

18

THE PAN AMERICAN NETWORK OF NURSING AND MIDWIFERY COLLABORATING CENTERS

*Nursing and Midwifery Making a
Difference PANMCC Meeting, 7-*

November 1999

**Organization and Management of Health Systems and
Services (HSO)**
Division of Health Systems and Services Development (HSP)



*Pan American Health Organization
World Health Organization*

© Pan Americana Health Organization, 1999

This document is not a formal publication of the Pan American Health Organization (PAHO), and all rights are reserved by the Organization. This document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, provided that full credit is given to the source and that the text is not used for commercial purposes.

TABLE OF CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY..... | V |
| 1. INTRODUCTION..... | 1 |
| 2. BACKGROUND..... | 3 |
| 3. OBJECTIVES..... | 5 |
| 4. METHODOLOGY..... | 7 |
| 5. SUMMARIES OF MEETINGS WITH PAHO STAFF..... | 9 |
| 5.1 MANAGEMENT..... | 9 |
| 5.2 COST-EFFECTIVENESS OF ADVANCED PRACTICE NURSING MODEL..... | 10 |
| 5.3 ESSENTIAL PUBLIC HEALTH FUNCTIONS..... | 12 |
| 5.4 EDUCATIONAL PROGRAMS FOR TECHNICAL LEVELS..... | 12 |
| 5.5 VULNERABLE POPULATIONS..... | 14 |
| 5.6 MANAGEMENT INFORMATION SYSTEMS..... | 19 |
| 5.7 AIDS..... | 20 |
| 5.8 ETHICS..... | 22 |
| 5.9 HOME AND PALLIATIVE CARE PROGRAM..... | 23 |
| 5.10 FAMILY HEALTH & POPULATION PROGRAM..... | 24 |
| 6. SPECIAL MEETING OF PANMCC..... | 27 |
| 6.1 DISCUSSION OF THE STRATEGIC PLAN..... | 28 |
| 6.2 STRUCTURE..... | 28 |
| 6.3 INTERNAL SUPPORT..... | 29 |
| 6.4 EXTERNAL SUPPORT..... | 30 |
| 6.5 EXERT INFLUENCE..... | 31 |
| 6.6 NEW BUSINESS..... | 31 |
| 6.7 ANNOUNCEMENTS..... | 31 |
| 7. SUMMARY OF MULTICENTRIC PROJECT..... | 33 |
| 7.1 OBJECTIVES..... | 33 |
| 7.2 PROJECT RATIONALE..... | 34 |
| 7.3 METHODS..... | 34 |
| 7.4 RESULTS RELATED TO CHANGES IN NURSING PRACTICE: SIMILARITIES AND DIFFERENCES..... | 34 |
| 7.5 RECENT CHANGES: EACH COUNTRY'S DOMINANT THEME..... | 35 |
| 7.6 TRENDS IN NURSING EDUCATION..... | 35 |
| 7.7 CONCLUSIONS..... | 36 |

| | |
|---|----|
| ANNEX A: STRATEGIC PLAN PAN AMERICAN NURSING AND MIDWIFERY COLLABORATING CENTERS..... | 37 |
| ANNEX B: NURSING MAKING THE DIFFERENCE: WHO COLLABORATING CENTERS FOR NURSING AND MIDWIFERY NETWORK..... | 41 |
| ANNEX C: PRELIMINARY AGENDA..... | 55 |
| ANNEX D: LIST OF PARTICIPANTS..... | 59 |

EXECUTIVE SUMMARY

The Pan American Network of Nursing and Midwifery Collaborating Centers (PANMCC) met at the Pan American Health Organization in Washington, D.C. 7-8 October, 1998 to discuss possibilities for supporting the new Strategic and Programmatic Orientations (SPOs) 1999-2002 approved by the Pan American Sanitary Conference in September, 1998. Thirty-five participants from 13 of the 14 existing Centers from throughout the Region were represented.

The meeting was made possible through special funds provided by the Director of PAHO for one meeting of Collaborating Centers per Division in 1998 to promote networking around specific areas of work.

The participants discussed the strengths of their Centers and how these technical resources could be utilized by PAHO in implementing the new program of work starting in 1999.

Following an initial overview by the Director of the Division of Health Systems and Services Development, work sessions were held on a variety of topics in the area of health systems development where issues important for nursing and midwifery in human resources development and the organization of health systems and services are being considered. These areas included public health, vulnerable populations, technical level education programs, cost-effectiveness of advanced nursing practice models, management, information systems, and research on impact of health sector reform. During afternoon sessions, groups met with other PAHO programs (reproductive health, mental health, AIDS, palliative care, and ethics) to discuss options for future work in those areas.

