REPORT

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

SOUTH PACIFIC CHIEF NURSING AND MIDWIFERY OFFICERS ALLIANCE (SPCNMOA) MEETING
8 to 10 November 2010 Auckland, New Zealand
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System Strengthening and Quality Improvements in the Pacific

8 to 10 November 2010
Auckland, New Zealand
REPORT

SOUTH PACIFIC CHIEF NURSES AND MIDWIFES ALLIANCE MEETING (SPCNMOA) 2010

Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICES FOR THE WESTERN PACIFIC
AND SOUTH-EAST ASIA
AND UNIVERSITY OF TECHNOLOGY, SYDNEY

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NOTE

The views expressed in this report are those of the participants in the South Pacific Chief Nurses and Midwives Alliance and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development, University of Technology, Sydney (WHO CC UTS) on behalf of the World Health Organization Western Pacific and South Pacific Regional Offices for governments of Member States in the Western Pacific Region and for those who participated in the South Pacific Chief Nurses and Midwives Alliance Meeting which was held in Auckland, New Zealand, from 8-10 November 2010.

SPCNMOA MEETING ATTENDEES - November 2010
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>PARTICIPANTS</td>
<td>1</td>
</tr>
<tr>
<td>AIMS AND OBJECTIVES</td>
<td>1</td>
</tr>
<tr>
<td>PROCEEDINGS – SUMMARY OF SESSIONS</td>
<td>2</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>25</td>
</tr>
<tr>
<td>APPENDIX 1: ASIA PACIFIC EMERGENCY AND DISTSTER NURSING NETWORK</td>
<td>28</td>
</tr>
<tr>
<td>APPENDIX 2: LIST OF PARTICIPANTS</td>
<td>30</td>
</tr>
<tr>
<td>APPENDIX 3: MEETING AGENDA</td>
<td>32</td>
</tr>
<tr>
<td>APPENDIX 4: SPCNMOA MEMBER LIST</td>
<td>36</td>
</tr>
<tr>
<td>APPENDIX 5: SPCNMOA ACTION PLAN 2011-2012 (DRAFT)</td>
<td>39</td>
</tr>
</tbody>
</table>
INTRODUCTION

The fourth meeting of the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) was held in Auckland New Zealand from 8th to the 10th November, 2010. The meeting was made possible through the support of the World Health Organization (WHO) South Pacific and Western Pacific Regional Offices, AusAID, NZAID, Commonwealth Secretariat and the University of Technology, Sydney (UTS) WHO Collaborating Centre for Nursing, Midwifery and Health Development (WHO CC UTS).

SPCNMOA requested that the meeting be held in Auckland to coincide with the meeting of the South Pacific Nursing Forum (SPNF) (http://www.spnf.org.au/). Combining together with the meeting of the Asian Pacific Emergency Disaster Nursing Network (APEDNN) (http://www.apednn.org/) provided an opportunity to save time and resources. The combined day between APEDNN and the SPCNMOA was held on 8 November and a report of this day can be found in Appendix 1. The official opening of the meetings was held on this day with a Powhiri Ceremony and morning tea in conjunction with the South Pacific Nurses Forum. The Powhiri was led by the traditional leader, or in Maori terms, the kaumatua (revered elder) was Hone Ahu, a kaumatua of Tainui. He was the Kaumatua of Te Runanga o Aotearoa NZNO (the Maori section of the NZNO) when it was founded and was the Kaumatua who went with the NZ delegation to the SPNF meeting in Tonga where the taonga (sacred gifts) were given to the patron of the Tongan Nurses' Association, Queen Halaevalu Mata'aho in 1998.

Participants
The SPCNMOA meeting was held in Auckland, New Zealand and attended by 50 delegates from all 15 member countries from SPCNMOA. Delegates were Chief Nurses or Chief Nurses and Midwives, educational representatives and WHO regional staff and presenters. The full list of participants is in Appendix 2.

The SPCNMOA planning group with the support of the WHO CC UTS as Secretariat to SPCNMOA, along with the WHO Western Pacific Regional Office, co-ordinated the meeting using Elluminate - a virtual conferencing tool. Ms Silina Waqa Chief Nurse, SPCNMOA Chair 2009-2010, sent her greetings from Fiji and welcomed the new Chair of SPCNMOA for 2011 – 2012, Dr Jane O'Malley, New Zealand Chief Nursing Officer.

Aims and Objectives
The aims for the SPCNMOA 2010 meeting were to:

2. Facilitate the SPCNMOA meeting to operationalize the WHO Pacific/Regional Strategic Action Plan for Nursing and Midwifery and to incorporate the indicators for the WHO Global Nursing and Midwifery Strategic Directions, 2011 – 2015. Also review the following thematic areas:
   • Health System Strengthening, Primary Health Care
   • Asia Pacific Emergency and Disaster Nursing Network (APEDNN);
   • Quality Improvement and Faculty Development in Nursing and Midwifery Education
   • Quality Improvement Patient Safety and Infection Control
   • Global Alliance on Nurse Education and Science;
   • Global Advisory Group on Nursing and Midwifery.
3. Review outcomes of GCNMO Forum held in May, Geneva and any relevant resolutions from the World Health Assembly.
4. Develop leadership capacity and succession planning for chief nurses and government nursing by reviewing Global Leadership Collaborative, Government Chief Nursing Officers and Midwives (GCNMO) roles and responsibilities package.
5. Strengthen regional governmental networks to improve communication and strategic planning to enable improved health system strengthening and primary health care for population health improvements.
Specific outcomes expected from this meeting will include:

2. Review of regional Pacific strategic plan for WHO/WPRO Nursing and Midwifery.
3. Continuation of capacity building within the GCNMOs network within the Pacific region.
4. Incorporation of global education standards on nursing/midwifery service quality and continue to establish regional accreditation projects to address issues.
7. Knowledge of relevant and appropriate tools of networks for GCNMOs in:
   - Human resources for health
   - Emergency and disaster
   - Roles and responsibilities
   - Health system strengthening
   - Primary healthcare
   - Quality improvement, patient care and infection control
8. Formal meeting report to be written and disseminated to participants.
9. Conduct and disseminate evaluation of the meeting and processes.

The meeting agenda is included as Appendix 3.

PROCEEDINGS – SUMMARY OF SESSIONS

Day 1, Tuesday 9th November

Opening prayer – Ms Liza Kelekolio, Tokelau

Official Meeting Welcome

Professor John Daly, Head, World Health Organisation Collaborating Centre for Nursing, Midwifery and Health Development; Dean Faculty of Nursing, Midwifery and Health, University of Technology, Sydney (UTS)

Professor John Daly welcomed all participants to the meeting and conveyed greetings from WHO CC UTS in Australia, providing background on developments at UTS Nursing, Midwifery and Health Faculty.

The areas of the meeting’s agenda were outlined including emergency & disaster management, development of leadership capacity, midwifery, child and family health, and healthcare economics. Professor Daly added this meeting builds on work and outcomes from the previous SPCNMOA meeting in 2008 and is aligned with Millennium Development Goals (MDGs) in the Pacific Region.

Professor Daly briefly introduced himself, Ms Michele Rumsey – Director of the WHO CC, Professor Christine Duffield – Associate Dean (Research) at the Faculty and Director of the Centre for Health Services Management, Professor Denise Dignam – Associate Dean (Teaching and Learning) at the Faculty in UTS, Professor Jim Buchan - an expert in human resources for health and Deputy Chair of WHO CC Advisory Board, and UTS Project Manager Amanda Neill and other volunteer staff.
Professor Daly also acknowledged the work of Professor Jill White, Ms Kathleen Fritsch, Dr Kim Usher,
Dr Josefina Tuazon and Dr Kristine Qureshi.

Opening Address and Overview

Professor Pelenate Stowers, Assistant Chief Executive Officer, Performance and Quality Assurance Nursing and Midwifery, Ministry of Health, Samoa

Professor Pelenate Stowers presented on behalf of Ms Silina Waqa Ledua. and acknowledged the people of the land and thanked them for allowing the meeting delegates to be in Auckland, New Zealand. She also thanked Dr Jane O’Malley and Dr Mark Jones who played vital roles in setting up the meeting.

Professor Stowers acknowledged Dr Eric Chan from WHO Headquarters based in Geneva, Ms Rosemary Bryant, Chief Nurse and Midwife from Australia and Ms Kathleen Fritsch, WHO WPRO, Professor John Daly, Ms Michele Rumsey and the team from UTS and the WHO CC.

Professor Jill White was acknowledged for her role in instigating the idea of the development of a leadership group in the South Pacific, and for her work establishing the WHO CC at UTS. All others present at the meeting were thanked, and JCU congratulated for achieving their WHO CC status. Professor Stowers stated that the aim of the group is to improve contributions to nursing in South Pacific and that chief nurses are at the front line fighting for the rest of the team, and their success depends on their strength and commitment.

Opening Address and Overview

Ms Amelia Latu Afuhaamango Tu'ipulotu, Senior Lecturer, Queen Salote School of Nursing, Tonga

Ms Amelia Afuhaamongo Tu'ipulotu congratulated Ms Rumsey, Director of the WHO CC for steering the group through the past year. She found the Elluminate meetings to be very important and worthwhile, and noted that collaboration is critical for development in nursing and midwifery in the Pacific. She also thanked Ms Kathleen Fritsch for her continuing work.

Ms Afuhaamongo Tu'ipulotu talked of the AusAID ALA program that had enabled three nursing leaders from Tonga to be trained in 2008. Feedback from participants was extremely positive as they learned a lot of skills and knowledge applicable to their nursing work in the Pacific. She hopes this project continues into the future.

Ms Kathleen Fritsch, Regional Nursing Advisor WHO Western Pacific Regional Office (WPRO) formally handed over the position of Chair of SPCNMOA to Dr Jane O’Malley.
SESSION 1: OBJECTIVES AND SPCNMOA OVERVIEW

Chair, Ms Ketki Lister-Fereti, Principal Nursing Officer from Niue

SPCNMOA 2011 Health System Strengthening and Quality Improvement in the Pacific
Ms Kathleen Fritsch, Regional Nursing Advisor, WHO Western Pacific Regional Office

Ms Kathleen Fritsch ran through the aims of 4th SPCNMOA Meeting. She noted that it was hoped that the action plan and resolutions would be updated, key thematic areas examined, all with a quality improvement focus.

Weaknesses of the Global Health Landscape were pointed out including health system weaknesses, and the growing gap between rich and poor. She outlined the grand challenges in health systems performance – access, scale, distribution and protection/safety, systems capabilities and dissatisfied patients – and examined general performance. The shortcoming of many health systems and models of service provision were briefly outlined, including inverse care, impoverishing care, unsafe and misdirected care.

Ms Fritsch posed the question “Are patients happy with the care they get?” and suggested they are not for the following reasons: supply driven rather than person-focused care, limited patient voice in treatment, mechanical care for some patients, lack of privacy, protection of dignity, and costs too high. The essential service of the primary health care (PHC) approach were discussed including health promotion, disease prevention, support/palliation.

Ms Fritsch spoke of strengthening capacity in Quality Improvement (QI), patient safety regionally and nationally by looking at current practices. She suggested that more benchmark data and agreeing on priorities was critical.

The structures necessary for competence-based career development for high quality effective and efficient health systems were outlined, including the need to update legislations and regulations, and transformation of education and training. The document Global Standards for the Initial Education of Professional Nurses and Midwives was introduced and the intention of standards explained to promote quality education.

Ms Fritsch talked of the educational QI and action plans beginning with selected countries as a pilot phase - a group testing the framework of competencies and building core courses that can be internationally recognized.

