

# Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

## Strengthening Pacific Leadership

**Pacific Heads of Nursing and Midwifery Meeting  
14-16 November 2023**



Professor Michele Rumsey,

Director, WHO Centre for Nursing, Midwifery & Health  
Development, University of Technology Sydney (UTS);

South Pacific Chief Nursing and Midwifery Officers Alliance  
(SPCNMOA);





World Health  
Organization

Western Pacific Region

**WORLD HEALTH ORGANIZATION COLLABORATING  
CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT**  
BUILDING HEALTH LEADERSHIP AND CAPACITY IN THE WESTERN PACIFIC REGION



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**Secretariat**

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# WHO CC at the University of Technology Sydney

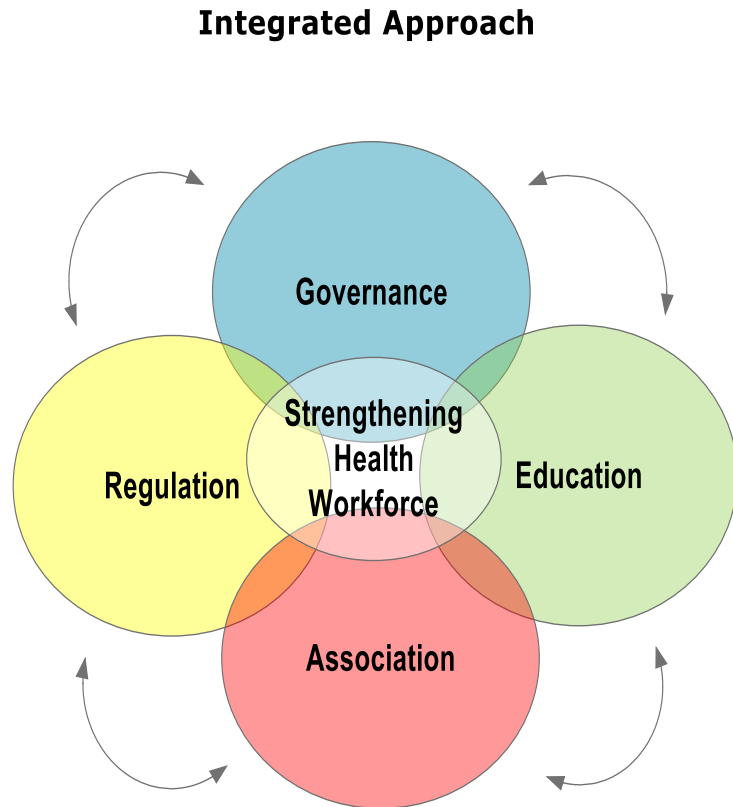
The WHO CC was established at request of regional CNMOs at their first meeting in Cook Islands in 2004, designated 2008 – 2024. Has contributed to over 60 projects in 25 countries.

WHO TOR - 2020 - 2024 purpose is to support WHO by:

Facilitating networking, collaboration and communication among **Chief Nursing and Midwifery Officers in South Pacific**.

1. **Capacity building to strengthen health systems** and human resources for health to respond to priority health challenges.
2. Contributing to **strengthening health workforce regulation** and **education** toward improving quality of services.
3. Strengthening the capacity of the maternal health workforce through **improved midwifery education and practice** to improve maternal and child health services.

# WHO CC UTS Integrated Approach



## Body Evidence

- Governance: NDOH, CNMO, national standards,
- Education: high quality accredited educational institutes and programs
- Associations: support health professionals, provide CPD
- Regulation: mandated by legalisation to protect the public, provide competent practitioners , standards and registration

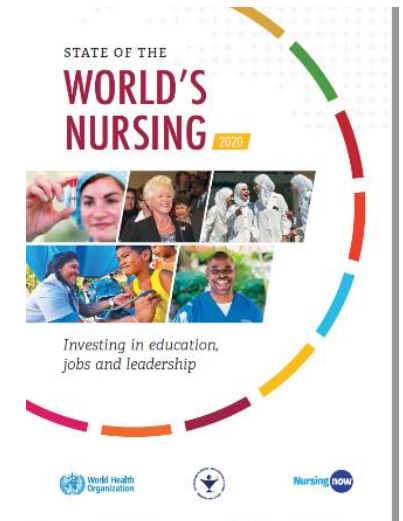
Rumsey, M. (2017). Global Health and Nursing. In J. Daly, S. Speedy, & D. Jackson (Eds.), *Contexts of Nursing (5th ed., pp. 371)*. Australia Elsevier.

Rumsey, M. (2020). Global Health and Nursing. In J. Daly & D. Jackson (Eds.), *Contexts of Nursing (6th Edition ed.)*. Australia: Elsevier.

# Context

# State of the Worlds Nursing Report – Western Pacific

- **Global** shortage of 4.6 million nurses 89% of this shortage is concentrated in low- and lower middle-income countries.
- 59% health workforce **globally** are nurses
- 90% are women
- 55% - 3 year education program
- Many countries have aging workforce
- 30% prevention attacks against nurse
- 70% global have national nursing leadership
- **Western Pacific Region** quarter of the global nursing workforce (7 million) are in the
- **73% of health workforce in WPRO are nurses** (74% PIC)
- 95% are women
- 70% - 3 year education program
- 51% are below 35 years of age
- 33% are trained in a country outside of their country of practice
- 27/37 countries national nursing leadership