Summaries of these discussions reflect the interest of PAHO Programs to involve the Centers. They also make note of the technical resources of the Centers which could support PAHO's work.

During the business meeting of PANMCC, progress in implementing the strategic plan was discussed and new activities were added to the plan of work. One activity planned for 1998 is a pilot of a report, which asks each Center to summarize specific substantive work, relating to the PAHO Strategic and Programmatic Orientations.

A highlight of the two-day meeting was the presentation of the results of a multi-site research project on the impact of health sector reform on nursing practice and education carried out in five countries -Argentina, Brazil, Colombia, Mexico, and USA.

1. INTRODUCTION

At the 11 March, 1998 meeting of the PAHO Director's Cabinet, the Director agreed to provide financial support for one meeting of WHO Collaborating Centers per Division. The Division of Health Systems and Services Development (HSP) requested that this support be designated for a meeting of the WHO Collaborating Centers for Nursing and Midwifery. The objectives and proposed agenda for the meeting along with background information on the Centers were approved by the Director as submitted.

2. BACKGROUND

In 1993, building upon successful efforts to work cooperatively in activities to strengthen nursing and midwifery in the Region, the WHO Collaborating Centers for Nursing and Midwifery established a network of Pan American Centers and developed a Strategic Plan (Annex I) to guide the joint work of the group. Since 1993 the Centers have been able to plan and implement specific activities involving one or more Centers in research, publications, training and program development consistent with PAHO's Strategic and Programmatic Orientations 1995-1998. Some of this work is reflected in the paper presented to PAHO's Advisory Committee on Health Research in July, 1997, Nurses Making the Difference: WHO Collaborating Centers for Nursing and Midwifery Network. Annex II.

Considering that PAHO would have a new Program of Work for 1999-2001, the planning group for the meeting felt that it would be important to share the Program, particularly as it relates to health system development, with the Centers, and to explore how future work of the Centers could help to implement the Program. It was also decided that incorporating the agreed upon activities into the existing strategic plan of PANMCC would facilitate tracking and reporting.

3. OBJECTIVES

3.1 Elaborate a Plan of Work of the WHO Collaborating Centers for Nursing and Midwifery 1998-2000 based upon the approved PAHO Strategic and Programmatic Orientations for 1999-2002.

3.2 Establish mechanisms of communication and joint planning between appropriate members of PAHO staff and persons from the Collaborating Centers in the implementation of the Plan of Work.

3.3 Consolidate the functioning of the network of Collaborating Centers for Nursing and Midwifery, reviewing progress in implementation of the existing strategic plan and incorporating new activities into the Strategic Plan of the Network.

Participants

Directors and Members of the WHO Collaborating Centers; Representatives from Associate Members of designated Centers; PAHO Staff; Guests. Annex C.

4. METHODOLOGY

Following presentation of an overview of the new SPOs in the area of Health Systems and Services Development by the Director of the Division, small groups met with appropriate Human Resources Development Program (HSR) and Organization and Management of Health Systems and Services Program (HSO) staff to discuss topics related to Health Sector Reform and Human Resources Development; Models of Care and Network of Services; Professional Practice; Quality and Productivity. As a result of the discussion it was expected that there would be a better understanding of the Collaborating Centers' potential in these areas and specific activities, which could be implemented with PAHO programs in the future.

Working sessions with other PAHO programs were held in cases where there has been an identified match between the strengths of the Center with the needs and interests of PAHO Programs considering the new SPOs. Invitations were extended to Family Health and Population, Mental Health, Non-communicable Diseases, AIDS and Ethics.

Time was included in the Agenda for building the network between PAHO Nursing and WHO Collaborating Centers with Regional Nursing Advisors, Maricel Manfredi and Sandra Land.

During the business meeting that followed there was a discussion of the PANMCC Strategic Plan and its implementation during 1997-1998 in each of the four areas

- Structure
- Internal Support
- External Support
- Exert Influence

The final point was the development of specific plans incorporating activities from the discussions into the Strategic Plan.

At a closing session, members presented a summary of planned activities to the Program Coordinators for HSR and HSO.

The Agenda is included as Annex D.