It was reported that the WHO Global Nursing and Midwifery Strategic Directions, 2011 – 2015 are being updated and that some of the delegates have had inputs into the Key Result Areas (KRAs). Ms Fritsch referred delegates to the website: The Global Alliance of Nurses and Midwives (GANM) at http://www.ibpinitiative.org/ganm/. This website is part of the Knowledge Gateway which connects people working around the world in the fields of health and development through virtual knowledge networks and communities of practice. It functions through email linked to virtual workspaces and facilitates the sharing and exchange of knowledge, information and resource materials in and among countries around the world. Ms Fritsch also invited visitors to http://www.wpro.who.int/health_topics/nursing_and_midwifery.

AusAID Leadership Awards Review and Meeting Structure
Ms Michele Rumsey, Director of Operations and Development, WHO Collaborating Centre for Nursing, Midwifery and Health Development

Ms Michele Rumsey provided an update on AusAID Leadership Awards (ALA) program. A 12 month evaluation survey had been conducted with fellows and mentors, with 24 respondents from 7 countries. Background to the AusAID ALA program was outlined since its inception at the SPCNMOA 2008 meeting.
Initially 136 people applied for the program, 90 met the AusAID criteria and 30 were funded. AusAID funded the study component in Sydney and much of the project work has been carried out since in country with their mentors and through meetings and Elluminate.

The evaluation conducted one year later showed strong support for program. Ms Rumsey explained that approval was achieved so fellows can gain credit for further academic work in the future. Each country team along with their mentors (SPCNMOA Chief Nursing/Midwifery Officers), worked on particular programs according to their differing needs – focussed on one or more of the SPCNMOA priorities: leadership, evidence-based policy, human resources for health, strengthened regulation, and data literacy skills.

An overview of survey results was provided and the course was found to be extremely productive. Results showed that implementation of an action plan were helped by the collaboration with stakeholders and strong leadership.

Factors that limited action plans such as time and financial constraints were discussed. Aspects of personal development and sharing with other team members were found to be the most effective parts of the program, as well as the opportunities to share ideas and resources. Suggested improvements included ongoing, frequent programs and regular follow up with fellows to maintain action plan deadlines.

Ms Rumsey outlined that the structure and program for this meeting had been developed over the last year with the SPCNMOA steering committee and planning group. The value of the electronic communication tool Elluminate was recognised as a cost effective way to plan the meeting. The meeting was structured around the WHO Global Nursing and Midwifery Strategic Directions, 2011 – 2015 KRAs and the last SPCNMOA meeting (2008) priority areas. The Action Plan for 2011-2013 will incorporate these KRAs and priority areas based on discussions from this meeting.

**SESSION 2: CONTRIBUTIONS OF NURSING AND MIDWIFERY TO HEALTH SYSTEMS AND SERVICES (KRA1)**

**Chair, Professor Christine Duffield, UTS Faculty of Nursing, Midwifery and Health**

**Nursing in the Samoa Reformed Health System**

**Mrs Maatasesa Samuelu-Mathes, National Health Services, Samoa**

Mrs Maatasesa Samuelu-Mathes gave an overview of reforms taking place in the Samoan health system that started in 1996 and are gradually increasing through the public and private sectors. For Nursing and Midwifery, the roles of Ministry of Health and National Health Services were reviewed and they are now working together to set up new divisions with the function of service delivery. Nursing leadership has been an area of focus.

Mrs Samuelu-Mathes went through the highlights for nursing and midwifery – the midwifery program in collaboration with Professor Caroline Homer from UTS, a credentialing program in rural areas, working towards scaling up capacity and a new cadre of workers.

Future opportunities to improve health care services were noted including further review of organisation structures, collaboration with other ministries, capacity-building like AusAID ALA training and workforce development.
Nursing in Tonga: Paving the Way Forward
Sr Sela Paasi, Chief Nursing Officer, Tonga Nurses Association, Tonga

Sister Sela Paasi presented background demographic information and indicators for Tonga and its neighbouring countries. She explained that the nursing workforce in Tonga is proud of their immunization service run by the nurses with rates maintained at 99%. An overview of past highlights and achievements was given – including involvement with the ALA, the South Pacific Nurses Forum and other important meetings such as APEDNN and SPCNMOA.

Mrs Paasi explained the current situation of nursing in Tonga and the lowering of their attrition rate. The Queen Salote School of Nursing runs a 3 year nursing diploma program with post-basic midwifery training for registered nurses. More nurses are having computer training and publications are increasing. Currently work is being carried out on Nursing Standard Guidelines.

The speaker concluded that nursing is the way forward for a brighter future and in Tonga they are aiming to create dynamic nurses who can cope with transition and future developments.

Nursing Workforce Strengthening/Human Resources for Health - Cook Islands
Ms Iokopeta Ngari, Director of Nursing/Chief Nursing Officer, Cook Islands

Ms Iokopeta Ngari stated that nurses are the backbone of any health service – at the frontline, influencing patient care and outcomes, and saving lives. Some geographical and demographic background was given, including the statistics for the distribution of nurses and doctors across the country’s 15 islands, with a total population 19,342.

The current nursing shortage in the Cook Islands and the ageing workforce was highlighted, and effects of shortages explained, including the negative impacts on patient outcomes and the existing workforce.

There is a plan to reopen the Cook Islands Nursing School to strengthen nursing services pending revision and development of a Level 6 Program with Ms Mary MacManus. In the interim, overseas registered nurses have been recruited where possible to sustain the workforce although this is difficult due to low wages. Finding funding to reopen the Nursing School is currently a challenge however an application to NZAID may be successful.

Contribution of Nursing and Midwifery to the Health Systems and Services of Tokelau
Ms Liza Lister-Kelekolio, Acting Nurse Adviser, Tokelau Apia Liaison Office

Ms Liza Lister-Kelekolio introduced herself as a Samoan committed to nursing in Tokelau. She provided a national context of Tokelau geographically with its population of 1,466, and ran through the objectives to achieving the Department of Health goals:

- Improve service delivery through improved primary health care (PHC)
- Improve health of population through PHC programs
- Minimize the incidence and onset of chronic diseases
- Improve outcomes associated with chronic diseases
- Keep youths safe
- Build partnerships internally and externally, which will ensure continuity and sustainability of programs
- Promote awareness of Public Health
- Provide ongoing training for Health Workforce both at the village and national levels
The contribution of nurses and midwives in strengthening the health system was explained through immunization, policy, testing and equipment, development of draft nursing standards and competencies, a leadership and management program, health promotion and documentation.

One nurse from Tokelau participated in the ALA program which has brought benefits to others back to Tokelau, and has led to the development of draft nursing standards.

The challenges faced by the nurses in Tokelau were outlined and included maintenance of close working relationships, high staff turnover and lack of qualified staff, monitoring of health services in remote areas. Ms Lister-Kelekolio summarised by saying the Tokelau nursing services need to be seen as an essential part of health services and to step up to the challenges ahead.

**Overview of Nursing Services and Activities - Tuvalu**
**Sister Eline Soloseni, Acting Matron, PMH Funafuti, Tuvalu**

Sister Eline Soloseni gave an overview of nursing services and activities in Tuvalu, and explained the population distribution of 11,000 over 9 islands. She noted that assistant nurses are trained on the job before attending nursing schools in Fiji and Kiribati, Solomon Islands. Current activities for nurses in Tuvalu include junior nurse workshops, a conference for all nurses from the islands.

Key issues for nursing include training for nurses and midwives, to address the workforce shortages. The government allows for some nurses to go to training but not every year, however two nurses will attend mid training in Fiji next year. They are currently fighting for the Chief Nurse Officer post to be filled, and it was noted that senior nurses need promotions and rewards, including the need for higher level positions.

**Discussion and comments for Session 2**
Professor Duffield thanked the presenters and identified the common workforce issues raised. She paid tribute to each speaker and noted the importance of workforce data for WHO WPRO to illustrate problems for shared strategic planning. She asked as the nursing workforce is ageing, what methods are in place to attract younger nurses to places that are deemed less attractive.

**SESSION 3: REVITALISING COMMITMENT TO HEALTH RELATED MILLENNIUM DEVELOPMENT GOALS AND PARTNERING TO STRENGTHEN NURSING AND MIDWIFERY SERVICES (KRA5)**

**Chair Iokopeta Ngari, Director of Nursing Services, Cook Islands**

**Millenium Development Goals as Relevant to Tonga**
**Sr Sela Paasi, Chief Nursing Officer and RH Coordinator, Tonga**

Sister Sela Paasi gave a summary of population data and indicators for Tonga from 2009, including information on the 2006 voluntary redundancy which affected the nursing workforce.

Sr Passi explained that nurses in Tonga have found the MDGs useful for providing vision, plans and strategies, and for ministerial planning also. The speaker focused on some of the MDGs in more detail:
MDG 3 – promote gender equality and empower women – the targets in Tonga were explained and the speaker suggested that there is still a need to empower women.

MDG 4 – reduce child mortality - In 2015 they hope to achieve their target for infant mortality rates. Very high immunisation rates will assist here.

MDG 5 – improve maternal health – the percentage of deliveries conducted by trained personnel are increasing and, if delivering at home, a traditional birth attendant is present now.

MDG 6 - combat HIV/AIDS, NCD and other diseases – the focus on contraceptive coverage has led to increases, with minimal HIV cases.

The Ministry of Health has set the goal to be the healthiest nation in the Pacific as judged by international standards and determinants.

Strengthening Community Health Nursing for Primary Health Care and Millennium Development Goals

Dr Eric Chan, Coordinator, Health Professions Nursing and Midwifery, Chief Scientist for Nursing and Midwifery, WHO

Dr Eric Chan suggested that the main international health challenges at present are:

- Health systems and workforce strengthening
- Emerging diseases preparedness and management
- Non-communicable diseases prevention and control
- Renewal of Primary health care

Critical shortages and maldistribution of health workers were illustrated, nearing a critical threshold level. Figures were given for the density of doctors, nurses and midwives in 49 priority countries.

A recent report on non-communicable diseases (NCDs) indicated that currently 60% of the world’s annual deaths are from NCDs, with 25% being preventable. Dr Chan outlined the top 10 leading causes of deaths globally. Evidence of changes in disease patterns were presented and the impact of the burden shifting to NCDs explained.

Objectives for the action plan for the Global Strategy for the Prevention and Control of NCDs includes:

1. Raising the priority accorded to NCDs in developmental work at global and national levels and integrating prevention and control of NCDs into policies across all government departments
2. Establishing and strengthening national policies and programs
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnership
6. Monitoring NCD trends and assessing progress made at country level

The five essential services of primary health care – health promotion, disease prevention, treatment, rehabilitation, support/palliation – were outlined, with a goal of better health for all. He
explained that the workforce supporting primary healthcare is critical and that many countries don’t plan for this.

Dr Chan concluded that the world is moving toward increasing concern over NCDs. Weak national health systems make successful interventions impossible. Communities in need were highlighted and examples given including Nauru with 31% diabetes in its population, and Tonga with 13%. Dr Chan explained that addressing NCDs globally needs to be valued and planned for.

**The Commonwealth and the Health MDGs**

**Ms Peggy Vidot, Adviser (Health), Social Transformation Programmes Division, Health Section, Commonwealth Secretariat**

Ms Peggy Vidot explained the work of the Commonwealth and its mandated focus on the MDGs and all issues that are required for health.

Realities of health in the Commonwealth were outlined - 52% of all global maternal deaths, 60% of people living with HIV/AIDS, nearly half of global infant deaths, 64% of the world’s underweight children, 1.2 billion people living on less than $1 a day, 18 countries not achieving universal primary education. The Commonwealth’s responses were explained. Advocacy is provided on all issues, funds allocated to health, knowledge management, sharing of good practices, and capacity building.

Addressing issues of health workforce is seen as a major challenge with acute personnel shortages, and migration issues. Ms Vidot explained the trend of movement within the Commonwealth, with low income small states being hardest hit.