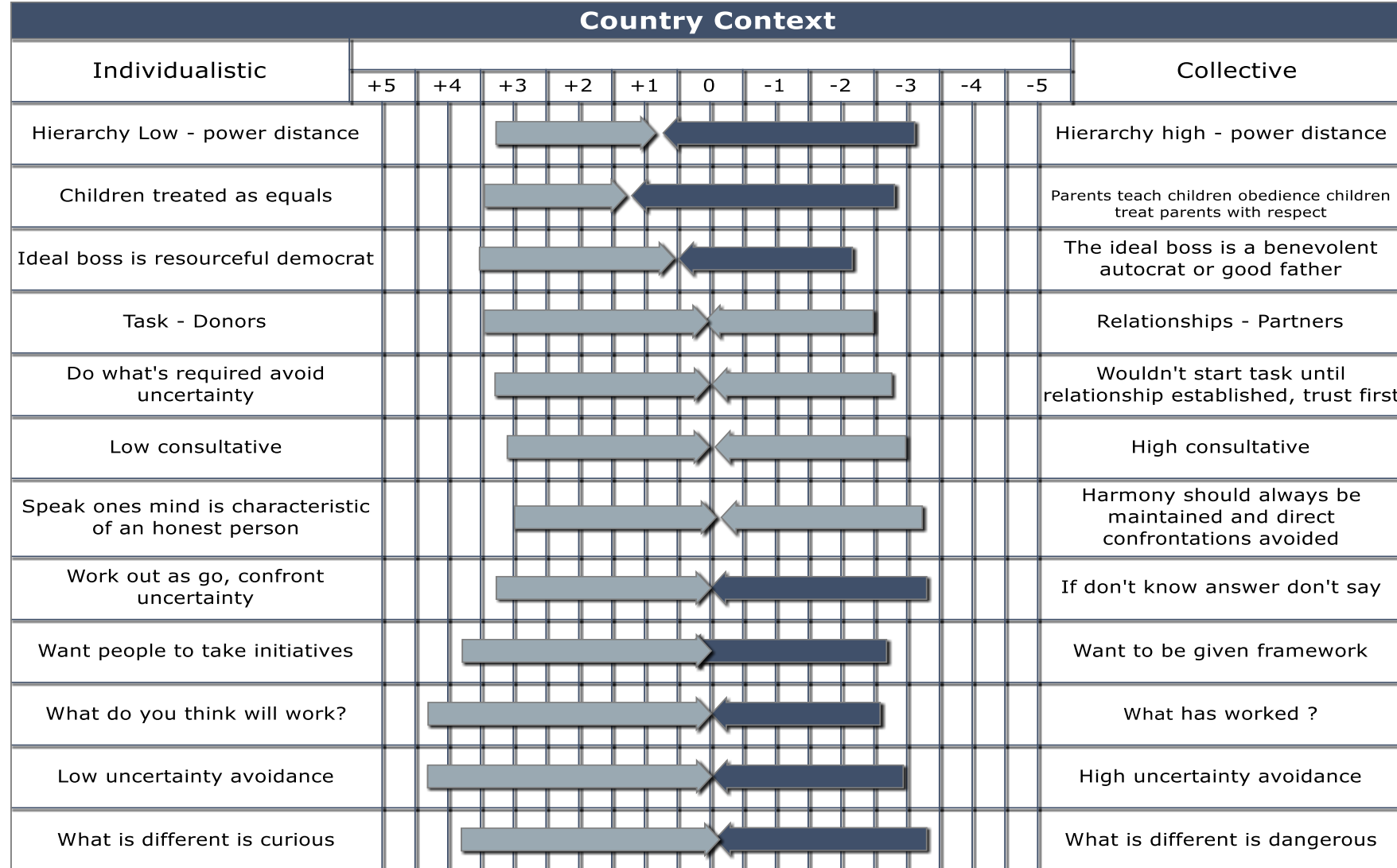


# Regional Partners – SPCNMOA PLP

- **South Pacific Chief Nursing and Midwifery Officers (SPCNMOA) partnership** – co –designed program. Requested leadership program
- Funding from Australian Department of Foreign Affairs and Trade (DFAT)
- 2009 -2017 – over 137 Fellows 12 countries 42 Mentors
- 2022 Online program



# Model to understand cultural differences



Hofstede, G. and G.J. Hofstede. 2005 Cultures and organizations: Software of the mind. McGraw Hill



# Action bias

- Action bias facilitates top-down research protocols, that can alienate member countries through lack of involvement:  
**‘The top-down approach also places the locus of control with the Donor Program rather than with the broader Pacific community’**
- Prioritising motivation and buy-in were crucial and ensuring language was contextualised for local audiences (1)
- **“...A future Pacific model needs to focus on building trust across the broader Pacific region, on harmonising recognition processes, and to take a proactive role in developing regional mechanisms to support recognition...”** (2)

**Ensuring sustainable and scalable change** is challenging and, when it is expected to occur across multiple and dispersed organisations with low resources and staff who are already working under a lot of pressure, the risk of failure is very high. **Even in well-resourced environments, there is convincing evidence that the majority of change initiatives fail, with an estimated failure rate of 60-70% consistently reported in the literature** (APQC, 2014; Erida, Lofty, 2021; Harrington et al, 215; JonesSchenk 2019).

# **Literature Review**

## **Pacific leadership**

# Literature Shows – Pacific

Pacific Islands are exacerbated by geographical constraints of isolation, environmentally vulnerable [1, 2, 3]; and multiple critical health challenges [2]:

- **limited health resources and limited governmental investment in health [5,6], low / middle economic status;**
- tuberculosis rates are decreasing in some areas but reaching alarming rates in others with drug resistance a growing burden [3, 4];
- severe lack of reporting on surveillance data [7];
- **increase in Non Communicable Diseases [8-9];**
- expensive land and sea transport [10];
- lack of local evidence

# Review of leadership literature

In the Pacific, the main professional groups delivering care and providing access to care, especially in remote and rural areas, [are nurses and midwives 74%](#) [1 10- 12]. Many Pacific **nations suffer shortages of qualified health workers, inequitable distribution of workers** and inefficient skill mix, training and education poorly matched to patient and population needs, and financial constraints with poor motivation and retention [2, 11].

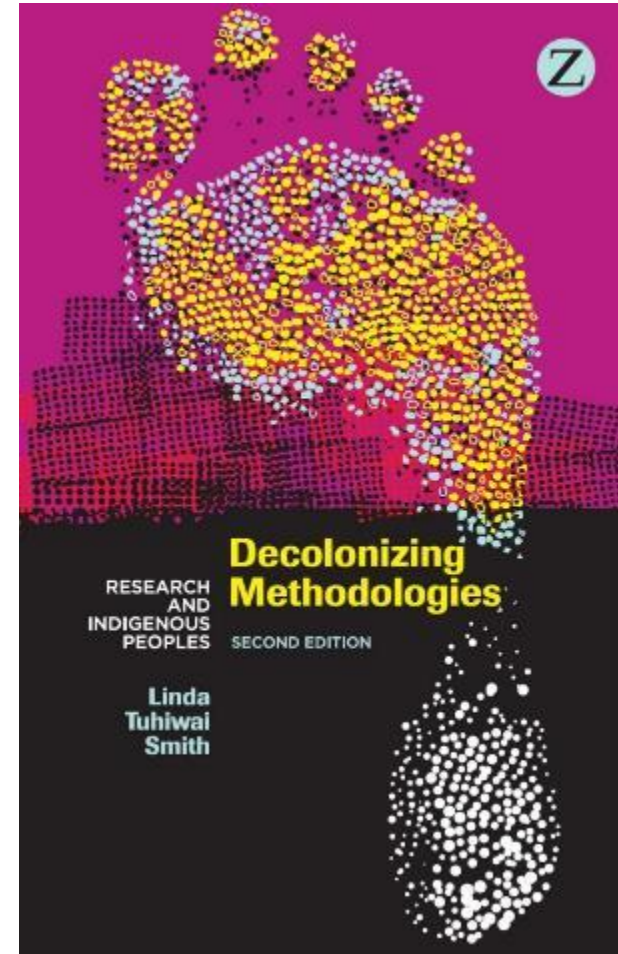
## It is recognised that:

- **strong, leadership** and skill development is needed at all levels of health workforce in Pacific [2, 11, 13-18, 23]
- [WHO Strategic Direction Nursing and Midwifery](#) (2020)
- Very few leadership programs in Pacific for health professionals [19-21, 22].
- traditionally, leadership programs for the Pacific have not been culturally contextualised [19-21 24 -28].
- **clearly apparent lack local evidence and literature**

**Need for Pacific leadership  
research - methodology to carry  
out Pacific research**

# PARcific Methodology

Linda [Tuhiwai Smith's foundational](#) work on Maori research, describes the way in which **conventional research methodologies are problematic because they are linked to imperial and colonial paradigms.**



# Methodology



Genuine partnership approach collaborative, co-designed think differently....

