SEARO (Fig. 19). The WHO CCNMH UTS has a small core staff; however, for each project or event we are able to draw on the skills and expertise of staff from a variety of sources including:

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

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

Figure 19. Secretariat 2024-2026 staff and affiliates.

6. Handover of Secretariat

In June 2026, at the Global Network's meeting in Bangkok, WHO CCNMH UTS hands over responsibility for the Secretariat to WHO CC for Nursing and Midwifery Development in the Faculty of Nursing at Mahidol University, Thailand. Dr. Ameporn Ratinthorn, Dean of the Faculty of Nursing at Mahidol University has been Co-Secretary General for the 2022-2026 period, therefore already has a thorough understanding of the workings of the Secretariat and of the ongoing program of work. In line with the GNWHOCCNM's constitution, the two organisations have been working together for the last year to deliver a smooth handover. This has included a series of four meetings, and the preparation of a comprehensive package of tools and procedures to support WHO CC Mahidol in their new role.

Each folder in the handover package corresponds to a core Secretariat function and contains both archived records (for institutional memory and reference) and handover notes outlining current processes, roles, timelines, and next steps. Together, these documents provide practical, step-by-step guidance for Secretariat operations, including governance and constitution management, annual membership fees, Executive Committee and WHO HQ meetings, LINKS Magazine production, communications and digital platforms, maintenance of the Master List, Secretariat reporting, and survey administration. Where relevant, timelines for upcoming activities (e.g. 2026 meetings, annual fees due dates) and known issues requiring follow-up are clearly noted.

WHO CCNMH UTS wishes the new Secretariat a productive and successful four years in office at this critical time for nursing and midwifery. Their expertise and experience will be invaluable in supporting WHO CC NMs across the globe in moving towards universal health coverage and the SDNM priorities.

7. Conclusion

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

Communication between members and with partners is paramount to effective exchange of ideas and support. Face-to-face meetings are important; the model of GNWHOCCNM side-meetings at larger conferences has proved to be an effective mechanism, and members are encouraged to facilitate such meetings in the future. The NMGCoP is growing daily. It currently has over 12000 members and is continuously updated with new resources and tools. The Midwifery group in the Global Network continue to support the focus on maternal and childcare. LINKS Magazine is going from strength to strength; it features stories from the regions, disseminates information on best practice and collates information on upcoming events.

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

WHO CCNMH UTS wishes the new Secretariat a productive and successful four years in office. Their expertise and experience will be invaluable in supporting WHO CC NMs across the globe in moving towards universal health coverage and the SDNM priorities.

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

Region	Number of Active WHO CCs
AFRO	4
AMRO	13
EMRO	3
EURO	10
SEARO	6
WPRO	9
TOTAL	**45**

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
AFRO			
SOA13	University of Natal, Durban, South Africa	1. As requested by WHO and together with WHO, conduct research and disseminate evidence for community problem solving approaches for Nursing and Midwifery education and practice in the African Region 2. In agreement with WHO, provide support in promoting capacity development of Nursing and Midwifery education institutions in community problem-solving approaches to health care in the African Region 3. Under WHO's leadership, support WHO in working with communities using problem-solving approaches to address priority health problems, focusing on maternal and child health, mental health, HIV/AIDS and TB, non-communicable diseases and health emergencies such as COVID-19	Malawi, Rwanda, South Africa, Namibia, Cameroon, Seychelles, Lesotho, Eritrea, Botswana, Ethiopia.
SOA14	University of South Africa (UNISA), Pretoria, South Africa	1. Inform WHO's efforts in providing technical support to countries, to upscale the quality of the nursing and midwifery workforce through the development of post-graduate open distance education 2. Assist WHO to strengthen research capacities towards improving nursing and midwifery services in countries	South Africa, Botswana, Ghana, Cameroon, Democratic Republic of Congo, Angola, Zambia, Mali, Malawi, Lesotho, Uganda, Chad, Mozambique, Rwanda.
BOT3	University of Botswana, Gaborone, Botswana	1. Under WHO's leadership, conduct collaborative research on the impact of COVID-19 pandemic on nursing and midwifery workforce 2. At the request of WHO and in line with WHO Strategic Directions for Nursing and Midwifery (2021-2025), strengthen nursing and midwifery leadership through skill development 3. At the request of WHO, promote and strengthen rehabilitative and palliative services in the context of revitalization of Primary Health Care Services.	Malawi, South Africa, United States, Uruguay, Cameroon, Lesotho, Botswana
MAL3	University of Malawi, Lilongwe, Malawi	1. To conduct joint priority research on enhancing the implementation of interprofessional education and collaborative practice. 2. To support WHO's work in building capacities in the implementation of education models that embrace Interprofessional Education and Collaborative Practice.	Zambia, Malawi, Sierra Leone, South Africa, Botswana, Mozambique, Zimbabwe, Rwanda, Swaziland