Migration of health workers from developing countries lead to loss of health workers from the global pool and social costs on communities. The Commonwealth has developed a Code of Practice for International Recruitment of Health Workers to improve health workforce planning by source and destination countries.

It was noted that many countries are not on track to meet the MDGs relating to reducing child mortality, improving maternal health and access to sanitation, mostly due to gaps in funding resources.

The Commonwealth recognises that nursing does have a leadership role in this area that extends beyond health. ‘Women as agents of change’ is the theme for Commonwealth Day 2011 and women can be the agents of change for the MDGs.

**Mr Ian Anderson, Equity and Economics, Economics PL**

Mr Ian Anderson introduced himself and briefly outlined his professional background that included employment with AusAID and Asian Development Bank.

He presented a graph indicating inequities across 56 countries in terms of infant and child mortality rates, malnutrition and fertility rates. Changing sources of inequity were identified as poverty, gender, ethnicity, class, culture, caste and also rural and urban, young and old, and conflict.

Inequity was defined as inequalities in health status, risk factors, or health service utilisation between individuals or groups that are “unnecessary, avoidable and unfair” (WHO 1998), and so have policy implications. Growth is important but achievements need to occur with equity. Mr
Anderson cited Vietnam that will achieve most MDGs with no progress for the bottom 20% of the population, so is seen to have national progress but in fact has growing inequity. If money is put into a system structured to service urban middleclass, benefits will go to people who need it the least. In some cases increasing investment may increase inequity.

Nurses were identified as a critical investment in breaking the cycle of poverty. Other strategic initiatives were identified such as taxation policies to address the problem of tobacco. Mr Anderson emphasised that health equity cannot be seen in isolation, but in terms of fairness and justice in social arrangements including economic allocations.

Discussion and comments for Session 3

Ms Monica Fong thanked the presenters and commented that the key issue is MDGs are important, as is sustainability. She agreed that policy implications are the main solution.

Professor Dignam noted that curriculums need to have strong community platforms. Some solutions require restructuring and not necessarily more money.

Professor Pele Stowers noted that in the presentation from Tonga the point was made that we need to contextualize curricular training. She explained that policy is important at the national level for educators to link with service needs. For countries in the Pacific, their community-orientation is their strength.

SESSION 4: SPCNMOA ACTION PLAN AND RESOLUTION

Chair, Dr Mark Jones, Program Director, Global Health Alliance

Dr Mark Jones introduced the session and its aims to review and update the SPCNMOA Action Plan and Resolutions, review progress on resolutions, consider action plan priorities and potential additional resolutions.

When reviewing the SPCNMOA Action Plan, general actions were outlined including links with Pacific Human Resources for Health Alliance (PHRHA), the effective communication of the SPCNMOA particularly through Elluminate. Actions in the other areas previously specified as requiring work were outlined:

- Education – progress has been made through the AusAID ALA program, various country projects, and joint work with PHRHA;
- Leadership – again the ALA program has been successful and led to subsequent country projects in this area. The ALA program realised an increase in the leadership capacity of its Fellows.
- Regulation – a feature in four ALA country projects and still a priority.
- Data Literacy – the focus of one third of ALA participants was in this area.
- Human Resources for Health (HRH) – a priority area for the ALA program.
- Global/regional networking – increased links with SPCNMOA group, others in South Pacific and the WHO CC global network was recognised.

Areas for discussion were identified and distributed between sub-groups of delegates for consideration.
General topics for discussion were taken from the SPCNMOA 2008-2010 Action Plan and included:

- Communications and networking
  - How can we improve communications within the Alliance?
  - How can we improve communication / networking with other international nursing and midwifery groups? (Do we know who they all are?)

- Education and regulation
  - Further explore connections between these
  - How can we build on our work considering educational models / pathways?
  - What is the potential in working with regulatory authorities to further integrate our work on education with the future structure of the regulated workforce across the Pacific region?

- Leadership
  - Building on ALA success to revitalise our leadership development program and how?
  - Role of leaders in using our growing evidence base to enhance and reorientate practice
    - Need for embedded leadership functions
    - Ability for leaders to articulate evidence based arguments for resources; including workforce development, education, ability to address new challenges, e.g. NCDs

- QI and safety – Potential for additional underpinning resolution around quality and safety
  - Draw on content of APEDNN meeting
  - Argument supporting view of nurses (and midwives) as the guardians of public safety through quality care delivery in our health systems

The meeting delegates broke into sub-groups to discuss each of these areas. Feedback from subgroups occurred on Day 2, Wednesday 10 November.

**SESSION 5: LEADERSHIP**

**Chair, Mr Michael Lauri, National Director of Nursing, Solomon Islands**

**Self Assessment Tool: a tool for support and professional development for the role and responsibility of a government chief nursing and midwifery officer (GCNMO)**

**Professor Jill White, Dean Faculty of Nursing, University of Sydney**

Professor Jill White introduced the Consensus Statement developed for GCNMOs as part of the Global Leadership Collaboration (GLC) through the WHO CC at UTS, and provided a copy for each delegate. It outlines the roles and responsibilities of the GCNMO and she explained the subsequent work in this area based on this document. GCNMOs have a pivotal role being the link between government, WHO and other professions. More details available in Consensus paper to be published on the WHO CC UTS webpage.
In order to have effective health care delivery Professor White explained that policy, processes and planning, programs and general health leadership skills are needed. She then explained the Self-assessment tool and its use. The Performance Grid was used as an example, with ratings of 1-5 in relation to performance, and 1-5 in relation to importance.

The self assessment tool helps ascertain areas in which improvement is needed or where strengths exist.

Possible purposes for the self assessment were outlined:

- Assessing the skills required for a GCNMO position
- Assessing competence in performance assessment
- Assessing performance development goals and needs
- Constructing a job or position description

The self-assessment tool was distributed to participants and they were asked to complete the tool within the next week. Feedback for improvement of the tool will be fed back into the Global Leadership Collaborative consultations for trial development.

Closing and relighting of the candle

Mrs Gano Mwareow, from Nauru closed the meeting.

Day 2, Wednesday 10th November

Opening Prayer

Ms Leipakoa Matariki from Vanuatu opened the day’s proceedings with a prayer.

Feedback from SPCNMOA Action Plan and resolutions subgroups (continued from Tuesday 9 Nov)

Chair, Dr Mark Jones, Program Director, Global Health Alliance

Leadership Sub-Group

The importance of building on the success of the AusAID Leadership Award program was noted, and participating CNOs mentioned the success of AusAID ALA program and its continuing impact at senior levels in their country. They all felt strongly that a program that meets the health system strengthening needs of the Pacific needs to be continued and SPCNMOA will explore options for this with AusAID.

There is a need to be multi-skilled in the areas of financial management, human resources and leadership.

The benefits of the AusAID ALA training has a growing evidence base, and students who undertook the previous AusAID ALA program have shown the CNOs and ministries in their countries that they can run workshops to pass on skills learned in the AusAID ALA Program. Many had been promoted following the ALA and the majority of the projects are still running. There was general agreement on the need for more opportunities for nurses to do the AusAID ALA training in the future.

Action

- Continue to apply for AusAID ALA programs
- SPCNMOA and WHO CC to approach AusAID for an expanded Leadership Program
Education Sub-Group

Delegates briefly discussed the history of nursing education in the Pacific, looking at the previous hospital-based model, and the current move towards competency-based education.

The issue of competencies and higher academic levels of education and its effect on the relevance to local communities where work is based was discussed. The importance of higher quality education for nurses to enable them to work better for their local community was acknowledged. Nurse education should have competencies or standards that can be recognised by regulatory bodies.

The delegate from Fiji added that the current teaching model addresses skills and attitudes but the heart of the nurse impacts on nursing as well and should be addressed.

Action

- Continue to work with PHRHA on strengthening quality of nursing services, nurse education in PIC.
- Further work is required in the Pacific on nursing and midwifery education, faculty development and competencies.
- General agreement to keep regulation in the Pacific as a priority area on SPCNMOA Action Plan

Communication Sub-Group

It was noted how useful the process of planning for this meeting was throughout the last year, and it was suggested that more regular communication within the group and between CNOs would be beneficial. There was discussion about the possibility of extending communication to CNOs in the North Pacific.

Elluminate has been a successful, cost effective communication tool and although some have problems connecting via Elluminate, its use is growing. Those countries unable to use Elluminate can be connected by teleconference.

The group acknowledged the value of the SPCNMOA meeting and similar meetings such as the American Pacific Nursing Leaders Council (APNLC). CNOs of the Pacific were encouraged to talk with UTS and the WHO Collaborating Centre and utilize resources such as the Global Leadership Collaborative and Global Alliance for Nursing and Midwifery.

More generally, all delegates were encouraged to communicate, especially those from smaller nations, and it was added that sometimes the bigger nations could assist with resources to make this happen.

Action

- Continue to conduct Elluminate meetings, including countries via telephone if unable to access the tool
- Continue to circulate Regional Updates
- Link SPCNMOA members to Global Alliance for Nursing and Midwifery and Global Leadership Collaborative where appropriate

Quality Improvement
The influence of the SPCNMOA on a country’s QI systems was explored. “If we do not work out our plan, we plan our failure.”

**Safety**: safe surgery checklist; no blame cultures, teamwork, communication, respect, empowerment, vigilance.

**Quality Improvement**: it was agreed improvement is needed overall and is dependent on the commitment of nurses, leadership expectations of commitment, and ownership of responsibilities. It was noted that putting structures and plans into operation can be difficult, but knowledge, skills and systems make good outcomes. Each country needs to look into these areas and how to approach universal planning to make it work.

**Emergency and disaster preparedness**: the importance and value of responding properly was noted. Pacific-wide planning is needed using standard procedures based on areas of expertise and roles and functions in a language that all can understand.

One issue from the workshop discussions was the **Potential for Additional Underpinning Resolution, Quality Improvement and Safety**: An important framework for nurses including public health preparedness for outbreaks, emergencies and disasters, and crises to mobilise the pan-Pacific community. Building relationships to foster cross-border understanding, multidisciplinary understandings, a social network for mobilisation, ability to share plans, networking, research into one standardised package or approach. Capacity-building done ahead of time can effectively deliver a response.

**Action**

- Group work to be incorporated into SPCNMOA Action Plan 2011-2012 in line with Strategic Direction for Nursing and Midwifery 2011-2015 Key Result Areas.
- General agreement to continue to use existing SPCNMOA Resolutions and update them as required.
- Consider a further Resolution to cover Quality Improvement and Safety

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**SESSION 6: EDUCATION, TRAINING AND CAREER DEVELOPMENT FOR NURSING AND MIDWIFERY PERSONNEL (KRA3) – PROMOTING MATERNAL HEALTH**

Chair, Mrs Fulisia Aiavao, Dean, Faculty of Nursing and Midwifery, National University of Samoa, Samoa

Professor Caroline Homer, Faculty of Nursing, Midwifery and Health, UTS
Professor Caroline Homer outlined the reality of the current maternal and infant mortality rates in developing countries and that it is anticipated that hardly any countries will do well on MDG 4 and 5. Strong women in communities are important for a country’s social structure and family structure, so maternal health is of particular importance.

Solutions to these problems are known and are simple cost effective interventions – a high quality workforce, care by professional trained midwives or others with midwifery skills, and QI practices that build and strengthen the workforce.

It was explained that many international agencies including ICM, UNFPA, UNICEF, JHPIEGO, ADB etc are joining together to build on this idea of strengthening midwifery. A scaling up by increasing numbers and competence of the midwifery workforce is needed.

Broad strategies forming the basic framework were outlined:

- **Education and training** – access to quality education for essential competences for basic midwifery practice, building educational capacity and increasing international collaboration, establish or review national standards, the need to develop and nurture young nurses and midwives.
- **Legislation and regulation** – strengthen frameworks to ensure standards of practice, develop and apply QI systems.
- **Research** – this is a key for change, increase evidence in practice, report maternal deaths, systems to count and investigate.