**Participatory Action Research (PAR)\*** Four elements – **shared power, reciprocity, reflexivity, democratisation of research.**

In the PAR model, locals are seen as experts, **who delineate, guide and evaluate the program, disseminate information knowledge and findings.**

**PARcific methodology**, marrying three frameworks PAR and *Kakala* and *Talanoa* Pacific research.

# Kakala – The Art of Collaboration

- “*Kakala* has the potential to unsettle the dominance of the researcher over community and to challenge the modernity of research by valuing Tongan relationality, time honoured practices and values” (Sanga & Reynolds 2017, p. 199).
- In matriarchal Tonga, *Kakala* refers to the deceptively simple, **but culturally rich**, communal practice which involves older women sitting on a mat under a tree with kids buzzing around while meticulously selected flowers are carefully threaded together to craft a *Kakala* or garland. To be received and worn on special occasions, each *Kakala* is designed with a specific person in mind. ***Kakala* is considered an organic ‘teaching and learning’ practice, however unlike more western didactic notions, in Tonga *Kakala* celebrates an elaborate collaborative process of sharing skills which are then passed onto the next generation.**



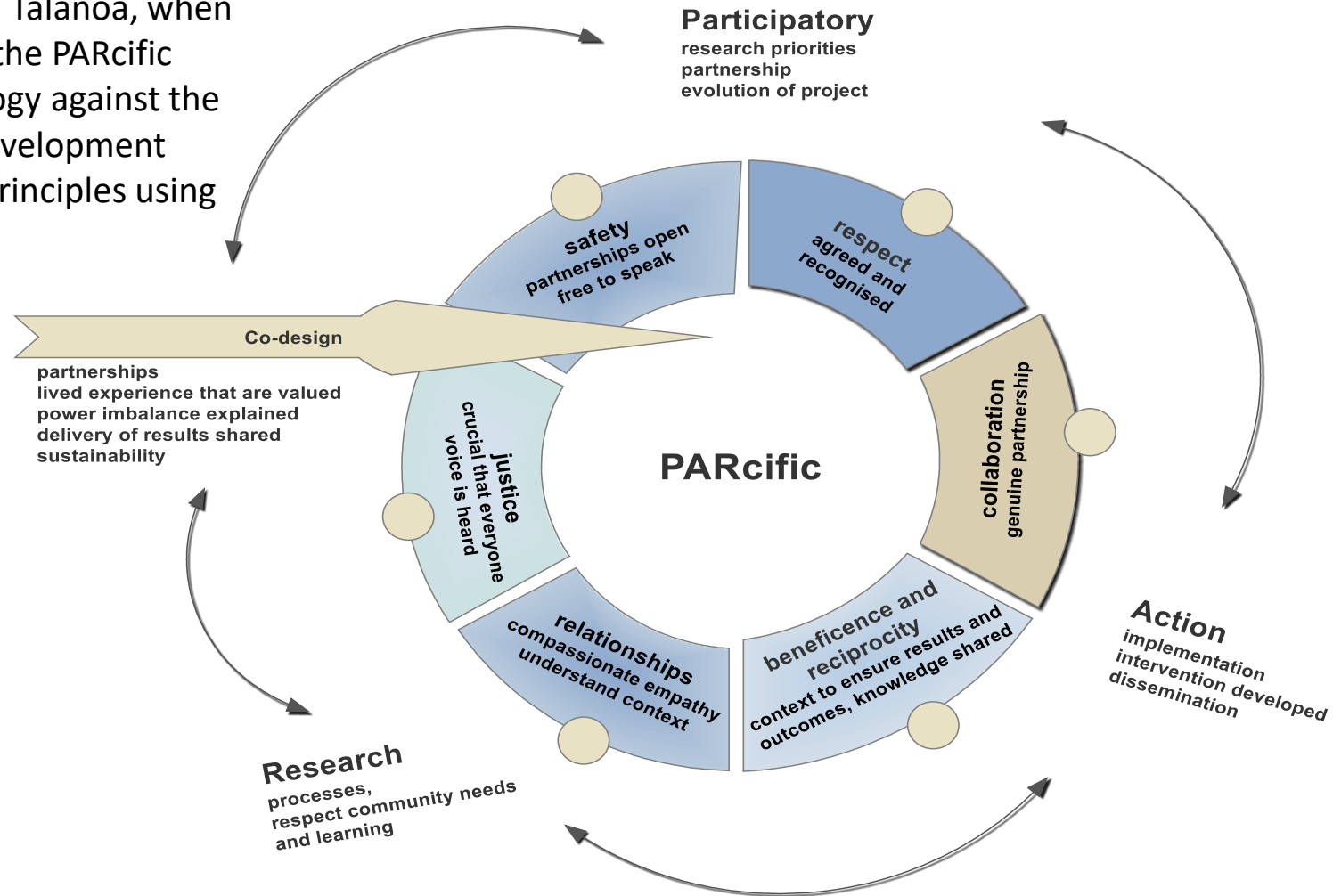


# Ethical Cultural Framework – Talanoa Approach

- *Faka 'apa'apa* - being respectful and humble will allow credible exchanges , ensuring validity of responses
- *Mateueu* – showing you are well prepared and understand the status of the participant, and respect their contribution
- *Ou e fet poto* – not being over-smart
- *Poto he Anga* – knowing what you are doing and maintaining engagement
- *Tauhiera* – gifting the information, valuing reciprocity, protecting the participants' interests and reputation before and after the interaction
- *Ofa Fe'unga* – love warmth and generosity which is adapted to the situation, maintaining integrity and good relationships [36-37, 38-39]
- These principles require input from researchers prior to the commencement of **study, and investing additional time to ensure that all areas have been considered.**

# Marrying of PAR With Kakala and Talanoa

Figure outlines the marrying of PAR with Kakala and Talanoa, when designing the PARcific methodology against the cultural development research principles using co-design.



# Addressing Key PARcific Research Principles Partnership

**Safety** – Collection of data in partnerships with stakeholders is conducted using appropriate methods to the Pacific context. All stakeholders of the project **should feel free to speak up** if they have any concerns.

**Respect** - The continuing **partnerships, listening and acknowledging non-verbal approaches** set the groundwork for the research.

**Collaboration** – All stages of a **research must be planned, designed, implemented and evaluated in partnership** with local research team to ensure ownership, sustainability and dissemination of results is successful. Participants' knowledge is valued and respected and resources and information shared were appropriate.

**Justice** – Crucial that everyone's **voice can be heard**. That local research team are involved in design and voice valued. Publications are **produced jointly to ensure results are ethical**, build evidence, sustainability, relevant to local and national needs

# Addressing Key PARcific Research Principles Partnership

**Beneficence and Reciprocity** – Relationships that have been developed over time **enable generous, helpful reciprocity** throughout research /project process. Genuine co-design, reciprocity and sharing of knowledge will **enable mutual learning and ownership of the results and outcomes.**

**Relationship based** - Compassion, empathy, and showing appreciation for the **context in which research is carried out** is foundational to relationships and genuine **honest response to research** process and questions.

## **Publication:**

Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. (2022). Development of PARcific approach: participatory action research methodology for collectivist health research. *Qualitative Health Research*, 10497323221092350. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350>

# Research aims

Investigate how leadership in nursing and midwifery contributes to healthcare in a global setting, and contextualise this for the Pacific region;

1. Evaluation the Pacific Leadership Program
2. Identify the barriers and enablers to maximising the nursing and midwifery contribution to health care
3. Explore key elements required to develop leadership capacity in nursing and midwifery in the Pacific
4. Identify a way forward to create a positive pathway towards UHC in the Pacific.