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
AMRO			
USA193	University of Illinois Chicago, USA	1. To support PAHO/WHO's efforts to promote and facilitate the role of Advanced Practice Nurses (APN) and doctorally prepared nurses with an emphasis on nursing leadership to address Sustainable Development Goals, Universal Access to Health, and Universal Health Coverage. 2. To support PAHO/WHO's effort to advanced nursing education with the development of clinical faculty and school nurse competencies.	Trinidad and Tobago, Jamaica.
USA206	University of Pennsylvania, Philadelphia, USA	1. At PAHO/WHO's request, the proposed institution will support PAHO/WHO's efforts to increase knowledge and understanding of maternal health and mortality. 2. At PAHO/WHO's request, the proposed institution will support PAHO/WHO to build capacity in nursing education. 3. Under PAHO/WHO's leadership the proposed institution will support PAHO/WHO to strengthen nursing research.	
BRA32	University of São Paulo, Ribeirao Preto, Brazil	1. At PAHO/WHO's request, the proposed institution will support the Organization's efforts in strengthening nursing research for the development of human resources and nursing practice in priority areas. 2. At PAHO/WHO's request, the proposed institution will support the Organization's efforts in strengthening and expanding dissemination of health information and knowledge with emphasis on nursing and health. 3. At PAHO/WHO's request, the proposed institution will support PAHO/WHO to build nursing capacity through research training.	Brazil, Argentina, United States, Chile, Mexico, Canada, Ecuador, Guyana, Paraguay.
USA241	University of Alabama at Birmingham, USA	1. At PAHO/WHO's request, support PAHO/WHO's efforts to strengthen the quality of nursing education and practice based on Universal Access to Health, Universal Health Coverage and Primary Health Care. 2. At PAHO/WHO's request, support the Organization in its activities to strengthen the availability and dissemination of knowledge resources that build capacity and leadership for nurse and midwife educators.	Jamaica, Trinidad and Tobago, Brazil, Chile, Colombia, Peru.
USA272	Columbia University, New York, USA	1. AT PAHO/WHO's request, the proposed institution will support the Organization's efforts to strengthen human resources through the training of advanced practice nursing (APN). 2. At PAHO/WHO's request, the proposed institution will support the Organization's efforts to strengthen human resources through the development of nursing and midwifery research and training. 3. At PAHO/WHO's request, the proposed institution will support the Organization's efforts to build capacity of human resources for health development with expanded knowledge and application of digital health in nursing and midwifery.	
USA283	University of Michigan, Ann Arbor, USA	1. At PAHO/WHO's request, support PAHO/WHO disseminating experiences about evidence-based practices of health promotion related to maternal home strategies and nurse and midwifery personnel. 2 As requested by PAHO/WHO, providing technical support to PAHO/WHO in strengthening and building nursing capacity in training, quality of care and communication of data related to the profession.	Chile, Rwanda, Ghana, Libya, Botswana, Mexico, Trinidad and Tobago, Barbados, Liberia, Nicaragua.
USA297	Johns Hopkins University, Baltimore, USA	1. At PAHO/WHO's request, support PAHO/WHO to facilitate information exchange and promote equitable access to information and scientific knowledge to enable global nursing and midwifery communities of practice. 2. To contribute to PAHO/WHO's work in the growth, development, and deployment of learning and informed online environments to address the Sustainable Development Goals, improve universal	Peru, Colombia, Haiti, Chile, Brazil, Guatemala, Canada, United States, India, China, Ghana, Guatemala, Taiwan,