Delegates were encouraged to develop a strategic plan to strengthen midwives and others with midwifery skills and it was noted that there are many resources on internet to help. Data collection, providing feedback to others and reporting on current work was also encouraged.

Dr Jane O’Malley contributed that midwifery is quite separate from medicine in New Zealand and in rural areas they are now building teams to cope. She suggested that this could be a way to strengthen teams across the Pacific.

**Education Trends in the Pacific**

**Ms Mary MacManus, Principal Lecturer, Auckland University of Technology, New Zealand**

Ms Mary MacManus looked at the scope of registered nurse practice in Pacific countries that included three areas of work – nursing in hospitals, public health nursing and nursing in remote areas. Each could have different educational requirements, and in the Pacific nurses do all three.

Ms MacManus expressed concern that so much focus is still on hospital style education and she asked how sustainable is nursing education with each country having their own programs and own schools? Some do nursing, midwifery for advanced practice whereas some schools only provide nurses for the workforce. It was felt that most schools suffer from a lack of resources and the gap between the standards set, and education on offer that is affordable is growing and will continue to grow unless a new approach is taken. There is a need to raise nursing education to a level that addresses these vastly different scopes of practice.

Ms MacManus asked for comments about those working from outside, and how well this is done. It was noted that Australian, New Zealand and Asian institutions are getting involved with this work and often work is done in isolation. It is important not to impose programs on the Pacific as many programs brought in are not adapted or contextualized. Reliance on aid tends to mean the recipients are at the whim of the donors and this doesn’t address ongoing development. Nurses in these countries need to take charge of their own strategic direction.
Professor Stowers agreed that quality of education was very important, and that there is a feeling that the more her country raises its standards, the more the others raise their standards too. It was agreed that nursing education programs in Australia and New Zealand won’t necessarily prepare nurses for remote work in the Pacific as the contextual nature of work is important. Curriculum, philosophy and so on must be designed by or at least with local nurses, so that the context can be refined locally. It was suggested that educators in the Pacific need to look at small countries that cannot sustain their own programs and perhaps have a base program for them so they can go on to develop mentors in their own country.

Ms Keti Fereti thanked the speaker and also thanked the Schools of Nursing in the Pacific for their good work. As CNO she felt education is important and she encouraged Ms MacManus to assist in her country if possible. In her experience nurses often train in New Zealand but then find it difficult to work back in their own country.

SESSION 7: NURSING AND MIDWIFERY POLICY AND PROFESSIONAL PRACTICE (KRA2) CONTINUING COMPETENCE: REGULAROTRY CONSIDERATIONS

Professor Denise Dignam, Associate Dean (Teaching and Learning, UTS Faculty of Nursing, Midwifery and Health)

Professor Denise Dignam suggested the principal purpose of the Health Practitioners Competence Assurance Act 2003 from the Nursing Council of New Zealand is a framework for nurses to gain an annual practicing certificate.

Professor Dignam defined competence as the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (Nursing Council of NZ, 2007) that must also take into account recency of practice.

Results from the Recertification Audit were given whereby 5% of practising nurses were audited randomly and asked to submit evidence. Key findings from the research showed that continuing competence framework (CCF) is critical to ensure nurses are competent to practise, the indicators of self-assessment, practice hours/CPD hours were appropriate and reliable indicators, and continuing practice development (CPD) activities need to be better clarified. Most respondents believed the CCF is the best mechanism to ensure nurses are competent and fit to practise. Another key research finding was that the 5% measure is appropriate.

Professor Dignam outlined a series of recommendations that included – clarifying roles of authorities; providing nurses with CCF guidelines, and for selection of peer assessors.

Regional Regulation of Nursing/Midwifery in the Pacific

Professor Pelenate Stowers, Assistant Chief Executive Officer, Health Service Performance, QA, Ministry of Health, Samoa

Professor Stowers noted it is time that nursing leaders address regulation and defined their understanding of nursing regulation in their own countries. She noted that the International Council of Nurses (ICN) states regulation ensures high standards of education and practice, is fundamental to the identity, structure and type of services offered, and can facilitate or impede ability and capacity to offer services.

It was noted:

- In Australia, eight regulating bodies for nursing and midwifery have now become one. It was seen as important for this to happen in one country, but what would be the advantages for a region? She added that it is difficult in one country to make one size fit all. Developing principles around legislation would be advantageous through the Pacific Leaders Forum.

- The term equal is difficult as each country is different; identification of commonalities that encourage identification of specific needs is ok.

- Countries represented are at such different levels of development in the nursing profession. Some had not completed competencies yet.

- There is a lot to be gained by commonalities and that in New Zealand the Nursing Council required Tongan nurses wanting to work with Tongans in New Zealand to be registered first. Regulation becomes an issue if there is movement between countries.

- Issues include language, competency and context, terminal outcome competencies, complexities or validating competencies, but there is value in facilitating cross-border recognition of competences. There is also value looking at common principles such as proficiency in English.

It is crucial that SPCNMOA continue to debate the issue of regulation within the region.

SESSION 8: NURSING AND MIDWIFERY WORKFORCE MANAGEMENT TO MEET EVOLVING HEALTH NEEDS (KRA4)

Chair, Liza Kelekolio, Health Manager/Acting Nurse Advisor, Tokelau National Health Department

Nursing and Midwifery: the HRH context

Professor Jim Buchan, Human Resources for Health, Health Workforce

Professor Jim Buchan’s presentation looked at contextual issues of HRH, sustainable health systems, and the challenge of developing policy solutions that will work. Professor Buchan, through the WHO CC UTS, has carried out many consultations and been involved in many projects in the Pacific.
Issues of human resources management and planning capacity in relation to PICs were briefly explained, including the limitations of health systems, limited training capacity, resources and unplanned workers. He noted the importance of developing the right policy solutions to address these issues. The example was given of limited IT leading to difficulty in projecting workforce numbers.

The specific challenges of a small size workforce make countries vulnerable to outmigration of health workers, scarcity of skills, and cost of supporting out of country training. These issues are not unique but are pronounced in the South Pacific region. There are differences also within the region – notably size, remoteness, and access issues.

Professor Buchan outlined the WHO Global Code which has greater emphasis on monitoring and ethical approaches, and relationships between countries. Although this Code covers all countries in the world, it will only work if member states adopt it.

The 16 recommendations from WHO for retention in remote/rural areas were presented, with examples based on policy and intervention. The key message is that there is no single solution, sustainable recruitment and retention means looking at a bundle of recommendations. HRH continues to be an area of high importance in the Pacific.

Supporting HRH in Pacific Island Countries

Ms Monica Fong, Technical Officer HR and HSR, PHRHA, WHO South Pacific Office

Ms Monica Fong outlined why health workers are special, being the largest single cost in a health system, providing valuable services, having specialist skills and knowledge, requiring education and training. The global health workforce crisis and its adverse impacts on delivery of health interventions was outlined.

HRH challenges were described:

- Demand for health care workers and the workforce response to population health needs;
- Planning, health information and data systems;
- Supply of health care workers – workforce development, deployment and retention, in service, up skilling, continuing professional education.

Challenges in the region were also highlighted: smallness (except PNG), isolation from markets, limited natural resources, dispersed pockets of populations in outer islands, high cost of service and aid delivery, climate change (rising sea levels), frequent natural disasters, and areas of conflict and political instability.

Pacific Health Ministers have looked at. As a result the Pacific HR for Health Alliance (PHRHA) was developed in 2007 out of the meeting with Pacific Health Ministers, funded by AusAID, to establish regional mechanisms for addressing common challenges, and facilitating partnerships of donor agencies.

Ms Fong described the three year project - Strengthening quality of nursing services, nurse education in PIC funded by NZAID. The project focuses on nursing education and training,
legislation and scopes of practice, and continuing education and training to support nursing workforce at all levels of management and delivery of care.

The four areas of added value provided by the PHRHA were explained:

1. Regional delivery of services and interventions which cannot be delivered effectively by countries operating individually such as the regional vacancy board
2. Providing or arranging access to expert advice – technical assistance in human resource planning or management
3. Adding weight and authority to national health administrations in negotiations with central agencies such as Ministry of Finance etc
4. Undertaking projects and other initiatives where regional approaches yield economies of scale – model legislation, development of tools and techniques

The presentation was concluded with the HRH Outcome - efficient and effective mix of resources; improved health service delivery; and better health outcomes for PICs.

SESSION 9: QUALITY IMPROVEMENT

Chair, Ms Leipakoa Matariki, Hospital Manager, Vila Central Hospital, Vanuatu

Kiribati Country Report

Ms Maaka Rui, Deputy Director of Nursing, Ministry of Health and Medical Services, Kiribati

Ms Maaka Rui presented the country report for Kiribati, with its population of 93,000. The nursing workforce currently totals 364.

Ms Rui briefly gave some definitions for the term quality from different perspectives. An overview of the hospital was presented including ward occupancy rates. This year’s major achievement was noted - the opening of a baby friendly hospital. The Minister has also given his support for the focus on quality improvement at the hospital. Another highlight was the ALA program which was to review Nursing Standards from the Pacific Islands and relevant western countries and to adapt those relevant to the Kiribati context as well as produce a draft Nursing Standard.

Ms Rui summarised that the country and its health services are small but moving forward, and that this year the first group of nurses from Kiribati has joined the SPNF.

Patient Safety in Fiji

Sister Unaisi Sikivou, Fiji presented by Albert McLaren

Mr Albert McLaren outlined the vision and mission for Fiji’s Ministry of Health:

- Vision - A healthy population in Fiji driven by a Caring Health Care Delivery System.
- Mission – Provision of a high quality Health Care Delivery Service by a caring and committed workforce working with strategic partners through good governance, appropriate technology and appropriate risk management to facilitate a focus on patient safety and best health status for the citizens of Fiji.
Fiji’s Ministry of Health (MoH) Clinical Governance Structure was outlined, and its National QI Committee with three geographical divisions. Policies, internal unit protocols and guidelines were listed and included: Risk Management Policy; Incident Reporting Policy [UOR]; Patient Complaint and Compliment Policy; Infection Control Policy & I.C. Guidelines; Internal/Unit protocols & guidelines; and Clinical Practice Guideline.

Clinical practice guidelines have been developed to standardise procedures across the country for individual disciplines. He explained Medical Licensing and its aim to improve patient outcomes. The focus is on high quality health care delivery through new policies and data collection at all stations and replacement of old equipment.

Quality Improvement – Solomon Islands

Mr George Pego, National Deputy Head of Nursing, Solomon Islands

Mr George Pego commenced with a testimony to nurses and their achievements under primary health care (PHC) delivery in the Solomon Islands. These nurses were acknowledged as front line workers with different challenges and difficulties.

Examples of quality improvement based on MDG 4 and 5 showed the Solomon Islands to have the second highest maternal mortality rates in the region behind PNG, highlighting that the quality of reproductive services needs to be addressed. Reviews were conducted at community, provincial and national levels.

Out of the global and national directions, the principle for interventions to think globally and act locally, using cost effective interventions was adopted. It was noted that:

- Men are actively involved in Sexual Reproductive Health.
- Baby and mother friendly initiatives allow mothers to utilise health services they require.
- The Family Health Card has been introduced as a PHC tool and each year nurses talk individually with each family. Data from the Card is used for further analysis.
- From 1988 to 2009 there has been increased CPR, reduced maternal mortality, increased numbers of male nurses, increased antenatal nurses, increased HR programs and initiatives and decreased infant mortality.

The annual reproductive health program review was undertaken. This year’s focus was to look at opportunities to improve the quality and reposition family planning services. The presentation concluded with the QI model, and how it has taken 31 years to get to this point.