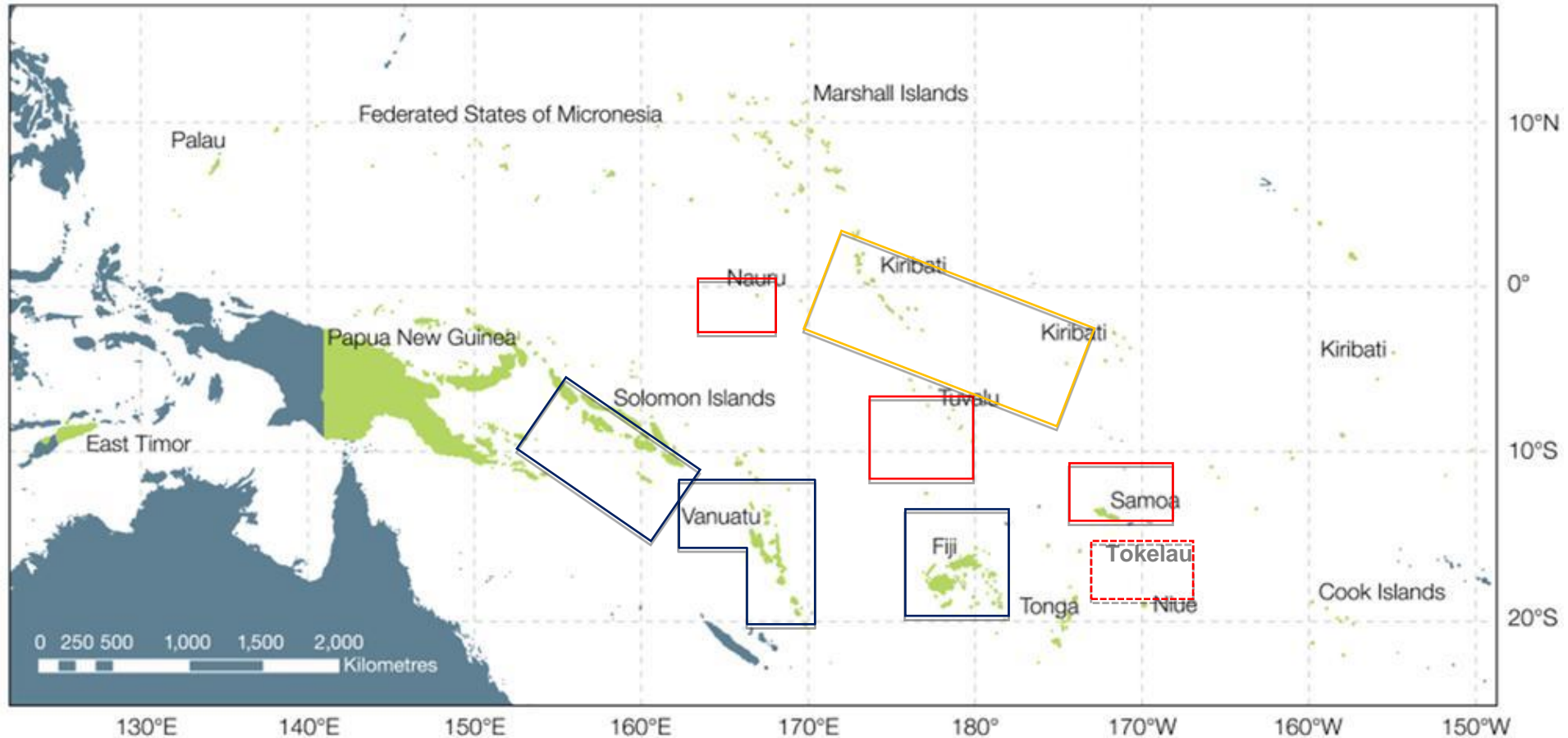
# Publications

1. [Evaluation the Pacific Leadership Program](#) (P84)
2. Rumsey, M., Thoms, D., Deki, Waqa, S., Tuipulotu, A. (final draft). Enablers and inhibitors of nursing and midwifery leadership in Pacific collectivist cultures.
3. Rumsey, M., Iro, E., Brown, D., Larui, M., Sam, H., & Brooks, F. (2022). Development Practices in Senior Nursing and Midwifery Leadership: Pathways to Improvement in South Pacific Health Policy. *Policy, Politics, & Nursing Practice*, doi:10.1177/15271544221095768 <https://journals.sagepub.com/doi/abs/10.1177/15271544221095768>
4. Rumsey, M., Leong, M., Brown, D., Larui, M., Capelle, M., & Rodrigues, N. (2022). Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. *The Lancet Regional Health – Western Pacific*, 19. doi:10.1016/j.lanwpc.2021.100340 [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00249-2/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00249-2/fulltext)

# Qualitative Research

- **The qualitative research using PARcific methodology was:**
- based on semi-structured interviews,
- which took place within a **culturally accessible environment** ie in the locality of the participant. at a time and place of the participant's choosing,
- where the participant research team is familiar with the author and **mutual respect exists co-design with SPCNMOA** partners
- interviews **were not time limited** and the questioning process allowed for **digression and diversion** [36-37, 38-39]
- used to generate rich, detailed data that leave the participants' perspectives intact and provide multiple contexts for understanding the phenomenon under study
- peoples common sense can be heard [36-37]
- findings are **allow to emerge rather than be imposed** by co-design investigator

# Study Participants



To ensure representation of the cultural diversity within the Pacific, inclusion criteria were established Micronesian, Melanesia and Polynesia, including large, medium and small island nations. The countries included were Nauru and Kiribati from Micronesia; Vanuatu, Solomon Islands and Fiji from Melanesia; and Samoa, Cook Islands, Tuvalu and Tokelau in Polynesia. Tonga, Niue, Cook Islands and Papua New Guinea were not involved in the data collection for this study.