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

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

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
EMRO			
BAA1	University of Bahrain (UOB), Manama, Bahrain	1. To support WHO's work on strengthening evidence generation and use of evidence in nursing practice and education 2. To support WHO's work on enhancing the improvement of midwifery competencies in the primary care settings.	Bahrain, Jordan.
JOR16	Jordan University of Science and Technology, Irbid, Jordan	1. To support WHO's work on strengthening nurses' and midwives' roles in primary health care through the development of competencies within the family practice model of care. 2. To support WHO's work towards building capacities among the nursing workforce. 3. To support WHO's work towards strengthening capacities of nursing and midwifery leaders in crisis and pandemics response.	
IRA-58	Iran University of Medical Sciences and Health Services	1. Providing for WHO's consideration evidence about the educational capacities in nursing and midwifery education 2. Providing for WHO's consideration evidence and best practices on recruiting and retaining midwives and nurses	

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

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
EURO			
POR14	Nursing School of Coimbra, Coimbra, Portugal	1. To support WHO to promote models of good practice in nursing and midwifery education and training in PHC in Member States. 2. On request of WHO, to provide technical assistance on scaling up organizational and regional knowledge of the roles of nurses and midwives in support of the European Programme of Work. 3. To support WHO in coordinating the work of the WHO Collaborative Centres' Network for Nursing and Midwifery to share experiences and contribute to the promotion of good practices in nursing and midwifery.	Portugal, Mozambique, Brazil, Cape Verde, Angola.
AUT15	Paracelsus Medical University, Salzburg, Austria	1. To support WHO in strengthening palliative care education and training. 2. In support of WHO to collect, collate and disseminate evidence on nurse-led palliative care practice. 3. To support WHO in digital health capacity building in palliative care, by gathering evidence on tele-palliative interventions.	Austria, Germany, Azerbaijan, Kazakhstan, Turkmenistan, Switzerland.
UNK276	Cardiff University, College of Biomedical and Life Sciences, Cardiff, UK	1. At WHO's request and under its guidance, the proposed institution will support WHO in strengthening the evidence-base and provide technical support on midwifery pre-service education and training. 2. Under WHO's leadership and under its request, the proposed institution will assist WHO in capacity building and strengthening midwifery pre-service education, and training.	Rwanda, Kazakhstan, Lithuania, Turkmenistan, Uzbekistan, Kyrgyzstan, Bulgaria, Czech Republic, Greece, Israel, Tajikistan.
UNK277	Office for Health Improvement and Disparities (OHID), Chief Nurse Directorate, London, UK	1. At WHO's request, the proposed institution will support WHO in strengthening disease prevention, health promotion, and build resilience in health care systems, and in generating evidence and frameworks of practice for nurses, midwives and allied health professionals. 2. In agreement with WHO, the proposed institution will provide support to WHO in collating and collecting evidence about the nurses', midwives', and allied health professionals' role and impact across the life course. 3. Under WHO's leadership and at its request, the proposed institution will provide technical assistance and support WHO in informing the development of policy advice, about public health nursing, midwifery and allied health professionals.	Uzbekistan, Ukraine, Kazakhstan.
BEL51	Katholieke Universiteit Leuven (KU Leuven), Leuven, Belgium	1. To support WHO's technical activities for the development and analysis of a roadmap for strengthening nursing and midwifery in the WHO European Region towards the goals of the European Programme of Work. 2. To provide technical input to inform WHO's work with Member States towards translating health workforce research into policy development and implementation.	Austria, Finland, France, Switzerland, Portugal, Lithuania, Belgium, Greece, Croatia, Germany, Spain, Israel, Ireland (Republic), United Kingdom, Slovakia, Tajikistan, Kazakhstan.
LTU4	Lithuanian University of Health Sciences, Kaunas, Lithuania	1. At WHO's request, to support WHO in developing the roadmap for strengthening nursing and midwifery in the European Region towards the delivery of GPW13 and the European Programme of Work. 2. At WHO's request, to provide technical advice to Member States in developing evidence-based nursing education and practice in support of the delivery of GPW13 and the European Programme of Work. 3. At WHO's request, to contribute to the research base on Advanced Nursing Practice in primary health care.	Kazakhstan, Uzbekistan, Azerbaijan, Lithuania.
ISR32	The Israeli Ministry of	1. Under WHO's leadership and as requested, to assist WHO in capacity building of senior leadership and management in nursing and midwifery.	