Patient Care and Safety – a global safety

Preliminary QA/QI Survey Feedback

Dr Lesley Seaton WHO CC UTS Consultant

Dr Lesley Seaton made a brief request for delegates and their countries to take part in the QA/QI survey presented in a previous meeting session. She asked all countries present to take part in the survey for evaluation and reviews.

Delegates were invited to take part by nominating three representatives from their country to provide an overall picture to inform the survey results. Dr Seaton requested that contact information be sent via email to the WHO CC at UTS. The survey will then be sent electronically for completion.
SESSION 10: PACIFIC ISLAND PERSPECTIVES ON HEALTH SYSTEM STRENGTHENING

Chair: Professor Denise Dignam, Associate Dean (Teaching and learning), Faculty of Nursing, Midwifery and Health at UTS
Adolescent Reproductive Health, Fiji

Mr Albert McLaren – Director of Fiji School of Nursing

The speaker introduced the vision of the Fiji School of Nursing (FSN) to make FSN a centre of appropriate holistic development for student nurse and help, encourage and motivate students to be more effective in dealing with day to day life issues. He explained that they currently have a three year undergraduate diploma program. Peer educators training commenced in 2009 and school students were selected to do this in the hope that they will support and reach out to their classmates. Other supportive and innovative ongoing programs for students were outlined.

The success stories from these programs were relayed. Peer educators have visited communities to conduct health education to youths, and there has been a reduction in the number of students with teenage pregnancy.

Country Report - Niue

Ms Keti Fereti, Principal Nurse Officer, Niue Island

Ms Keti Fereti gave an overview of the nursing workforce profile for Niue, with 17 nurses working at the Niue Fou Hospital. Ms Fereti saw the recent appointment of a nonmedical person as Director of Health as a positive achievement for the nursing profession as this will help future nurses of Niue.

She expressed important issues as being:

- Leadership training
- Regulation - there is currently no nursing regulation in Niue
- Retirement age reduced from 60 to 55 a regional HRH issue
- Access to information and communication - the Elluminate conferencing is currently not available in Niue.
- Data literacy - nurses are recording manually, as have no computers yet.
- Human resources and equipment; lack of community and interdepartmental support and collaboration.

Niue’s attendance at the AusAID ALA Program was seen as a successful positive outcome, as was the recruitment of a small number of nurses from overseas.

Country report - Nauru

Ms Gano Mwareow, Director of Nursing, Republic of Nauru

Ms Gano Mwareow explained Nauru has a population of 10,000 and currently sends its nurses to Fiji for training. In the Health Department there are 200 employees, the hospital has 60 beds and 50 nursing staff comprised of RNs, and nurse aides.
In 2004 the Nauru government applied to AusAID for training, and started to plan for health services at that time. One day each week all healthcare workers come together for education and communication. The hospital is staffed mainly by expats from Tonga, Cuba, Burma, Fiji. All midwives are from Fiji, and all nurses are local staff.

Once each year a specialist from Australia comes to Nauru and gastro and renal patients are referred to them. One specialist from Sydney invited them to present their multi-professional collaborative work at a conference in Sydney which was a great honour and recognition of working practices in Nauru.

Health System Strengthening in Nursing, Solomon Islands

Mr Michael Lauri, National Director of Nursing, Ministry of Health and Medical Services, Solomon Islands

Mr Michael Lauri explained the Solomon Islands has a population of 538,000 over 10 provinces. He outlined the complex Ministry of Health and Medical Service structure, and the Division of Nursing Services of which he manages.

The numbers of nursing staff in the Solomon Islands were presented – over 900 registered nurses including midwives and over 500 nurse aides. Nurse aides have one year training.

A new MoH plan incorporating nursing education for development will start next year with a priority on a HR national strategic plan.

Since 2008, WHO supported Ms Mary MacManus to help review the education and training program in the Solomons, and to implement recommendations. It is hoped that this relationship will continue until work completion. Next year they hope to offer a degree in nursing, as currently they have a lot of diplomas, and until now nurses have been sent to PNG for further training.

Human Resources for Health in Vanuatu

Ms Leipakoa Matariki, Hospital Manager, Vila Central Hospital, Vanuatu

Ms Leipakoa Matariki gave a brief introduction to Vanuatu – its population of 265,000, wide geographical distribution which makes services delivery difficult. It has an infant mortality rate of 30 per 1000 live births.

She outlined the relevant WHO Regional Strategy and Initiatives on HRH.

The significant challenges faced by nursing in Vanuatu include limited capacity in HR management to implement policies, strategies and plans; resistance of certain stakeholders; and low levels of funding for the health sector.

Some ways forward were listed:


- New and well equipped centre for nurse education - other diploma studies in public health, allied and environmental health.

- Twinning plans with several institutions around the region for ongoing capacity building in human resources.

- Integrated curriculum for nurse practitioners and nurse midwives to upgrade skills in nursing.
• Increased yearly intake of nursing students from 25 to 50.
• On the spot training program for community health nurses
• Plans for accreditation of various training curriculum with the Vanuatu National Training Council.
• Memorandum of Understanding with NGOs to complement health service delivery in remote areas including conduct of ongoing training and supervision of village health workers.
• In country Partnership program with organizations such as VSO; Peace Corps; JICA & Fonds Pacifique to assist in nursing training and exchange of knowledge/experiences in clinical nursing
• Medical consultant doctors recruited under the bilateral cooperation of Australia to Vanuatu have for more than a decade provided their technical expertise to build the capacity of the Vila Central Hospital.

Land of the unexpected – PNG
Ms Lilian Siwi, Health of Health Programme, University of Goroka, PNG

Ms Lilian Siwi spoke of the difficult situation in PNG. On a national level, there is no CNO position within the Ministry of Health and there are no strategies in place to address this. There are 20 provincial Nursing Officers and 20 Directors of Nursing reporting to CEOs of hospitals. No succession planning is in place with an ageing workforce in all sectors of health, attitudes of workers at health facilities is not good, nurses are registered whether their practice is safe or not, and basic minimum standards of health facilities are not met.

She explained that the health system is desolated – TB and Malaria are a worsening problem, as is maternal and infant mortality and HIV/AIDS. Training curriculums are not addressing the needs of the community, and there is a lack of teaching staff.

At the national level, the regulatory body is now ensuring that all Nursing and Midwifery Curricula offered by universities meet the Accreditation Nursing Standard Framework; tools for monitoring and evaluation of program implementation are now being discussed and will be developed. PNG Nursing Council and stakeholders have developed generic competencies and clinical specialist competencies for child health and midwifery. National assessment tools for performance against competencies are to be developed though institutions have their own. Universities are starting to be supported with teaching and learning equipment, books, and computers for midwifery students.

At the local level the University of Goroka is offering a midwifery curriculum with rural experience. They also train village birth attendants and orientate them to hospitals and health centres. Students are collecting data and conduct home to home clinics. Working with elders and leaders of each village is underway to eliminate maternal and infant mortality and all preventable and treatable diseases.

Ms Siwi concluded that students are now being trained to become the bridge for the communities and the health facilities and vice versa. She also thanked AusAID and NZAID for providing scholarships for students in the midwifery program and the WHO and WHO CC for enabling her to attend the meeting.
SESSION 11: INNOVATIVE STRATEGIES IN ADVANCING HEALTH ECONOMICS AND FINANCING OF MDGS OR HOW TO ARGUE WITH MINISTRY OF FINANCE

Mr Ian Anderson, Director, Economics PL

Mr Ian Anderson introduced the idea of Health as an investment in avoided costs, in productivity and economic growth, in other economic activities, and in political legitimacy. He outlined the Five ‘I’s of expenditure – inadequate, inequitable, inefficient, incomplete and incentives not tied to expenditure.

Mr Anderson turned to the inefficient allocation of resources partly due to the under investing – non communicable diseases (NCDs) attract less than 3% of Donor Agencies health spending globally. Investing in health can be efficient, effective, affordable, and politically understandable.

Mr Anderson outlined points to look for in a proposal. He noted that AusAID is doubling its program by 2015 with USD 1.6 billion earmarked for maternal and child health. Good proposals show how they will transform health systems and strengthen them. Stakeholders must support the proposal. There is a need to add value, costed options and planning with risks indicated. Aid needs a government’s contribution and commitment also. It is very important to identify winners and losers in what is being suggested. Leverage can be achieved by showing economically viable investment. Sustainability is also important. Results must be demonstrated, as well as important change that would not otherwise happen.

Questions of other presenters in the day
At the end of the day a question and answer session brought up some individual country issues that the group discussed. These covered for example:

- Increase in breast and cervical cancer in Vanuatu
- Issues around student pregnancy
- Issues around HRH and exchange of health professionals within the Pacific

Session 12 Conclusion and Review of SPCNMOA Action Plan

Dr Jane O’Malley, Chief Nursing Officer, New Zealand

Dr Jane O’Malley introduced the final session and explained that themes that have developed from the meeting would be presented at the South Pacific Nursing Forum (SPNF).

Themes outlined included: sustainability, contextual embeddedness, inclusive collaboration, donor management, and the role of clinical leadership.

From the subgroup workshops there were clear themes around AusAID ALA and leadership, education and regulation, and communication (the regional update sent out regularly by the WHO CC UTS was seen as useful).

It was agreed that the SPCNMOA is still in its early stages, and the SPNF and SPCNMOA both have work to do together. The suggestion of a meeting being combined with regulation, Chief Nursing and Midwifery Officers and Nursing Associations would be of benefit.

Volunteers were sought to speak at the joint meeting with the SPNF and delegates responded as follows:

- Action Plan – Dr Jane O’Malley
- Social issues – linking contextual embeddedness - Mr Michael Lauri
SUMMARY

This meeting addressed priority areas recognised by the SPCNMOA for the Pacific region. All aims, objectives and expected outcomes were met. The following was undertaken:

- Incorporation of the Key Result Areas (KRAs) from the WHO Global Nursing and Midwifery Strategic Directions, 2011 – 2015 (SDNM).
- Governmental networks were strengthened through collaboration to improve communication, strategic planning and capacity building.
- Discussions and presentations from this meeting will be fed into the review of regional Pacific strategic plan for WHO/WPRO Nursing and Midwifery.
- This meeting used the KRAs as themes for the presentations, therefore, actions stemming from discussions will be incorporated into the SPCNMOA Action Plan. This will have the potential of linking SPCNMOA actions to the SDNM KRAs.
- A 12 month evaluation was presented showing the success of the AusAID ALA program. The success of the ALA program was mentioned many times during the meeting and SPCNMOA would like to develop similar projects with donor agencies.
- Presentations were carried out on the following areas and the relevant tools were provided to all delegates on memory sticks:
  - Human resources for health
  - Emergency and disaster
  - Roles and responsibilities
  - Health system strengthening
  - Primary healthcare
  - Quality improvement, patient care and infection control

The program was developed through the SPCNMOA planning group using the SDNM KRAs and SPCNMOA priority areas. The following issues and actions are summarised below from the meetings many presentations and discussions. These will be incorporated into the SPCNMOA Action Plan 2011-2013.

KRA 1: Contribution of nursing and midwifery to health systems and services.
SPCNMOA Priority Area: Leadership.

Leadership
- SPCNMOA to continue to seek funding for AusAID ALA program
• SPCNMOA and WHO CC to develop a concept paper for Leadership Program for nurses and midwives for health system strengthening in the Pacific
• Contact CNO members and fellows to monitor the personal impact of the AusAID ALA program to date
• Provide information on GCNMO roles and responsibilities self assessment tools and link to Global Leadership Collaborative and GANM
• Explore leadership opportunities on equity and economics of health

Maternal Health
• SPCNMOA to explore challenges further
• Urgent need for skills workshops

KRA 2: Nursing and midwifery policy and professional practice.
SPCNMOA Priority Area: Regulation.