5. SUMMARIES OF MEETINGS WITH PAHO STAFF

5.1 MANAGEMENT

José María Marín, HSP/HSO

Participants

- Dr. Rita Carty, George Mason University, Fairfax, VA
- Dr. Judith Shamian, Mount Sinai Hospital, Toronto
- Toni Harrington, George Mason University, Fairfax, VA

Discussion

We met with Jose María Marín, Regional Advisor on Health Services Management. He shared with us the perceived skill needs in the Americas as they relate to management and administration of the health care system as it begins to move through the process of reform. He discussed three areas:

- 1) Administration of the health care system is currently undergoing decentralization. The Ministry of Health will be the steering body responsible for policy and legislative issues. Education that emphasizes global management -a broad overview of the health care system- is needed.
- 2) Education is needed to improve institutional capability in re-engineering, planning, information systems, resource allocation - both institutional and behavioral change is needed.
- 3) Need to create a new culture that focuses on productivity and outcome accountability.

Participants identified and discussed the expertise of their respective institutions as it related to the identified needs. A collaborative partnership was recommended to do collective thinking and design a master plan that would include assigned responsibilities.

5.2 COST-EFFECTIVENESS OF ADVANCED PRACTICE NURSING MODEL

Dr. Matilde Pinto, HSP/H50

Participants

- Sarah Cook, Columbia University;
- Mary Sue Heilemann, University of California at San Francisco,
- Katie Leonhardy, Case Western Reserve University,
- Sandra J. Picot, Case Western Reserve University

Discussion

- Cost effective analysis of the location of human resources in the health care system (e.g., nurse practitioners)
- Cost effective analysis of specific alternative interventions in health care

Discussion of the location of human resources in the health care system

- In less developed countries, the problem is validating the advanced practice roles that their current nurses have always played in clinics for their health and government officials (e.g. Ministry of Health).
- Despite the lack of advanced educational preparation in less developed countries, the current nursing workforce has functioned in clinic-type settings as advanced practice nurses.
- Sandra Picot suggested that “The Transitional Care Model” studies conducted by Dorothy Brooten at CWRU and other colleagues across the United States, would be good examples for Dr. Pinto to review to support the cost efficiency of nurses functioning in advanced practice roles. These studies used randomized clinical trial designs.

Discussion of the cost effectiveness of specific alternative interventions

- Dr. Pinto stated the inability to find alternative intervention studies with strong research methods in the literature was problematic. For example, there is a current program focused on prevention of cancer mortality by conducting cervical pap smears every three years. However, review of the data collection procedure revealed that 60% of the samples were obtained incorrectly. Thus, the sample size available for data analysis was greatly reduced. Furthermore, incorporation of flawed samples resulted in an increase in false negatives.
- Dr. Pinto expressed an interest in alternative ways of providing symptom management in the home care of terminal patients.
- Case Western Reserve University is currently involved in the development of "state-of-the science" papers in five areas, including oncology, cardiovascular, gerontological, home-care, and pediatric nursing. Sandra Picot suggested that these papers might be of value to PAHO.
- Sandra Picot described two studies currently at CWRU that did incorporate alternative therapies with rigorous research methods. The first study compared the effect of music and relaxation on pain relief of abdominal surgery patients during the first and second day of ambulating. Dr. Marion Good is the principal investigator. In the second study, Dr. Shirley Moore has developed audiotapes as a way of delivering post coronary artery bypass graft patient teaching. The intervention is designed to improve the cardiac rehabilitation process.
- Sandra Picot promised to have these CWRU researchers provide abstracts and publications to Dr. Pinto.

Final Comments by Dr. Pinto

- There is a need to increase the educational preparation of the current school of nursing faculty.
- There is a need to increase the educational preparation of the current nurses working in the clinic evaluating the cervical cancer prevention program

- Funding is needed to support the clinic that is performing the every three-year cervical pap smear program in reducing cancer mortality.
- Sarah Cook related that some countries are able to borrow money from the World Bank to fund advanced educational preparation of their nurse work force and clinics.

5.3 ESSENTIAL PUBLIC HEALTH FUNCTIONS

Dr. Charles Godue and Dr. Luis Ruiz, HSP/HSR

Participants

- Andrea Baumann, Mc Master University
- Sarah Cook, Columbia University
- Emília Campos de Carvalho, University of Sao Paulo at Ribeirao Preto

Discussion

A discussion was held examining the PAHO discussion paper about public health. There was a discussion about the nature of the public and changes in the health and population situations. The role of the state was an important emphasis in maintaining essential public health functions. A strong framework was presented and discussed. Each collaborating centre agreed to bring the information back to their local university and communicate this conceptualization of public health. It is very much a primary health care model and very aligned with the practice of nursing.