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
EURO			
	Health, Jerusalem, Israel	2. Under WHO's leadership and under its request, to assist Member States in the WHO European Region in strengthening nursing and midwifery governance and leadership in the health systems.	Israel, Azerbaijan, Kazakhstan, Turkmenistan, Slovakia, Ukraine, Ireland (Republic).
		3. At WHO's request and jointly with WHO, to build up the evidence base for effective regulatory accreditation, licensing and training policies, to support strengthening of the governance in nursing and midwifery at the Member State Level.	
IRE12	University of Medicine and Health Sciences Royal College of Surgeons of Ireland	1. At WHO's request, provide technical input to WHO that may inform its work when developing a WHO leadership education programme for nurses and midwives	
		2.At WHO's request, to provide technical advice to WHO that may inform the organization`s activities on assisting Member States in developing systems for continuous professional development for the nursing and midwifery workforce.	
		3. At WHO's request, to provide technical advice to WHO that may inform the organization`s activities on assisting Member States in the development of professional guidance on the health and care workforce.	
UNK346	Cicely Saunders Institute of Palliative Care, Policy, and Rehabilitation at King's College London	1. At WHO's request, support its work on the utilization of Assistive Technology in palliative care.	
		2. At WHO's request, support its activities on creating and refining novel, evidence-based, equitable models of integrated palliative care and rehabilitation	
		3. At WHO's request, provide evidence for WHO' consideration that may inform its work on the development of effective and appropriate models of care for children and young people with life-limiting and life-threatening illness	

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
SEARO			
THA34	Mahidol University, Bangkok, Thailand	1. To support WHO to strengthen capacities in nursing specialties and midwifery.	
		2. Upon WHO's request, to conduct capacity building activity to strengthen capacities to conduct research and innovation in nursing and midwifery.	
		3. To assist WHO to strengthen capacities of nursing and midwifery faculty members/teachers in the nursing and midwifery educational institutions.	
THA35	Mahidol University, Bangkok, Thailand	1. At WHO's request, to serve as a resource centre for training of nurses and midwives on advanced nursing/midwifery or functional specialties in education, leadership and administration.	
		2. Support WHO in promoting collaboration and synergies among nursing and midwifery institutions/organizations at the national, regional and international levels.	
		3. Under WHO's guidance, to conduct research and innovation in enhancing teaching and learning methods to strengthen nursing capacities.	
THA43	Chiang Mai University, Muang, Thailand	1. To support WHO's work towards strengthening capacity of nurses and midwives in leadership and management.	
		2. At WHO's request, to conduct systematic reviews and evidence-based practice research in nursing and midwifery.	
		3. To support WHO's work on nursing and midwifery research, education and practice.	

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
SEARO			
MMR4	University of Nursing, Yangon, Myanmar	1. To support WHO in strengthening quality of nursing and midwifery education. 2. To support WHO in strengthening quality of nursing and midwifery services. 3. To contribute to WHO in building capacity of nursing and midwifery workforce in responding to current health challenges.	
IND138	Christian Medical College, Vellore, India	1. To assist WHO to strengthen nursing and midwifery services at the primary health care level to achieve Universal Health Coverage. 2. Upon WHO's request, to support capacity building of nursing and midwifery workforce to strengthen capacity to better respond to current health challenges, especially in the area of the prevention and control of noncommunicable disease, emergency and disaster nursing, as well as mental health. 3. To support WHO by collecting and disseminating evidence related to noncommunicable diseases through collaborative nursing research under WHO's leadership.	India, United Kingdom, United States, Malawi, Japan, South Korea.
IND140	Postgraduate Institute of Medical Education and Research, Chandigarh, India	1. Assist WHO to strengthen health systems through strengthening nursing and midwifery service. 2. Assist WHO's work towards building strengthened capacities on nursing and midwifery.	