Regulation
• Issues around regulation in the region to be explored and addressed through projects,
• Harmonisation of competencies and safety
• Issues around legislation and reporting eg. Maternal deaths
• Regional regulatory issues around competencies and standard
• Combine regulators with future SPCNMOA and SPNF meetings
• Facilitate cross border recognition/common principles
• Use of WP/SEAR regulatory authorities meeting regional competencies with country context, language and culture

KRA 3: Education, training and career development for nursing and midwifery personnel
SPCNMOA Priority Area: Data literacy and research and Resolution 1: Education

Education
• Review and update Resolution 1
• Continue work with PHRHA on Enhancing Standards Pacific Nursing Project
• Consider new approaches to nursing education looking at individual schools, multiple programs, knowledge vs thinking
• Consider issues around hospital training and competencies
• Skill sets for new students
• Australian Teaching and Learning Council websites www.altc.edu.au

Data Literacy and Research
• Continue to investigate opportunities for research
• Analysis of data to support decision making, policy and research

KRA 4: Nursing and midwifery workforce management to meet evolving health needs.
SPCNMOA Priority Area: Human Resources for Health, pandemic and disaster preparedness (Resolution 2), and quality improvement.

Human Resources for Health
• Issues around multiple jobs and multiple responsibilities within the Pacific
• Consideration of global policies that can be modified per country
• Understanding the variety of migratory codes including the new WHO Global Code of Practice on the International Recruitment of Health Personnel
• Circulate WHO project on rural and remote retention and recruiting when available.
• Continue to be a part of the PHRHA through involvement in the steering committee
Quality Improvement
- Consider a further resolution to cover Quality Improvement and Safety
- Send out QI survey to relevant stakeholders in each country to provide baseline data to enable the development of appropriate tools for the Pacific

Pandemic and Disaster Preparedness
- Review Resolution 2
- Continue to work with APEDNN on emergency and disaster preparedness

KRA 5: Partnering to strengthen nursing and midwifery services.
SPCNMOA Priority Area: Relevant linkage to global and regional networks.

Communication
- WHO CC Regional Update to continue
- Ensure SPCNMOA members, steering committee and other stakeholders contacts are up to date
- Promote Global Alliance Nursing Midwifery knowledge gateway online resource
- Continue to use Elluminate and train when required
- Share information on other global and regional networks as appropriate

These now form a draft action plan that will be developed further with the Steering Committee of SPCNMOA and the actions worked on for next two years. This can be seen in Appendix 5.

SPCNMOA Steering Committee 2011-2013

SPCNMOA members agreed on the following individuals for the Steering Committee for 2011-2013:

- Dr Jane O'Malley, Chief Nurse, Ministry of Health New Zealand (Incoming Chair, New Zealand)
- Ms Rosemary Bryant, Chief Nurse and Midwifery Officer, Dept of Health and Ageing, (Australia)
- Ms Ilokoeta Ngari, Director of Nursing, Ministry of Health (Cook Islands)
- Ms Liza Kelekolio, Acting Nurse Advisor, Tokelau National Health Dept, (Tokelau)
- Mr Michael Larui, National Director of Nursing, Solomon Islands Government (Solomon Islands)

(As per SPCNMOA constitution the Chair of SPCNMOA and designate Chair are dictated by the country hosting the next meeting of SPNF proposed 2012 Australia -Ms Rosemary Bryant will be designate Chair)

Next Meeting
This meeting concluded positively with well wishes for success for the following two years. The representatives of the SPCNMOA agreed to present at the SPNF the following day. The next SPCNMOA meeting will be held in 2013 and combined with SPNF, this will be announced once the country has been decided on.
APPENDIX 1: ASIA PACIFIC EMERGENCY AND DISTASTER NURSINGNETWORK (APEDNN) AND SOUTH PACIFIC CHIEF NURSING AND MIDWIFERY OFFICERS ALLIANCE (SPCNMOA) COMBINED MEETING, 8 NOVEMBER 2010

Asia Pacific Emergency and Disaster Nursing Network (APEDNN) and South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) Combined Meeting, 8 November, 2010

The meeting commenced with a Powhiri Ceremony and morning tea in conjunction with the South Pacific Nurses Forum (SPNF).

**Welcome address and opening remarks**
Ms Kathleen Fritsch, Regional Adviser in Nursing, WHO Western Pacific Regional Office, the Philippines

The meeting had been combined to allow for sharing of experiences, key note speakers and to enable delegates to join the SPNF Powhiri. The meeting ran concurrent sessions in the afternoon to facilitate the WHO South Pacific, Pacific Human Resources for Health Alliance (PHRHA) AusAID funded project consultation– Enhancing Standards for Pacific Nursing coordinated by James Cook University and Auckland University of Technology.

**Session 3.1 Keynote presentation: Total care requirements of burn patients – implications for a disaster management plan**
Dr Richard Wong She, Plastic Surgeon, Clinical Leader for Burns, National Burn Centre

Dr Wong She gave an overview of cases whereby burn injuries create special needs in patients. The presenter gave some case study examples to show that as surgeon takes on more patients, increased nursing hours are required. For a possible mass casualty scenario the degree of injury makes all the difference to the length of care and resources required.

Dr Wong She suggested that decanting is the key that needs to increase. Education must include pathways to help to standardize care. He concluded that being aware of our limitations enables better future preparation.

**Session 3.2 Global Partner Updates**
APEDNN Web Platform Development and Stakeholder Analysis, Associate Professor Amy Zhang, Shandong University, China

The APEDNN web platform aims were explained as they contribute to the achievement of APEDNN objectives with regard to

- share information and resources
- develop multiple-disciplinary networking activities
- disseminate e.g. tools, materials, training courses, to improve education, research and practice of relevance to emergency and disaster
- increase interactions, quality of work processes and productivity.

Associate Professor Zhang gave an overview of 2009 – 2010 activities, and briefly explained stakeholders analysis and websites analysis, and how this had brought about the review.

There was agreement that improving this web-based service to meet users needs is the highest priority for the developer of the APEDNN web platform. The need to find resources to sustain the development and maintenance of web platform was highlighted.

**International Council of Nurses (ICN)**
Ms Rosemary Bryant, Chief Nurse and Midwifery Officer, Department of Health and Ageing (Mental Health and Workforce Division), Australia

Ms Rosemary Bryant stressed the need to be using evidence and promoting nurses contributions to healthcare. Ms Bryant noted the upcoming ICN Congress next year in Malta, May 2011. She explained that the ICN continues working in many areas, giving the example of ICN Haiti working to
correct the number of local nurses out of work due to large number of aid organisations with nurses in-country who are favoured over local nurses.

An open invitation to the ICN conference next year was conveyed. Ms Bryant concluded that nurses continue to drive access to quality care - the theme for next year's conference.

Sigma Theta Tau International
Ms Cynthia Vlasich, Director, Education and Leadership, Sigma Theta Tau International
Ms Cynthia Vlasich encouraged delegates to use the internet to find the Sigma Theta Tau International (STTI) organisation. She explained it is the honour society of the nursing profession and members have distinguished themselves through nursing. Meeting members were invited to apply to join.

It was noted that STTI has partnered recently with ICN and WHO on various projects and was honoured to work with these organisations.

World Association of Disaster Emergency Medicine (WADEM)
Professor Paul Arbon, Research Centre for Disaster Resilience and Health, Flinders University, South Australia
Professor Arbon referred delegates to the World Association of Disaster Emergency Medicine (WADEM) and its website (www.wadem.medicine.wisc.edu). The WADEM organisation is multidisciplinary and nurses are seen as the most important part.

Professor Arbon informed the group that the 17th World Congress on Disaster & Emergency Medicine will be held in Beijing, China next year with 11 consecutive sessions from land mines to nursing and infection control. He also briefly described WADEM's work to develop best standards of practice through committees and taskforces, and encouraged delegates to view the website and consider joining.

Health Professions Networks, Nursing and Midwifery
Dr Eric Chan, Coordinator, Health Professions, Nursing and Midwifery, Chief Scientist for Nursing and Midwifery, World Health Organisation
Dr Chan reported on his work over the past few months in the WHO Geneva Health Office with the Health Systems Strengthening and Services cluster. This work in the HRH Department is seen as very important due to MDGs issues and the major shortage of health professional worldwide. The social determinants of health were discussed that include general socio-economic, cultural and environmental conditions, social and community networks, and individual lifestyle factors.

Reasons were given for the focus on nursing and midwifery services – they make up to 80% of health services, they are the largest group of health workers, they impact on availability of vaccination services and their services are largely closer to the client.

Dr Chan introduced some key recent publications:
• Global standards on the initial education of professional nurses and midwives – 2009
• A compendium of primary care case studies - 2009
• Framework for action on Inter-professional Education & Collaborative Practice – 2010
• A Global Survey Monitoring Progress in Nursing and Midwifery – 2010
• Global policy recommendations: Increasing access to health workers in remote and rural areas through improved retention -2010.

Health Professions Networks, Nursing and Midwifery
Professor Kim Usher James Cook University and Ms Mary MacManus Auckland University of Technology Co - facilitators of the WHO SP PHRHA AusAID funded Enhancing Standards: Pacific Nursing Project.
The consultation with SPCNMOA was recorded by the project team. A report will be shared with SPCNMOA in due course.
## APPENDIX 2: LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>NO</th>
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<td>Ms</td>
<td>Rosemary</td>
<td>Bryant</td>
<td>Australia</td>
<td>Department of Health and Ageing</td>
<td>Chief Nursing and Midwifery Officer</td>
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<td>2</td>
<td>Prof</td>
<td>Kim</td>
<td>Usher</td>
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<td>James Cook University</td>
<td>Director of Research; Associate Dean of Research Studies</td>
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<td>3</td>
<td>Ms</td>
<td>Michele</td>
<td>Rumsey</td>
<td>Australia</td>
<td>Faculty of Nursing, Midwifery &amp; Health, University of Technology, Sydney (UTS)</td>
<td>Director of Operations and Development</td>
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<td>Jill</td>
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<td>Dean</td>
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<td>Prof</td>
<td>Denise</td>
<td>Dignam</td>
<td>Australia</td>
<td>University of Technology, Sydney</td>
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<td>Mrs</td>
<td>Ngakiri</td>
<td>Teaea</td>
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<td>Charge Nurse Medical Ward / Lecturer</td>
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<td></td>
<td>Neti</td>
<td>Tamarua</td>
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<td>15</td>
<td>Sr</td>
<td>Unaisi</td>
<td>Sikivou</td>
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<td>16</td>
<td>Dr</td>
<td>Eric</td>
<td>Chan</td>
<td>Switzerland</td>
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<td>34</td>
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<td>Peko</td>
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<td>National Deputy Head of Nursing</td>
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<td>Ms</td>
<td>Faimanifo</td>
<td>Peseta</td>
<td>Tokelau</td>
<td>Tokelau National Health Department</td>
<td>Health Manager / Acting Nurse Advisor &amp; Cervical Screening Coordinator</td>
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<td>37</td>
<td>Ms</td>
<td>Selini</td>
<td>Soakai</td>
<td>Tonga</td>
<td>Tonga Nurses Association</td>
<td>Senior Nursing Sister/ Sister In-charge of the National Centre for Diabetes and Cardiovascular</td>
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<td>Mrs</td>
<td>Fatafehi</td>
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<td>Nursing Sister, Supervising Public Health Sister</td>
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<td>46</td>
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<td>John</td>
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World Health Organization Collaborating Centre, Nursing, Midwifery and Health Development, UTS
APPENDIX 3: MEETING AGENDA

SOUTH PACIFIC CHIEF NURSING AND MIDWIFERY OFFICER ALLIANCE HEALTH SYSTEM STRENGTHENING AND QUALITY IMPROVEMENT IN THE PACIFIC

SPCNMOA AND APEDNN: MONDAY 8TH NOVEMBER, 2010

0900-1100  POWHIRI OPENING CEREMONY
            FOYER AND VENUE LOWER NZI ROOM

1130-1400  KEY NOTE SPEAKERS AND GLOBAL PARTNERS UPDATE:
            (SEE APEDNN PROGRAM)

1400-1630  ENHANCING STANDARDS PACIFIC NURSING PROJECT WORKSHOP
            SPCNMOA EDUCATION REPRESENTATIVES

1630-1730  INDIVIDUAL MEETINGS

1830  OFFICIAL SPNF DINNER HOSTED BY TE RUNANGA O AOTEAROA VENUE
            BNZ FOYER  New Zealand Ministry of Health has sponsored attendance at this dinner.