5.4 EDUCATIONAL PROGRAMS FOR TECHNICAL LEVELS

Maricel Manfredi, HSP/HSR

Participants

- Rachel Booth, University of Alabama at Birmingham

- Sandra J. Fulton Picot, University of Case Western Reserve
- Inés S. Durana, ACOFAEN (Recorder)
- Lorraine Rudowsky, George Mason University
- Rosa Zárate, Universidad Nacional Autónoma de México (UNAM)
- Silvia Nicolás, Universidad Nacional Autónoma de México (UNAM)

Discussion

Maricel Manfredi of PAHO (HSR) opened the presentation by tracing the evolution of Allied Technical Education in Latin America. She mentioned the special survey on the subject undertaken by her Division some years ago. At that time the question of nursing education at this level was not an issue. However, in recent years the countries are urgently requesting a policy statement on these program and specific guidelines so that each country begins its own planning.

Discussion followed on (a) advantages of the terminal technical programs vs. step-ladder programs; (b) the inconvenience of admitting students in high school technical programs because of their youth. When initiating a technical program entrance level should be high school degree, so nurses graduate from this program could pursue a ladder career.

The essence of the problem is the lack of enough qualified nurses to meet the needs of service areas and the health of populations in some countries in Latin America. Also to be considered is the preparation of faculty and the development of training centers.

Mexico reported the problem of levels of programs but at a university level, only BSNs are admitted. Dr. Booth suggested to look at a research study carried out in the southern USA in the 70s, and she offered to send a copy to PAHO.

Dr. Durana proposed that each member develop as a contribution to PAHO, guidelines to call a task force meeting in the second semester of 1999. It should include an Agenda, proposed members, and provide background papers.

Dr. Picot suggested the need to clearly define entrance requirements and expected competencies upon graduation. This will be important for curriculum planning. Additional ideas will be sent to PAHO.

5.5 VULNERABLE POPULATIONS

Dr. Sandra Land, HSP/HSO

Participants

- Jane S. Norbeck, Director of San Francisco School of Nursing, University of California
- Juanzetta Flowers, Director of University of Alabama at Birmingham
- Susana Salas Segura, Directora Centro Colaborador, Universidad Autónoma de México, Escuela Nacional de Enfermería.
- Katie Leonhardy, Project Assistant, WHOCC, Case Western Reserve University

Sandra Land introduced the topic as it relates to PAHO's interest in addressing the persistent problem of inequities in health status and access to health services between and within countries. Information on the Health of Indigenous Peoples Initiative was provided. Collaborating Centers reported work in a number of areas and with various vulnerable groups. Each Center agreed to provide more detailed information about this work so that it might be shared with the appropriate PAHO Unit.

5.5.1 University of California

San Francisco School of Nursing

This report consolidates information about collaborations related to populations needing greater equity in access to health services:

Primary care in Central and South America

UCSF Faculty members Patricia L. Jackson, Karen Duderstadt, and Enriqueta H. Hinojos led a group of six nurse practitioner students to Guatemala to provide episodic health care and health screening to more than 800 persons in seven villages and returnee camps. Expenses for the trip were covered by the individual student or faculty, but transportation to the villages, coordination of practice sites, and back-up medical care were coordinated by the Pediatric Foundation of Guatemala, a non-profit organization. The

health providers assessed for major illnesses or health needs that would be dramatically affected by intervention.

Each summer a group of graduate students under the direction of Pilar Bernal de Pheils travels to Colombia as part of a collaboration with the Asociación Colombiana de Facultades y Escuelas de Enfermería to do research and participation in the delivery of health care services.

Culturally competent care

Culture and Nursing Care: A Pocket Guide, edited by Juliene G. Lipson, Suzanne L. Dibble, and Pamela A. Minarik, focuses on 24 different countries or cultures, each chosen based on the size of a population or an expressed need from nurses for more information to improve patient care. Each chapter documents the following subheadings: cultural/ethnic identity, communication (major languages and dialects), literacy assessment, nonverbal communication, use of interpreters, greetings, tone of voice, orientation toward time, consents, privacy, serious or terminal illness, and activities of daily living. Other topics include food practices, symptom management, birth rituals/care of the new mother and baby, death rituals, spiritual orientation, illness beliefs, and health practices. See appendices for examples.