# Key areas of influence on leadership - questions

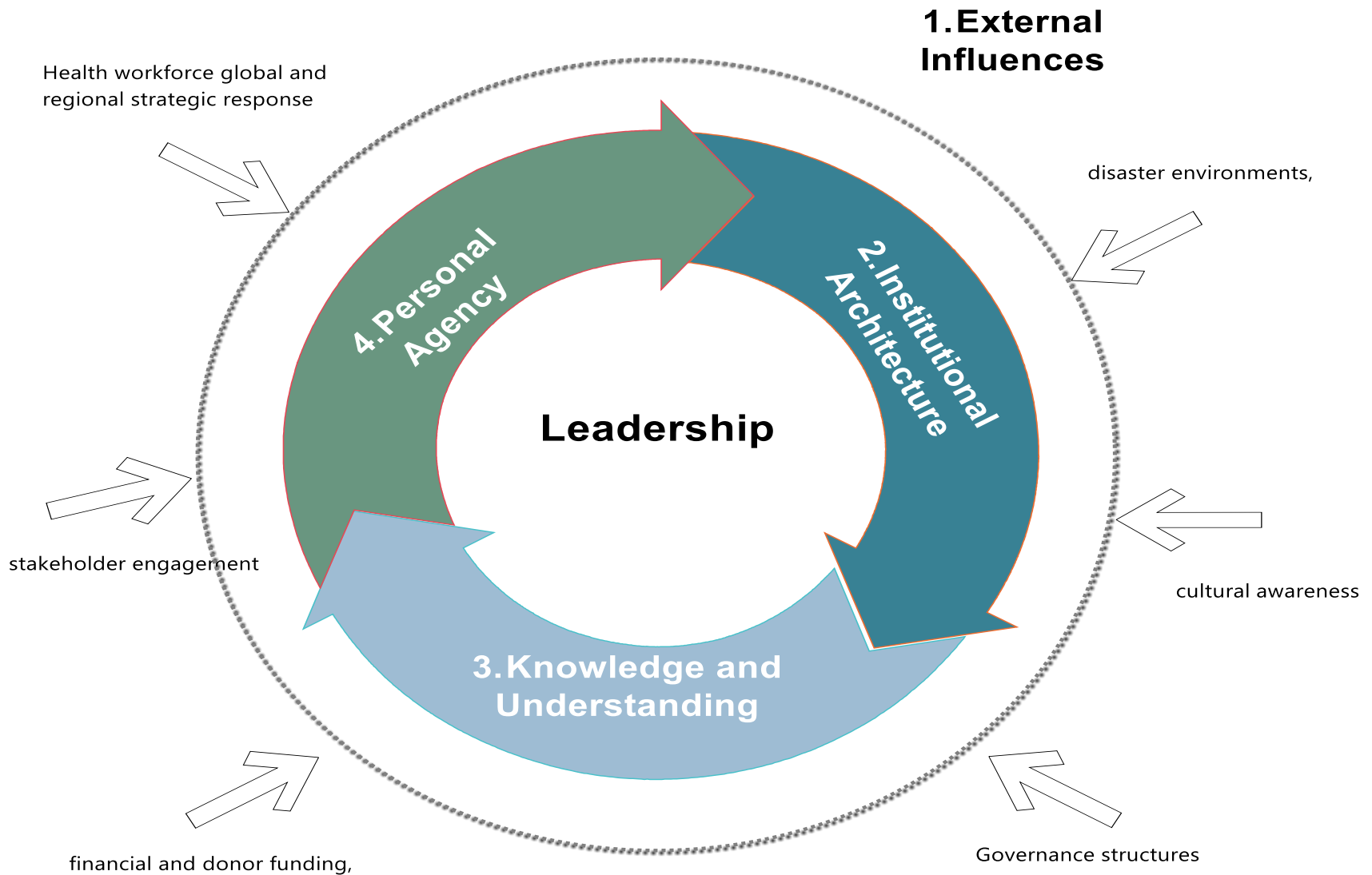


Figure 1: The four key areas of influence on leadership.

# Mapping of Participants

## Enhancing Research Impact in International Development:

[A Practical Guide for Practitioners and Researchers](#) ACFID RDI (2017, 2020) mapping of stakeholders

- The mapping identified relevant stakeholders and fellow to be interviewed to enable us to understand different perceptions ensure coverage of four key areas of influence on leadership
- Participants included **local and regional health experts, national health leaders, managers, policymakers, senior nurses and midwives, PLP fellows and program mentors** from eight Pacific countries.
- Different question for different stakeholders covering all four key areas of influence on leadership

# Participants – invited to participate from mapping 207 (n=136) 65%

## 1. National and Regional Partners (n=24) (Expertise in External Influences)

- World Health Organization (WHO) regional and National, World Bank (WB), South Pacific Community (SPC) and Pacific Islands Development Forum (PIDF)
- National staff for Department of Foreign Affairs and Trade Australia (DFAT) and New Zealand (MFAT)
- Institutes: Solomon Islands National University (SINU), National University of Samoa (NUS), Fiji National University (FNU), Nursing School Kiribati Institute of Technology (KIT), Vanuatu College of Nursing Education (VCNE).

## 2. Senior health officials from the Pacific nations (n=43) (Expertise in Institutional Architecture)

- Ministry of Health, Permanent Secretaries/Secretaries for Health, Medical Superintendents, Clinical Directors, Hospital Managers, and Chief Nursing and Midwifery Officers (CNMO), Human resource manager, training officers, health service managers, Association representatives

## 3. Mentors (n=19) (Focus on Knowledge and Understanding and Personal Agency)

- South Pacific Chief Nursing and Midwifery Officer Alliance and Mentors

## 4. Pacific Leadership Program Fellows (n=50) (Focus on Personal Agency)

Leadership Fellows (n=50) from 8 countries, 66 PLP fellows in 8 countries 75%.

# Outcomes and Results

# 1. Pacific Leadership Program

- **137 participants, 12 countries, over 60 projects**
- **85% of the participants** of the leadership program had **major career developments** and assumed **senior roles** in nursing and midwifery.
- They have **implemented over 60 projects successfully in their home countries beyond program** in areas such as succession planning, professional development, regulation and nursing and midwifery refresher training.
- **9 nursing and midwifery officers** from this small isolated Island states - negotiated government funding to attended the **WHO World Health Assembly in Geneva**.
- 9 Pacific CNMOs, **2 Health Ministers**, others attained regional positions with the Pacific Community (SPC), the Australian Department of Foreign Affairs and Trade (DFAT), the WHO and the Global Fund.
- Midwifery and nursing professions increased **representation at local, regional and global summits**