DAYS 1: TUESDAY 9TH NOVEMBER, 2010

0800-0830  REGISTRATION – UPPER NZI 4

0830-0835  OPENING PRAYER
            Ms Liza Kelekolio, Tokelau

0835-0845  WELCOME
            Professor John Daly, Dean, Head of World Health Organization Collaborating Centre (WHO CC) for Nursing, Midwifery and Health Development, Faculty of Nursing Midwifery and Health, University of Technology, Sydney (FNMH, UTS).

0845-0915  OPENING ADDRESS AND OVERVIEW
            Ms Silina Waqa, (SPCNMOA Chair), Chief Nursing Officer, Fiji - Prof Pelenate Stowers
            Mrs Amelia Afuhaamango Tuipulotu, (new SPCNMOA member) Senior Lecturer, Tonga

0915-1015  SESSION 1: OBJECTIVES AND SPCNMOA REVIEW
            Chair: Ms Keti Fereti, Principle Nursing Officer, Niue
            Speaker: Ms Kathleen Fritsch, WHO Western Pacific Region Office (WPRO) Nurse Adviser (Hand-over of SPCNMOA Chair here to New Zealand)
            Speaker: Dr Jane O’Malley, Chief Nursing Officer, New Zealand
            Speaker: Ms Michele Rumsey, ALA review & Meeting structure
            Discussion

1015-1045  MORNING TEA
1045-1205  Session 2:  **CONTRIBUTION OF NURSING AND MIDWIFERY TO HEALTH SYSTEMS AND SERVICES (KRA1)***

*(This is one of 2 sessions, updating on country HSS issues and ALA project overviews. Six speakers will have 10 mins with 20 mins for discussion)*

Chair:  Professor Christine Duffield, Associate Dean, WHO CC, FNMH UTS
Speaker:  Mrs Maatasesa Mathes, Samoa: Nursing in the Samoa Reformed Health System*
Speaker:  Sr Sela Paasi Tonga: Nursing in Tonga: Paving the Way Forward
Speaker:  Ms Iokopeta Ngari, Nursing Workforce Strengthening/Human Resources for Health Cook Islands
Speaker:  Ms Liza Kelekolo / Ms Faimanifo Peseta, Tokelau
Speaker:  Mrs Maaka Rui, Kiribati
Speaker:  Sr Eline Soloseni, Tuvalu
Discussion

1205-1315  Lunch

1315-1430  Session 3:  **REVITALISING COMMITMENT TO HEALTH RELATED MILLENNIUM DEVELOPMENT GOALS & PARTNERING TO STRENGTHEN NURSING AND MIDWIFERY SERVICES (KRA5)***

*(Each speaker will have 15 minutes followed by discussion)*

Chair:  Ms Iokopeta Ngari, Director of Nursing, Cook Islands
Speaker:  Sr Sela Paasi, Millennium Development Goals as Relevant to Tonga
Speaker:  Dr Eric Chan, Strengthening Community Health Nursing for PHC & MDG.
Speaker:  Ms Peggy Vidot, Commonwealth Secretariat.
Speaker:  Mr Ian Anderson, Equity in Health, Director, Economics Pty Ltd
Discussion

1430-1500  Session 4:  **SPCNMOA ACTION PLAN & RESOLUTIONS**

Chair:  Dr Mark Jones, Program Director, Global Health Alliance
Workshop:  Break away groups

1500-1530  Afternoon Tea

1530-1600  Continued Workshop:  Break away groups

1600-1715  Session 5:  **LEADERSHIP**

Chair:  Mr Michael Larui, National Director of Nursing, Solomon Islands, Global Leadership Collaborative
Speaker.  Professor Jill White, Roles and Responsibilities of Government CNMOs Self Assessment Tool
Workshop.  Self Assessment Tool
Discussion

1715-1720  **Closing**
Ms Gano Mwareow, Nauru

1830  **AUCKLAND UNIVERSITY OF TECHNOLOGY / JAMES COOK UNIVERSITY DINNER (PIKO RESTAURANT, AUT)**
DAY 2: WEDNESDAY 10TH NOVEMBER, 2010

0900-0910 **Opening Prayer**
Ms Leipakoa Matariki, Vanuatu

0910-1025 **Session 6: Education, Training and Career Development for Nursing and Midwifery Personnel (KRA 3)**

*(Each speaker will have 15 minutes followed by discussion)*

Chair: Mrs Fulisia Aiavao, Dean, Faculty of Nursing and Midwifery, National University of Samoa, Samoa
Speaker: Professor Caroline Homer, Maternal Health
Speaker: Ms Mary MacManus, Critical Analysis of Education Trends in the Pacific

**Session 7: Nursing and Midwifery Policy and Professional Practice (KRA 2)**

Speaker: Professor Denise Dignam, 'Continuing Competence, Regulatory Considerations'
Speaker: Prof Pelenate Stowers, Regional Regulation in the Pacific?

1025-1045 Morning Tea

1045-1130 **Session 8: Nursing and Midwifery Workforce Management to Meet Evolving Health Needs (KRA 4)**

Chair: Ms Liza Kelekolio, Acting Nurse Advisor, Tokelau
Speaker: Professor Jim Buchan, Human Resources for Health, Health Workforce
Speaker: Ms Monica Fong, PHRHA

**Discussion**

1130-1230 **Session 9: Quality Improvement**

*(Each speaker will have 15 minutes followed by discussion)*

Chair: Ms Leipakoa Matariki, Hospital Manager, Vila Central Hospital, Vanuatu
Speaker: Sr Unaisi Sikivou, Patient Safety Fiji
Speaker: Dr Lesley Seaton, Patient Care and Safety Overall
Speaker: Mr George Pego, Milestones in Reproductive Health Services National Deputy Head of Nursing – Development Solomon Island

**Discussion**

1230-1330 Lunch

1330-1450 **Session 10: Pacific Island Perspectives on Health System Strengthening**

*(This is one of 2 sessions, updating on country HSS issues and ALA project overviews. Six speakers will have 10 mins with 20 mins for discussion)*

Chair: Professor Denise Dignam, Associate Dean (WHO CC, FNMH UTS)
Speaker: Sr Unaisi Sikivou, Fiji
Speaker: Ms Keti Fereti, Niue
Speaker: Ms Gano Mwareow, Nauru
Speaker: Mr Michael Larui, Health System Strengthening in Nursing Solomon Islands
Speaker: Ms Leipakoa Matariki, Vanuatu
Speaker: Mrs Lilian Siwi, PNG

Discussion

1450-1520 Session 11: INNOVATIVE STRATEGIES IN ADVANCING HEALTH SYSTEMS

(Each group leader will set the scene on the given subject for 10 minutes, an hour for discussions)

Chair: Ms Rosemary Bryant, Chief Nursing and Midwifery Officer, Australia

- Primary Health Care - to be announced, NZ Ministry of Health
- Mr Ian Anderson Health, System Strengthening
- Professor Caroline Homer, Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health)

Afternoon Tea

1520-1630 Discussions

1615-1645 Report back from parallel sessions

(Each group leader will conduct a 10 minute report-back to the conference)

- Primary Health Care
- Health System Strengthening
- MDG 4 & 5

1645-1715 Session 12: CONCLUSION & REVIEW OF SPCNMOA ACTION PLAN

Concluding Remarks: Dr Jane O'Malley, Chief Nursing Officer, New Zealand

1715-1830 Closing

Ms Verzilyn Isom, Solomon Islands

1830 SPNF dinner hosted by Pacific Nursing Section Buffet with cash bar cost $89.00 if you wish to attend you can pay at SFNF registration Venue Air NZ Foyer

Day 3; Thursday 11th November, 2010 09.00-12.30

09.00-12.30 Joint meeting SPNF, SPCNMOA Venue lower NZI room and Foyer including morning tea and lunch all SPCNMOA Members registered and paid for
APPENDIX 4: SPCNMOA
MEMBER LIST

1. Ms Silina Waqa Ledua
   Senior Sister Incharge
   Ministry of Health
   Nausori Maternity Unit
   Rew Subdivision, Nausori
   FIJI
   Tel: +679-3447744
   Fax: +679-
   Email: swaqa001@govnet.gov.fj

2. Jane O'Malley
   Chief Nurse
   Sector Capability and Implementation
   Directorate, Ministry of Health
   NEW ZEALAND
   Tel: +64 8 163 324
   Mob: + 64 21 225 6852
   Email: Jane_O'Malley@moh.govt.nz

3. Sr Sela Sausini Paasi
   Chief Nursing Officer
   President Tonga Nurses Association
   Ministry of Health
   TONGA
   Tel: +676 25630/23200 (ext 1419)
   Fax: +676 24291
   Mob: +676 7313680
   Email: spaasi@health.gov.to

4. Ms Leipakoa Matariki
   Hospital Manager
   Vila Central Hospital
   Private mail Bag 9013
   Port Villa
   VANUATU
   Tel: + 678 22100
   Fax: +678 26721
   Email: imatariki@vanuatu.gov.vu

5. Ms Iokopeta Ngari
   Director of Nursing
   Ministry of Health
   PO Box 109
   Rarotonga
   COOK ISLANDS
   Tel: +682-22664 ext 304
   Fax: +682-22670
   Email: j.ngari@health.gov.ck

6. Mrs Mary Roroi
   Principle Nurse Advisor
   National Department of Health
   Principle Advisor
   HR Training and Curriculum
   National Department of Health
   PO Box 807
   National Capital District, Waigani
   PAPUA NEW GUINEA
   Tel: + 675-3234115
   Fax: + 675-3234115
   Email: mary_roroi@health.gov.pg

7. Prof Pelenate Stowers
   Assistant Chief Executive Officer
   Performance & Quality Assurance
   Nursing & Midwifery
   Ministry of Health
   Private Bag, Motooua
   Apia, SAMOA
   Tel: + 685 21212 (ext 257/386)
   Fax: +685 21440
   Email: PelenateteS@health.gov.ws

8. Ms Liza Kelekolio
   Acting Nurse Advisor
   Tokelau Apia Liaison Office
   PO Box 865
   Savalalo, Apia
   SAMOA
   Tel: + 685 20822
   Fax: + 685 29143 or 21761
   Email: liza.kelekolio@lesamo.net

9. Ms Keti Fereti
   Principle Nursing Officer
   Niue Fou Hospital
   Kaimiti
   NIUE
   Tel: + 683 4100
   Fax: +683 4265
   Email: ksferin@health.gov.ck

10. Mrs FiloiAusAID    ALA Sakaio
    Matron, Princess Margret Hospital
    Ministry of Health
    Private Mail Bag
    Funafuti
    TUVALU
    Tel: + 682 20765/20403/20480
    Fax: + 682 20481
    Email: fsakaio@yahoo.com

11. Mamao Robate
    Acting Director of Nursing Services
    Tungaru Central Hospital
    Ministry of Health and Medical Services
    Naveverere, Tarawa
    KIRIBATI

World Health Organization Collaborating Centre, Nursing, Midwifery and Health Development, UTS
12. Gano Mwareow  
Director of Nursing  
Republic of Nauru Hospital  
Ministry of Health.  
NAURU  
Tel: +674 444 3883  
Fax: +674 444 3881  
Email: Gano.Mwareow@nauru.gov.nr