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
WPRO			
KOR16	Yonsei University, Seoul, Republic of Korea	1. Support WHO in providing capacity building on PHC competencies for health workforce development. 2. Support WHO to conduct and disseminate research on evidence for nursing workforce models that can best improve PHC service delivery.	South Korea, Uzbekistan, Laos, Vietnam, Mongolia, Nigeria, Ghana.
PHL13	University of the Philippines, Manila, Philippines	1. As requested by WHO, to support WHO in providing technical assistance to Member States in building the leadership capacity of the nursing and midwifery workforce. 2. As per WHO's request, to assist WHO in the development of e-learning resources on community nursing and chronic care. 3. As requested by WHO, provide technical assistance to Member States to strengthen training and learning of the nursing.	Philippines, Cambodia, China, Japan.
JPN58	St. Luke's International University, Tokyo, Japan	1. On request of WHO, to assist the Secretariat and Member States in the Western Pacific Region in the development of community People-Centered Care (PCC) models, based on the values of PHC in the context of aging societies. 2. Support WHO to document and share lessons with other Member States on the implementation of health literacy programmes, resulting in a better engagement of communities and households with health care providers. 3. On request of WHO, to support the Secretariat to build capacity in nursing and midwifery education in low resource countries of the WPRO region.	Indonesia, Philippines, Tanzania, Myanmar, Laos.
JPN77	Research Institute of Nursing Care for People and	1. Support WHO to implement Health Emergency and Disaster Risk Management (Health-EDRM) Framework. 2. On the request of WHO, to contribute to strengthen evidence and research on Health-EDRM.	Japan, Mongolia.

Code	Institution Name	Terms of Reference (TOR)	Working in these Countries
WPRO			
	Community, Akashi, Japan		
AUS93	University of Technology, Sydney (UTS), Sydney, Australia	1. On request of WHO, build capacity to strengthen health systems and human resources for health to respond to priority health challenges. 2. To support WHO in strengthening health workforce regulation toward improving quality of services, through increased literacy on nursing and public health research. 3. To assist WHO in strengthening the capacity of the maternal, aged care and palliative health workforce through improved understanding of the status of palliative care health workforce in the Western Pacific Region.	Australia, Fiji, Kiribati, Marshall Islands, Samoa, Vanuatu, Tuvalu, Tonga, Solomon Islands, New Zealand, Nauru, Palau, Papua New Guinea, Philippines, South Korea, Japan.
CHN89	The Hong Kong Polytechnic University (HKPU), Hong Kong SAR, China	1. At the request and under the leadership of WHO, analyse data on ageing and healthy living (including key indicators of ageing and health) in the countries in Western Pacific Region. 2. To support WHO in the implementation of WHO Guidelines on Integrated Care for Older People (ICOPE) through evidence gathering and contextual adaptation for the countries in the Western Pacific Region. 3. Support WHO's evidence base, by consolidating good practices and policies that ensure healthy lives and promote well-being of older people in the countries in Western Pacific Region.	China, Singapore, Cambodia, Philippines.
CHN129	Peking Union Medical College, Beijing, China	1. As requested by WHO, to support WHO in providing knowledge and technical assistance to Member States in strengthening and expanding leadership capacity of the nursing and midwifery workforce as well as nursing students. 2. As per WHO's request, to assist WHO in improving nursing education and service delivery of primary care with focus on women and children, in line with the Global Strategic Directions for Nursing and Midwifery (2021-2025). 3. At WHO's request, to assist WHO in enabling and empowering community- and home-based nursing practice for ageing population.	China, Japan, Thailand, South Korea, Philippines.
KOR104	The Catholic University of Korea, College of Nursing, Seoul, Republic of Korea	1. Contribute to WHO's work on development, implementation and monitoring "A Framework for Strengthening Integrated NCD Management in the Western Pacific Region (tentative title)" in the perspective of providing palliative care services. 2. In collaboration with WHO, to strengthen the capacity of healthcare professionals in low- and middle-income countries by providing training on high-quality palliative care services across all levels of the health system.	South Korea, Cambodia, Fiji, Thailand, Mongolia.
INO24	Poltekkes Kemenkes Ministry of Health, Directorate General of Health Workforce	1. To support WHO in conducting nurse and midwife clinical instructor accredited training programs to strengthen the quality of nursing and midwifery education, in line with WHO's policies and procedure 2. To support WHO in strengthening midwifery leadership, in line with WHO's policies and procedures	