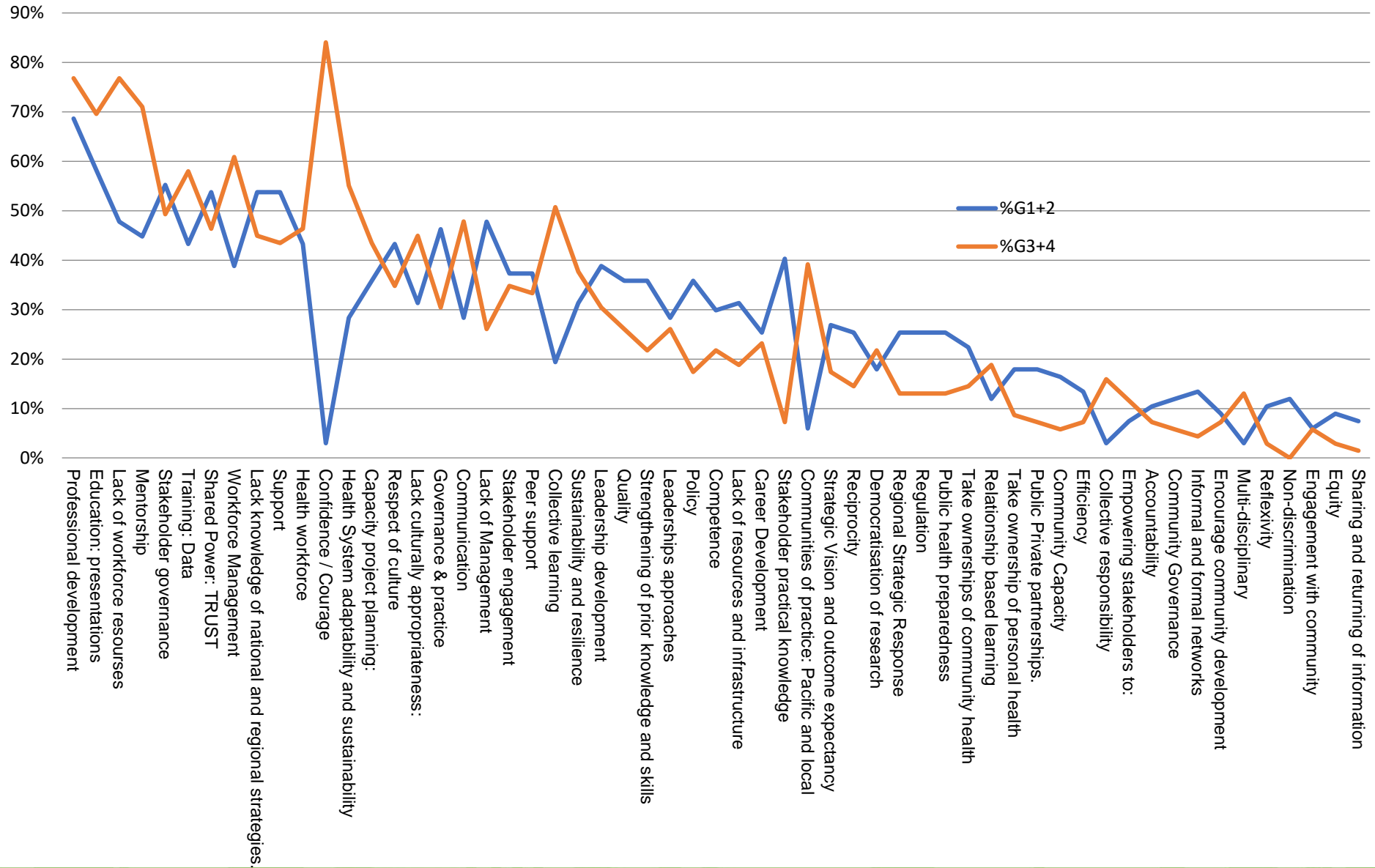
# Pacific Leadership Program Outcomes

- **Increased personal agency** - Participants reported that the culturally appropriate program enabled them to deepen their knowledge of skills beyond the framework of nursing and midwifery. The curriculum included: presentation skills, data literacy, capacity project planning, communication skills, negotiation, management, and policy development.
- **Better policy and practice** - The participants felt the program had empowered them to make changes to architecture or to managerial practices. Fellows implemented projects in their home countries to address local priorities, for example, the development of new policies on partner access to antenatal care, thereby increasing uptake of attendance.
- **Durable partnerships and strong networks** - The development of inter-island networks and Pacific-wide communities-of-practice between leaders in the nursing and midwifery professions was seen as supporting system resilience, system adaptability and preparedness for crises or emergency situations.
- **Greater regional and global influence** - Increased confidence, peer support and partnership working has enabled nurses and midwives from the Pacific region to influence policy on a global, regional and national level.

## 2. Enablers and inhibitors of leadership, by participant group

Nodes	Classification	%G1 (n=24)	%G2 (n=43)	%G3 (n=19)	%G4 (n=50)	%Total (n=136)
Professional development (CPD)	Enabler	92%	56%	53%	86%	73%
Education: presentation skills	Enabler	46%	65%	84%	64%	64%
Lack of workforce resources	Inhibitor	29%	58%	63%	82%	63%
Mentorship	Enabler	29%	53%	53%	78%	58%
Stakeholder governance	Enabler	46%	60%	32%	56%	52%
Training: Data literacy	Enabler	38%	47%	79%	50%	51%
Shared power: TRUST	Enabler	38%	40%	47%	66%	50%
Workforce management	Enabler	29%	67%	63%	40%	50%
Lack knowledge of national and regional strategies.	Inhibitor	46%	58%	37%	48%	49%
Support	Enabler	33%	65%	37%	46%	49%
Health workforce	Enabler	29%	51%	74%	36%	45%
Confidence / courage	Enabler	8%	0%	89%	82%	44%
Health system adaptability and sustainability	Enabler	38%	23%	37%	62%	42%
Capacity project planning:	Enabler	42%	33%	53%	40%	40%
Respect of culture	Enabler	46%	42%	26%	38%	39%

# Results





### 3. Barriers, Successes and Next Steps in the Policy Priorities for Leadership

Policy Priority	Barriers	Successes	Next steps
Strengthen Leadership	Lack of voice	<p>The <b>creation of GCNMO positions in the Pacific island nations</b> provides the means to advise their Ministers of Health and be a <b>conduit for communication</b> between frontline staff and government.</p> <p>The <b>development of competence in governance, political and stakeholder</b> stakeholder engagement has been a key to the Alliance's success.</p>	Continue to support new GCNMOs Provide support should any nations seek to remove the position.
Strengthen Leadership	Lack of confidence	<b>Confidence has been developed</b> through the creation of confidential, cooperative style forum where ideas can be tested and strategies developed with peers. Members the confidence to <b>articulate coherent policy positions</b> to key senior players in regional and local forums.	SPCNMOA continues to provide mutual support to GCNMOs.
Strengthen Leadership	Lack of technical expertise	Successful programs of training and education in key elements required for successful execution of GCNMO roles has been carried out, <b>including policy development, data literacy, succession planning, presentation and communication skills, project planning and strategic planning.</b> Mutual, confidential support between professional equals <b>allows an exchange of ideas, examples of good practice and provides a safe environment to learn together.</b>	<p>Continue to provide training where required.</p> <p>Continue to provide cooperative space for exchange of ideas</p>

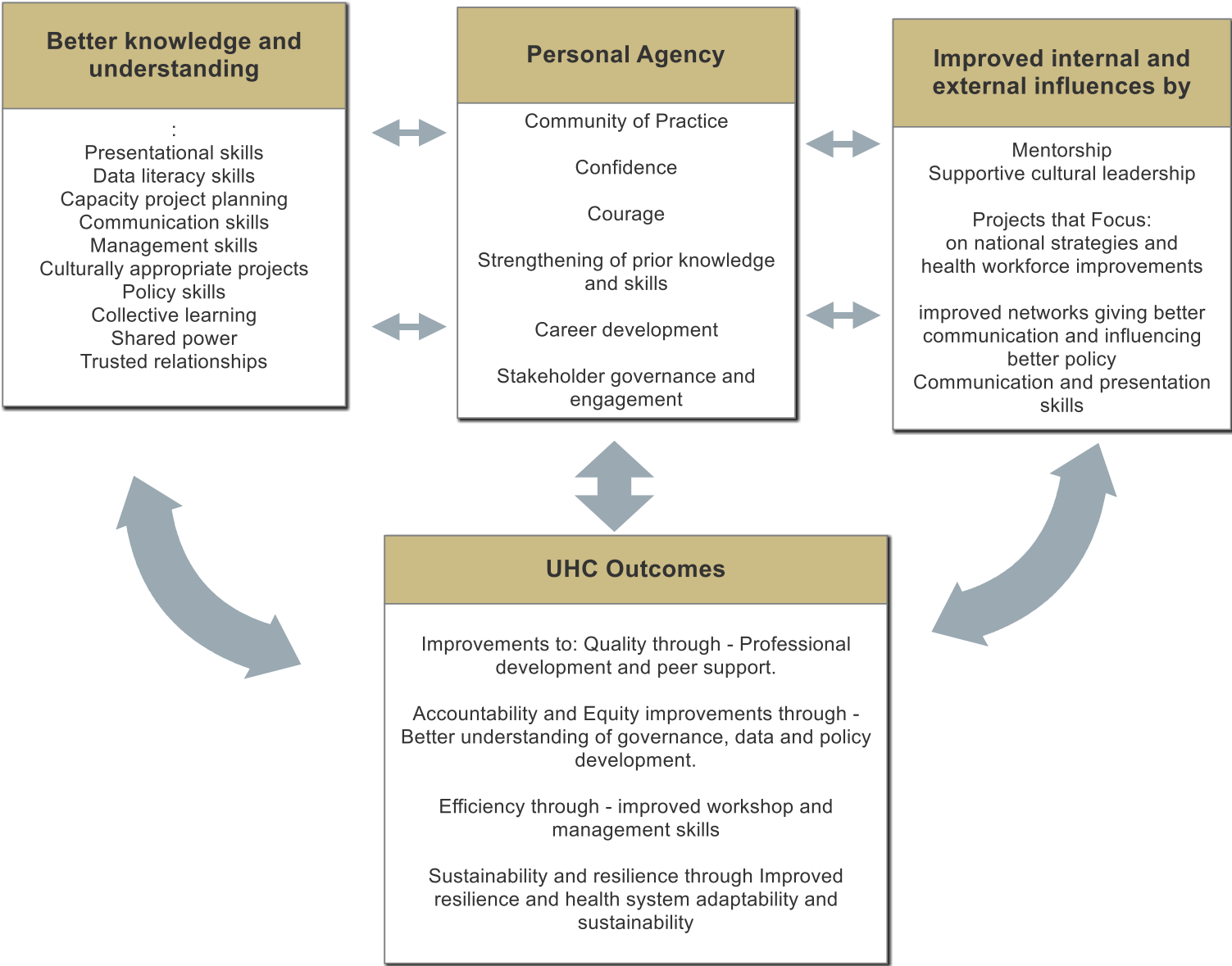
## Barriers, Successes and Next Steps in the Policy Priorities for Leadership