13. Mr Michael Lauri  
National Director of Nursing  
Solomon Islands Government  
Ministry of Health and Medical Services  
PO Box 349, Honiara  
SOLOMON ISLANDS  
Tel: +677 20830  
Fax: + 677 20085  
Email: mlauri@moh.gov.sb

14. Ms Rosemary Bryant  
Chief Nursing and Midwifery Officer  
Mental Health and Workforce Division  
Department of Health and Aging  
Ground Floor Annex, Albermarle Building  
GPO Box 9848  
Canberra, ACT 2061  
AUSTRALIA  
Tel: +61 2 6289 8042  
Fax: + 61 2 6289 4543  
Email: rosemary.bryant@health.gov.au

15. Mrs Renesley Alik  
Vice President (APNLC)  
College of the Marshall Islands  
Majuro, MARSHALL ISLANDS  
Tel: 692-2475959  
Fax: 692-6257203  
Email: renalik04@gmail.com

EDUCATIONAL REPRESENTATIVES

16. Sr Unaisi Sikivou  
FIJI

17. Ms Amelia Latu Afuhaamango  
Tu’ipulotu  
Senior Lecturer  
Queen Salote School of Nursing, Tonga  
98 Moreton Street  
Lakemba NSW 2195  
AUSTRALIA  
Tel: +61 2 9114 4163  
Mob: +61 405932527  
Email: amyafuhaamango@hotmail.com

18. Ms Verzilyn Isom  
Head of School  
Solomon Island College of Higher Education  
Nursing and Health studies-Kukum Campus  
PO Box R113  
Honiara  
Solomon Islands  
Tel: +677 38428  
Fax: +677 30390  
SOLOMON ISLANDS

19. Mrs Fulisia Aiavao  
Dean of National University of Samoa  
SAMOA  
Tel:  
Fax:  
Email: f.aiavao@nus.edu.ws

20. Lilian Siwi  
Head of Health Programs  
University of Goroka  
P.O.Box 1078, Goroka 441  
EHP. PAPUA NEW GUINEA  
Tel: (675) 5311725  
Mobile: (675) 72231187  
Email: siwil@uog.ac.pg

21. Faimanifo Peseta  
EPI and HIV Coordinator  
Tokelau National Health Department  
Apia, SAMOA  
Tel: 685 20822  
Fax: 685 21761 / 29143  
Email: fmpeseta@lesamoanet

22. Professor Kim Usher  
Associate Dean of Research Studies  
James Cook University  
Cairns Campus  
P.O.Box 6811  
Cairns, Queenslands  
AUSTRALIA  
4870  
Tel: + 61 7 40421391  
Fax: + 61 7 40421590  
Email: kim.usher@jcu.edu.au
23. Ms Mary MacManus  
Senior Lecturer  
School of Nursing  
Auckland University of Technology  
Private bag 92006  
Auckland  
NEW ZEALAND  
Tel: +64 9 921 9488  
Fax:  
Email: mary.macmanus@aut.ac.nz

24. Mrs Eline Soloseni  
Acting Matron  
PMH Funafuti  
TUVALU  
Tel: +688 20480  
Fax:  
Email: tagialofa@yahoo.com

25. Mrs Evelynne Emil  
Senior Technical Tutor  
Centre for Nursing Education  
VANUATU  
Tel:  
Fax:  
Email: 

26. Professor Jill White  
Dean  
Faculty of Nursing  
University of Sydney  
AUSTRALIA  
Email: jill.white@usyd.edu.au

27. Ms Maaka Rui  
Deputy Director of Nursing  
Ministry of Health and Medical Services  
Tungaru Central Hospital  
KIRIBATI  
Email: maakaruil@yahoo.com/ 
mr.teiwaki@gmail.com

28. Ms Nigarkiri Teaea  
Charge Nurse Medical Ward  
Cock Islands Nursing School  
COOK ISLANDS  
Email: n.teaea@health.gov.ck

29. Mr John Tasserei  
Chairman  
Vanuatu Nursing Council  
VANUATU  
Email: j.tasserei@vanuatu.gov.vu

30. Ms Kathleen Fritsch  
Regional Advisor in Nursing  
WHO WPRO, Manila  
PHILLIPINES  
Tel: 632-5289804  
Fax: 632-5211036  
Email: fritschk@wpro.who.int

31. Ms Monica Fong  
Technical Officer  
Human Resources and Health Systems Research  
WHO South Pacific Office, Manila  
PHILLIPINES  
Tel:  
Fax:  
Email: fongm@wpro.who.int

32. Dr Eric Chan  
Chief Scientist Nursing and Midwifery  
World Health Organisation  
Geneva  
SWITZERLAND  
Tel: +41 227911049  
Fax: +41 227914747  
Email: chane@who.int

33. Ms Michele Rumsey  
Director of Operations and Development  
WHO CC, Faculty of Nursing, Midwifery and Health  
University of Technology. Sydney, AUSTRALIA  
Tel: 61 2 9514 4877  
Fax: 61 2 9514 4917  
Email: Michele.Rumsey@uts.edu.au

34. Professor Denise Dignam  
Associate Dean - Teaching and Learning  
Faculty of Nursing, Midwifery and Health  
University of Technology. Sydney  
AUSTRALIA  
Tel: 61 2 9514 4790  
Fax: 61 2 9514 4917  
Email: Denise.Dignam@uts.edu.au

35. Professor John Daly  
Dean  
Faculty of Nursing, Midwifery and Health  
University of Technology. Sydney  
AUSTRALIA  
Email: John.Daly@uts.edu.au
### APPENDIX 5: SPCNMOA ACTION PLAN 2011-2012 (DRAFT)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Action</th>
<th>Responsibility</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Monetary contributions for SPCNMOA work</td>
<td>To approach in-country Ministries of Health for financial support.</td>
<td>Continue to support this activity</td>
<td>Funding and sponsorship information circulated to SPCNMOA</td>
</tr>
<tr>
<td><strong>KRA 1: Contribution of nursing and midwifery to health systems and services</strong></td>
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<tr>
<td>To compile database of potential funding sources.</td>
<td>Approach AusAID /NZAID to explore options for annual Leadership Capacity Programs</td>
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<tr>
<td>To submit proposal for submission to AusAID ALA Fellowship for 2011.</td>
<td>Circulated to SPCNMOA</td>
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<td><strong>KRA 2: Nursing and midwifery policy and professional practice</strong></td>
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<tr>
<td>Set up taskforce to explore possible work relating to regional regulatory frameworks and use of the ICN tool Model Act &amp; Tool Kit and linking with global and regional mentoring program. To explore funding sources to carry out any work in this respect.</td>
<td>Work carried out with participants of AusAID ALA enabled some regional ideas to be formulated in regards to regulation projects.</td>
<td>SPCNMOA, Commonwealth Secretariat, WHO, WHO CC UTS Secretariat,</td>
<td>2011-2012</td>
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World Health Organization Collaborating Centre, Nursing, Midwifery and Health Development, UTS
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<tr>
<th>Activity</th>
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<th>Timeline</th>
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<tbody>
<tr>
<td>KRA 3: Education, training and career development for nursing and midwifery personnel</td>
<td><strong>Education (Resolution 1) and SPCNMOA Priority Area Data Literacy (research)</strong></td>
<td>AusAID supported project put forwarded by PHRHA on enhancing the quality of nursing and midwifery educational program and services in the Pacific. SPCNMOA part of consultation process. Three year project - Strengthening quality of nursing services, nurse education in PIC funded by NZAID.</td>
<td>Chair of SPCNMOA member of PHRHA Steering Committee</td>
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<tr>
<td></td>
<td>Continue to liaise with SPCNMOA, Educational representatives and its' steering committee, secretariat and WHO to support the implementation of activities to support this resolution. Continue to liaise with PHRHA and the consultants on the enhancing the quality of nursing and midwifery educational programs and services in the pacific. Participation of SPCNMOA Chair in PHRHA</td>
<td>James Cook University Auckland University of Technology</td>
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<td></td>
<td>Connect with other regional work, as part of the global work plan, SEARO, WPRO, EMRO and EURO and the WHO GAGNM. Regional objectives of a research plan and methods to operationally apply/test-out the global academic nursing/midwifery standards and faculty development.</td>
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<tr>
<td>To seek AusAID ALA Fellowship funding to build capacity in the use and analysis of data to support decision-making, policy and research.</td>
<td>Investigate opportunities for research on: a) how countries can improve their use of HRH and other health planning data; and b) how to translate recommendation and evidence into actions and practice.</td>
<td>SPCNMOA SC</td>
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<td>AusAID Fellows</td>
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<tr>
<td>KRA 4: Nursing and midwifery workforce management to meet evolving health needs – SPCNMOA Priority Area Human Resources for Health and Pandemic and disaster preparedness (Resolution 2)</td>
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<tr>
<td>Pacific Human Resources for Health Alliance  To liaise with PHRHA and establish and strengthen working relationships.</td>
<td>Chair of SPCNMOA to attend meetings or deputies report back to SPCNMOA SC. Explore opportunities for HRH projects that meet SPCNMOA priorities.</td>
<td>Chair of SPCNMOA member of PHRHA Steering Committee</td>
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<td>WHO CC UTS Secretariat</td>
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<td>Linked to Asian Pacific Emergency Disaster Nursing Network (APEDNN)</td>
<td>Attend meetings and continue to encourage and report on AusAID ALA projects in the area of emergency disaster, quality improvement</td>
<td>SPCNMOA</td>
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<td>WHO WPRO, SP , HQ</td>
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<td>Activity</td>
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<td>Quality Improvement Survey – Patient safety and safety overall</td>
<td>Carry out a survey with SPCNMOA members and country partners.</td>
<td>WHO WPRO, SP, HQ</td>
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<tr>
<td>Work with WHO and national partners to improve quality and safety. One of the outcomes is assessment of tools and educational initiatives that would be useful to aid quality improvement in the Pacific.</td>
<td>Key objectives &amp; goals of study: 1. To identify and describe issues and concerns about the delivery of high quality patient care. 2. To evaluate and review what is already being done in terms of the quality of patient care across the region. 3. To help identify the potential for improvement</td>
<td>SPCNMOA SC</td>
<td>SPCNMOA</td>
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<td>AusAID Fellows</td>
<td>WHO CC UTS Secretariat</td>
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<tr>
<td>To continue to share information and work relating to HRH</td>
<td>To seek funds and resources for implementation and evaluation of resolution actions.</td>
<td>WHO WPRO, SP, HQ</td>
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<tr>
<td>Continue to share information on WHO WPRO project on Minimum Data Sets</td>
<td>Continue to apply for Research grants with SPCNMOA.</td>
<td>SPCNMOA SC</td>
<td>SPCNMOA</td>
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<td><strong>KRA 5: Partnering to strengthen nursing and midwifery services – SPCNMOA Priority Area Global and Regional Networks</strong></td>
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<td>To link into these – work program/standards</td>
<td>Links with WHO CC Global Network and E – newsletter developments</td>
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<tr>
<td><strong>Communication between SPCNMOA delegates</strong> To establish a list server for the purpose of initiating discussions and sharing information and resources relating to the work of SPCNMOA E-newsletter. Steering committee meeting at least twice a year</td>
<td>Steering Committee held at least 4x a year via TC and Elluminate plus AusAID ALA Reference Group meetings x 6 during the year. Elluminate participants increase to 8 countries others linked via TC.</td>
<td>WHO WPRO, SP, HQ SPCNMOA SC SPCNMOA AusAID Fellows WHO CC UTS Secretariat</td>
<td></td>
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<tr>
<td><strong>SPCNMOA MEETING 2012</strong></td>
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<tr>
<td>Planning committee needs to be established to organise next meeting</td>
<td>Committee to be set up in 2012</td>
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