Immigrants

UCSF has the following clinics providing health care and direct service to immigrants: 1) the Family Health Care Center Refugee Clinic (approximately 40,000 visits per year); 2) Newcomer High School with approximately 40 patients for health screening and referral of adolescents; 3) Valencia Pediatric and Family Care provides primary care, acute and episodic, chronic illnesses and since 1995, a collaborative program with the School of Dentistry for bi-monthly dental screening for children under 5 years.

Handicapped

The handicapped population is served through the Center of Disability, Statistics, Rehabilitation, Research & Training Center with more than 200 inquiries per month.

Poor and underserved

Poor and underserved patients receive care from various clinics: 1) the Young Women's Program for pregnant and parenting adolescent females with a caseload of 50-60 patient visits per month; 2) Battered Women's Shelter Faculty Practice for primary, acute, and family centered care; 3) Health Corner: A Nurse Managed Health Center for patients over 65 years, an HUD housing site for about 170 adults and 4) Laguna Honda Rehabilitation and Geriatric Care for low income seniors; and the 5) Homeless Women's Clinic on 6th Street.

Mentally ill

The mentally ill are served through Linda Chafetz's work with the 1) Progress Foundation, a primary care provider, and 2) Grace Galzagorry's work at the Glide Health Clinic for homeless, substance abusers, unemployed GA recipients, and mentally ill.

5.5.2 Case Western Reserve University

Frances Payne Bolton School Of Nursing

This report consolidates information about collaborations related to populations needing greater equity in access to health services:

Underserved

Dr. Kimberly Adams-Davis is currently working on two projects targeted at increasing access to health care for underserved populations. The first, Project Papoose is in collaboration with a local pediatrician designed to provide personalized accessible well-women health care services to adolescent mothers and well-child care to their young children. The second project is entitled, "Preparing Nurse Leaders for the Twenty-First Century". This project is designed to facilitate the development of leadership skills of minority nurses in the local community thus impacting their ability related to impacting health care services for underserved populations.

Dorothy Brooten, PhD, RN, FAAN, Dean and John Burry Jr. Professor of Nursing, has conducted over 17 years of research developing and testing a model of care designed initially to discharge high risk, high cost, high volume groups of patients early from the hospital by substituting a portion of hospitalization with a comprehensive program of home follow-up by

Advanced Practice Nurse (APN) specialists. The model includes comprehensive discharge planning, home visits, daily telephone availability of the nurse specialists, and physician backup. The research examines quality as reflected in patient outcomes, cost and provides thorough documentation of nurse specialists' functions. To date, with some modification, the model has been tested with seven patient groups. Results demonstrated improved patient outcomes and reductions in health care costs of up to 38% in some groups. Current efforts with the elderly and other high risk groups now are focused on linking patient characteristics, nurse functions and patient outcomes to more effectively target nursing services for even more optimal patient outcomes and greater yield for health care dollars. Dr. Brooten's current research is funded by the National Institute of Nursing Research (R01-NR02867).

Elderly

Patricia A. Higgins: "Adult Failure to Thrive in the Older Rehabilitation Patient", is funded by the American Nurses Foundation. Chronically ill older adults represent a growing patient population that consumes considerable health care resources. Nursing home patients who require care at a rehabilitation facility represent such a population. Increasing numbers of hospitalized patients require therapy at a rehabilitation facility before discharge to home or another facility; nurses recognize that these patients manifest multiple problems and that malnutrition, limited functional status, and mood state may be as significant as physiological parameters in predicting patient outcomes.

5.5.3 University of Alabama at Birmingham

At this time, the following faculty are working with certain types of Vulnerable Populations; none of them is working with indigenous populations.

Elderly

Linda Davis is looking at caretakers of elderly persons in nursing homes. She has also done studies with caretakers of persons with Alzheimer's Disease. She collaborated with some nurse researchers from Chiba University in Japan to repeat the study there. She is currently funded by NIH.

Dr. Anne Williams studies the elderly with right-sided strokes. She was funded initially by the American Nurses' Foundation.

Culturally comprehensive care

Dr. Anne Turner-Henson is currently conducting an intervention study with caretaking mothers of children with chronic illnesses. The study has been replicated in several countries: Japan, Israel, and Colombia. The Japan portion is being funded by the Japanese Education Association. Dr. Turner-Henson's collaborator is Dr. Bonnie Halladay.

Dr. Joyce Newman Giger (of the Giger/Davidhizar Model of Transcultural Nursing) is on our faculty. She is available to serve as a consultant in transcultural competency. Her research is with African American women who are at risk of breast cancer or cardiovascular problems. Dr. Giger has a grant pending at NIH. She was previously funded by the TriServices.