Policy Priority	Barriers	Successes	Next steps
<b>Strengthen Leadership</b>	Lack of strong, cross nation relationships	Strong relationships and the trust and credibility that have developed between SPCNMOA members have been key in enabling fast regional support and response during disasters.	Continue to support the development of a strong network and trusting relationships
<b>Strengthen Leadership</b>	Lack of resources to fund training	SPCNMOA, supported by WHO CC UTS, sought funding and provided leadership training.	Continue to seek funding for leadership training
<b>Strengthen Leadership</b>	Appropriate cultural approach	The SPCNMOA adopted a co-designed approach which worked well in the Pacific. Culturally relevant and appropriate development programs were co-created, using regional examples of good practice which allows each country to decide what works for them, whilst also providing the professional support needed to drive change forward	Continue and build on co-designed approach PARcific (Rumsey et al., 2022)
<b>Strengthen Leadership</b>	Lack of funding to attend SPCNMOA meetings training	Attendees often seek and are approved government funding as value of meeting is recognised.	Continue to seek funding for attendance where funding is not available
<b>Strengthen Leadership</b>	Low status of nursing and midwifery professions leading to a lack of a voice in policy development	The SPCNMOA now has a regional and global voice and is instrumental in raising the profile of the professions at home and internationally. GCNMOs are now involved in national, regional and global policy decision making forums. SPCNMOA developing regional Strategy 2022–2026	Continue to work together to ensure the voice of the front line nurse can reach the highest levels of policy making

## Barriers, Successes and Next Steps in the Policy Priorities for Leadership

Policy Priority	Barriers	Successes	Next steps
Strengthen Leadership	Not included in curricula	Development of the Fellowship programme to identify and provide training and mentoring to young nurses and midwives with leadership potential. <b>Leadership and Management Masters programs</b> being developed in partnership with Pacific educational institutes. SPCNMOA Regional quality improvement road map has been developed with WHO and regional partners.	Continue with the Fellowship programme??  Include leadership skills in development of region wide agreed curricula??  Develop postgraduate programs in Nursing Leadership and Management.
Strengthen Leadership	Lack of role models	<b>GCNMOs and Fellows provide role models for younger nurses and midwives and encourage the idea that their voices can be heard.</b>	Promote role models as part of new curricula and in working life to encourage empowerment.
Strengthen Leadership	Lack of funding for training	<b>SPCNMOA and WHO CC UTS partnership were able to source funding for the Fellowship programme from the Australian government.</b>	Ensure funding continues and continue to seek new funding Set up new, remote training program to start in 2022& 2024.

# 4. Research Findings - create a positive pathway towards UHC



# Recommendations for Governments

1. Nursing leadership will need to be strengthened in the Pacific to deal with public health emergencies and the increase in disasters due to climate change. This includes identifying safe staffing levels and resource allocation.
2. Nursing leaders must have a seat at the decision-making table.
3. There should be succession planning within senior roles.
4. Leadership development programs should be funded, supported and resourced. These should be **culturally appropriate** and include presentation skills, data literacy, project management training.
5. Improving two-way pathways for communication between stakeholders (between ministries, management, practitioners and external partners) would lead to better decision making, healthcare policy development, and its implementation in the community.

# Recommendations for Development Partners

1. Funding for Pacific health leadership initiatives, including the PLP.
2. **Funding for a needs analysis for the clinical leaders' program.** Understanding the specific needs and priorities of the different PICTs in relation to clinical leadership development will ensure that leadership programs targeting clinicians can be effective and efficient.
3. There is a need for leadership development across all levels of the health workforce. Programs need to be developed that are accessible, attractive and useful. Where appropriate, they should be linked through micro-credentialing to tertiary level programs to encourage smooth transition across to higher education studies and to embed the practice of life-long learning in nurses and midwives.
4. Communities of practice should be developed for networking and learning.

## Next Steps!

Thank you



# **Additional Resources**



# Basic Psychosocial Skills

- Online, free program designed to build resilience and mental health wellbeing for first responders and frontline health staff.
- The program provides 3 resources:
  - Guidance report,
  - Short online course
  - Presentation with facilitation notes.

View a detailed video on how to sign up: <https://youtu.be/-Cguw2SCHOQ>

Enroll for FREE online course: [here](#)

Read instructions on how to sign up: <https://bit.ly/3bEJGkx>


**You will need an email account to register and log in for the online course.**

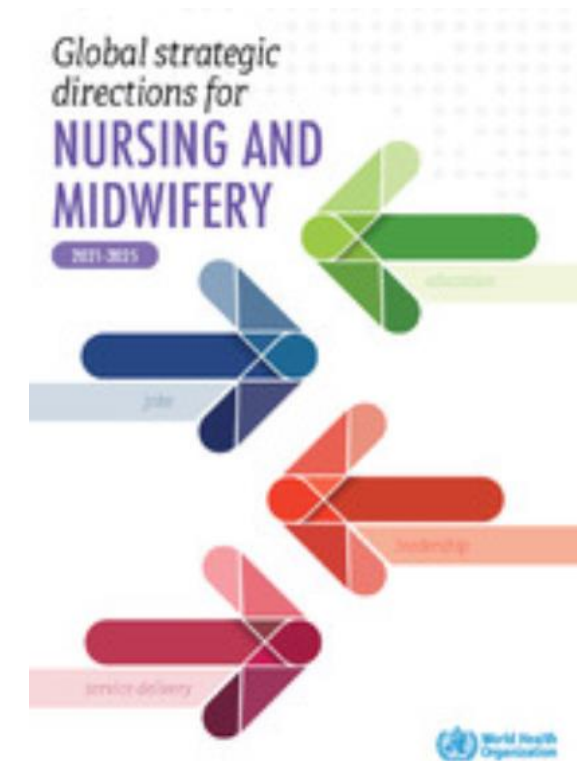
For more information and full Power Point <https://bit.ly/3cZCGy2> with facilitation



# WHO Strategic Direction for Nursing and Midwifery 2020-2025 (SDNM)

**WHO Strategic Directions in Nursing and Midwifery**

EDUCATION	JOB	LEADERSHIP	SERVICE DELIVERY
			
Midwife and nurse graduates have the requisite knowledge, competencies and attitudes to meet national health priorities	Increase the availability of health workers by sustainably creating jobs, effectively recruiting and retaining nurses and midwives	Increase the proportion and authority of midwives and nurses in senior health and academic positions	Midwives and nurses work to the full extent of their education and training in safe and supportive service delivery environments