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

Appendix 2. Joint Letter to Dr Tedros and Response

18th November 2024

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Global Network of WHO Collaborating Centres for Nursing and Midwifery
E: GNWHOCCNM@uts.edu.au
W: https://nursingandmidwiferyglobal.org

WHO Regional Nursing and/or Midwifery Advisors

Dear Dr. Tedros,

Nursing and midwifery leadership has advanced significantly under your tenure at the World Health Organization (WHO). Your commitment to these professions is evident in the establishment of the Chief Nursing Officer (CNO) role, your endorsement of the State of the World's Nursing and State of the World's Midwifery reports, and the acknowledgment of the central roles of midwives and nurses in the COVID-19 response and Universal Health Coverage (UHC). These initiatives have greatly strengthened nursing and midwifery's contributions to global health, but there remains much to be done, especially at the regional level.

The establishment of permanent and well supported roles for Regional Nursing Advisers and Regional Midwifery Advisers are a vital next step in this ongoing effort. Currently, where such positions exist, they are often temporary or do not require nursing and/or midwifery experience. Recognising that nursing and midwifery are separate professions, establishing permanent Regional Midwife Adviser and Regional Nurse Adviser positions to support the WHO CNO, the Regional Offices, and to represent nurses and midwives is crucial for several reasons:

1. **Representation and Advocacy:** Midwives and Nurses constitute over 60% of the global health workforce. Regional Advisers for each profession would amplify their voices on global platforms, advocating for their needs and highlighting issues such as workforce shortages, training gaps, and workplace safety to ensure that regional concerns are integrated into WHO's agenda.
2. **Centralised Communication:** These roles serves as a central point for effective communication, supporting and representing both nurses and midwives on the global stage. They also promote good policy and practice, and strengthens education and standards across each region.
3. **Governance and Leadership:** Regional Advisers enable and promote effective governance, supporting national or regional programs, creating opportunities for mentoring of midwives and nurses, leadership development, innovation and promotion of collaboration and cooperation within and between the professions across the regions. These roles would facilitate networking and peer support among midwives and nurses to foster knowledge exchange, best practice sharing, and capacity building.
4. **Local Insights and Global Integration:** Regional Advisers provide local insight and cultural

nuance, identifying appropriate health research, data collection, and analysis to ensure that global health initiatives are inclusive and equitable. This includes implementing the WHO global Code of Practice on the International Recruitment of Health Personnel, thereby promoting the ethical migration and mobility of midwives and nurses, and ensuring small nations' voices are heard in decision-making processes.

5. **Emergency Support and Capacity Building:** During emergencies, Regional Advisers provide critical support and guidance, coordinate regional resources, disseminate rapidly changing information, and mitigate impacts.

Regional leadership has proven its impact through several successful initiatives. For example, Margrieta Langins, Nursing and Midwifery Advisor to the WHO Regional Office for Europe, has effectively overseen regular regional meetings for EURO. Eriko Anzai, former Nursing and Midwifery Advisor to the WHO Regional Office for the Western Pacific Region, successfully coordinated the Regional Nursing and Midwifery Forum in the Western Pacific, marking the first time in nearly two decades that Chief Nursing and Midwifery Officers convened to discuss the critical role of nurses and midwives in the region. Additionally, Ai Tanimizu, Nursing and Midwifery Advisor to the WHO Regional Office for the South East Asia Region, made significant contributions in transitioning midwifery models of care. ICN, through its Global Nursing Leadership Institute (GNLI) program, has also been working to strengthen nursing in the WHO regions, and its scholars have been undertaking projects in collaboration with regional Nursing and Midwifery advisers where those posts exist. These examples underscore the importance of regional advisers in driving innovation, fostering collaboration, and addressing region-specific challenges, which are essential for achieving WHO's broader objectives.