<https://www.who.int/publications/i/item/9789240033863>



Click and read

[LINKSmag\\_sept 2023 ONLINE \(adobe.com\)](https://www.adobe.com/au/creativecloud/magazines/links-magazine.html)

<https://nursingandmidwiferyglobal.org/>



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## Welcome to the World Health Organization Nursing and Midwifery Global Community of Practice



6000+

Members

140+

Countries

30+

Groups

### What to do next?



#### [Complete your profile](#)

Complete your profile by adding your photo, education, professional



#### [Introduce yourself](#)

Create your first post on the live feed to introduce yourself



#### [Register for a webinar](#)

Find events that interest you and sign up



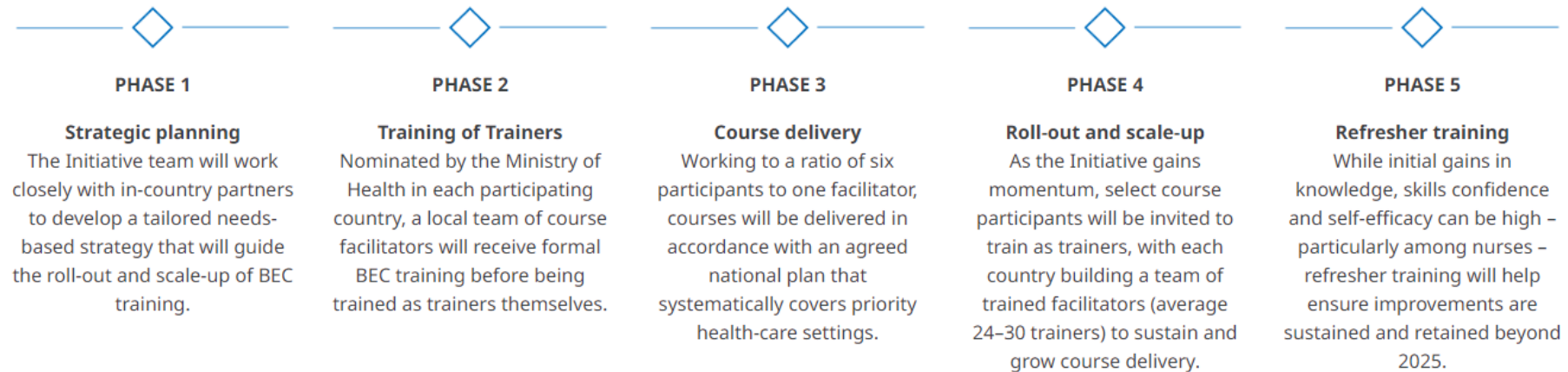
#### [Join a group](#)

Become a member of one of our special interest groups

# Emergency Care Saves Lives 25 x 25 x 25



- The Disease Control Priorities project (2018) estimates that more than half of deaths and a third of disability in low- and middle-income countries could be addressed by effective emergency care.
- Inspired by members of the [WHO Nursing and Midwifery Global Community of Practice](#), the [25x25x25](#) initiative is designed to close the training gap among nurses and midwives, with the objective of 25% of nurses and midwives from 25 partner countries having received the training by the end of 2025.



# References

- Brown, D., Kililo, M., Joseph, N., Kitau, R., Derring, L., Dopsie, J., . . . Rumsey, M. (2022). *'Gap Analysis Report: Current Curricula for Diploma of General Nursing and Certificate for Community Health Worker' of Program to Strengthen health Workforce Education in Papua New Guinea Project*. Australia: WHO CC University of Technology Sydney,,
- Kim, S., et al.,(2021) Nurses in advanced roles as a strategy for equitable access to healthcare in the WHO Western Pacific region: a mixed methods study. 2021. 19 (1): p. 1-9.
- Rumsey, M., Campbell-Lendrum, D., Iro, E., & Nayna Schwerdtle, P. (2021). Climate Change for Health Webinar. Community of Practice NM. Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news/climate-change-health-webinar>
- Rumsey, M., SPCNMOA, & Brown, D. (2021). Accreditation and regulation standards and frameworks across the region. Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news/spcnmoa-meeting-november-2020>
- Rumsey, M. (2020). Global Health and Nursing. In J. Daly & D. Jackson (Eds.), *Contexts of Nursing* (6th Edition.). Australia: Elsevier.
- SPCNMOA, & Rumsey, M. (2020). 'Nursing leadership influencing global and regional policy: South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) 2008-2018'. *Inaugural Pacific Heads of Nursing Meeting (PHoN)*. Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news/inaugural-pacific-heads-nursing-meeting>
- Gero, A., Winterford, K., Fong, P., Rumsey, M., Argyrous, G., Duxson, S., Unpublished report 2020 - Mid-Term Review (MTR) of Pacific Islands Emergency Management Alliance (PIEMA) Project. . 2020
- **Relevant web site links:**
  - [South Pacific Chief Nursing and Midwifery Officers Alliance \(SPCNMOA\)](#) regional scoping road map in this link
  - Global Network <https://www.globalnetworkwhocc.com/>
  - [Vital Roles of Nurses and Midwives](#) regional study 150 nurses and midwives
  - [Strengthening Health Workforce Education in PNG](#)
  - [Integration Health Projects in Papua New Guinea](#)
  - [Understanding the Pacific's adaptive capacity to emergencies in the context of climate change](#)

# References

- The UN High-Level Meeting on UHC 2023, Taking action for universal health coverage; 2023. [Available from <https://www.uhc2030.org/un-hlm-2023/>] (note see UN declaration)
- Sustainable Development Goals Fund. Sustainable Development Goals 2016. [Available from <http://www.sdgfund.org/how-we-work> ]
- Rumsey, M., Thoms, D., Deki, Waqa, S., Tuipulotu, A. (final draft). Enablers and inhibitors of nursing and midwifery leadership in Pacific collectivist cultures.
- Rumsey, M., Leong, M., Brown, D., Larui, M., Capelle, M., & Rodrigues, N. (2022). Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. *The Lancet Regional Health – Western Pacific*, 19. doi:10.1016/j.lanwpc.2021.100340 [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00249-2/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00249-2/fulltext)
- Rumsey, M., Iro, E., Brown, D., Larui, M., Sam, H., & Brooks, F. (2022). Development Practices in Senior Nursing and Midwifery Leadership: Pathways to Improvement in South Pacific Health Policy. *Policy, Politics, & Nursing Practice*, doi:10.1177/15271544221095768 <https://journals.sagepub.com/doi/abs/10.1177/15271544221095768>
- Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. (2022). Development of PARcific approach: participatory action research methodology for collectivist health research. *Qualitative Health Research*, 10497323221092350. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350>
- SPCNMOA, & Rumsey, M. (2020). 'Nursing leadership influencing global and regional policy: South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) 2008-2018'. *Inaugural Pacific Heads of Nursing Meeting (PHoN)*. Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news/inaugural-pacific-heads-nursing-meeting>
- Townsend, L., Lock, L., Havery, C., Lock, L., Townsend, L., Rumsey, M., & Tasserei, J. (2022). Development and implementation of the Bachelor of Nursing (Conversion) course in Vanuatu. Rural and Remote Health Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news>

# Thank you

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