It is also essential to recognise that nursing and midwifery, while closely related, are distinct professions with unique needs and contributions. Therefore, the leadership roles for these professions at the regional level should reflect this distinction. It is time to move beyond combined nursing and midwifery roles to the development of separate roles, such as Regional Nurse Advisors and Regional Midwife Advisors, that would ensure that each profession is adequately represented and that their specific needs and perspectives are addressed.

We recognise the financial pressures faced by WHO. However, strengthening nursing and midwifery within the organization is vital to delivering UHC and progressing towards the Sustainable Development Goals (SDGs). The creation of these regional roles represents a strategic investment that will yield substantial benefits for global health outcomes.

Currently, we are awaiting the filling of positions in AFRO, and AMRO/PAHO. In addition, there is no nursing and/or midwifery advisor in EMRO, where the portfolio has been covered by a HR Technical Advisor for many years. In contrast, the EURO and SEARO regional nursing advisor roles have gained momentum and strength in recent years. In WPRO, the position has just been filled by a nurse and we are looking forward to working closely with them.

In summary, establishing a WHO Regional Nursing and/or Midwifery Adviser in every Regional Office is essential to ensure the effective integration of the knowledge and expertise of the largest segment of the health workforce into global health strategies, policies, and practices. This will lead to better health outcomes worldwide and ensure that nursing and midwifery professionals are adequately supported and represented in the international health arena.

We propose that this network of Regional Nursing and/or Midwifery Advisers be coordinated centrally, with operational oversight provided by the respective regions. This structure would ensure alignment with WHO's global objectives while allowing flexibility to address regional needs.

We strongly recommend the establishment of permanent Regional Nursing and/or Midwifery Adviser roles in every region, underpinned by substantial nursing and/or midwifery expertise, to support the Chief Nursing Officer, Regional Offices and the global nursing and midwifery community in achieving WHO health goals.

Yours Sincerely,

The Global Network of WHO Collaborating Centres for Nursing and Midwifery
44 WHO Collaborating Centres

International Confederation of Midwives
Chief Midwife
International Confederation of Midwives

Global Network of WHO Collaborating Centres for Nursing and Midwifery

jhpiego
President and Chief Executive Officer
Jhpiego

African Forum for Research and Education in Health
President
AFREhealth

Sigma
Chief Nursing Officer
Sigma Theta Tau International Honor Society of Nursing (Sigma)

ICN International Council of Nurses
The global voice of nursing
Chief Executive Officer
International Council of Nurses

World Health Organization

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In reply please refer to:

Your reference:

Global Network of the World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery

17 February 2025

Dear Nursing and Midwifery Colleagues,

I would like to thank you for your letter dated 18 November 2024, which was sent on behalf of the Global Network of the World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery. We profoundly respect the critical role that nursing and midwifery play in advancing universal health coverage.

WHO is proud of our recent and ongoing efforts to strengthen and optimize the work of midwives and nurses in the context of the 2030 Agenda for Sustainable Development. We have worked closely with many of you to celebrate the International Year of the Nurse and the Midwife and to produce the State of the World's Nursing 2020 and the State of the World's Midwifery 2021 reports. The Seventy-fourth World Health Assembly adopted the Global Strategic Directions for Nursing and Midwifery 2021-2025 in resolution WHA74.15 on Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

You have rightly highlighted the critical role of the three-level organizational model of WHO. The focal points for nursing and midwifery work within interdisciplinary teams that focus on the priorities for primary health care in the regions. This includes clinical service delivery, health and care workers, and overall health systems strengthening. They work closely with technical counterparts at headquarters to apply the relevant global guidance in their contextualized support to the country offices and Member States. We appreciate your ongoing collaboration and support for initiatives such as the Midwifery Models of Care, Neonatal Nursing, and the 25x25 Basic Emergency Care campaign.

I would like to thank you for your dedication to health and wellbeing, as well as your leadership in nursing and midwifery. We look forward to continuing our collaboration with you in your respective roles as WHO Collaborating Centres for Nursing and Midwifery and valued partners.

Yours sincerely,

with much gratitude

Dr Tedros Adhanom Ghebreyesus
Director-General

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COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

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