Handicapped

Dr. Joan Grant has a study on persons who are handicapped as the result of head trauma. She is currently funded by the NIH.

5.5.4 Universidad Autónoma de México

Escuela Nacional de Enfermería

This report consolidates information about collaborations related to populations needing greater equity in access to health services:

Elderly

The Universidad Iberoamericana Noreste provides homecare for elderly patients and their families in the community of San Luis Tlaxialtemalco and a community of the Tlalnepantla municipality in the State of Mexico. This site also works on risk factors in women of reproductive age (14-45 years) in four communities associated with characteristic lifestyles involving great hazards for reproductive health. A nursing intervention model for diabetes control based on Nola Pender and Freeman's model in low-income communities to integrate a diagnosis and lay the foundations for preventive programs. They plan to work with the Chiapas population next year. *Information submitted by Susana Salas Segura.*

Underserved

Screening Study of Reproductive Health Risk Factors and a Nursing Intervention Model. Risk factors in women of reproductive age (14-45 years) have been identified in four communities associated with characteristic lifestyles involving great hazard for reproductive health. This study will lead to actions that will mitigate the impact of the detected factors on the development of health promotion programs as a selective primary care strategy.

Low income communities

Nursing Intervention Model for Diabetes Control Based on Nola Pender and Freeman's Model. In an effort to study lifestyles of diabetics and their families as a factor contributing to the development of the disease and its complications, factors will be identified in four low-income communities to integrate a diagnosis and lay the foundation for preventive programs.

We are looking forward to work with the Chiapas population next year.

5.6 MANAGEMENT INFORMATION SYSTEMS

Dr. Daniel Purcallas, HSP/HSR

Participants

- Judith Shamian, Mount Sinai Hospital, Toronto
- Andrea Baumann, Associate Dean of Health Sciences (Nursing)
- Jane S. Norbeck, Director WHO Collaborating Center for Research and Clinical Training in Nursing, University of California, San Francisco School of Nursing
- Inés S. Durana, ACOFAEN

Discussion

October 7th, at the PANMCC meeting a few of the collaborating centers: ACOFAEN, Mexico, UCSF, McMaster, and Mount Sinai, met with Dr. Purcallas and Ms. Manfredi to discuss Human Resources Information System Projects.

UCSF and MSH together with PAHO and WHO/Geneva have implemented Human Resource database in Bolivia and Mexico. The experiences in these two countries have been very instrumental in rethinking of future initiatives in this area.

Current thinking expressed by Dr. Purcallas, Ms. Manfredi and participants in this meeting lead to the following conclusions:

- 1) Future initiatives should be driven by a core senior team that has both policy and
- 2) organizational influence to promote and request the use of data.
- 3) It was proposed that small senior teams should be formed in Bolivia, Mexico and in Uruguay, and Ecuador. These teams should be exposed to human resource planning, and utility of human resource data utilization.
- 4) Each country specific team should determine their key needs and data should be provided and gathered to help policy makers with the required information.
- 5) PAHO and Collaborating Centers will determine adequate methodologies to help the countries develop an information system to respond to their specific needs.
- 6) Discussions should take place with the key country teams regarding the importance of building clinical database.

5.7 AIDS

Dr. Rafael Mazín, HCP/HCA

Participants

- Dr. Juanzetta Flowers, University of Alabama at Birmingham
- Dr. Katie Leonhardy, Case Western Reserve University

Discussion

This session consisted of a discussion about AIDS and the recent work being done by PAHO on AIDS and STDs and the contributions nurses can make in primary, secondary, and tertiary prevention.

Dr. Mazín highlighted the importance of the “holy triad” in care of people living with AIDS. The holy triad consists of combined therapies of nutrition, exercise, and relaxation as the first priority of care. He also emphasized the importance of the prevention of the transmission of HIV and the lack of funding and energy put into AIDS prevention. He then informed us about a conference sponsored by PAHO and other international health organizations on November 15-18, 1998 in Mexico on Healthcare Resource Allocation for HIV/AIDS and Other Life-Threatening Illnesses.

Dr. Mazín stated the importance of screening and counseling in the prevention of AIDS and described the types of programs PAHO is developing. One of the methods being used to screen for HIV infection is the TB test as 60% of new TB cases are HIV related. Dr. Flowers mentioned that one of the top 5 researchers in HIV/AIDS is at the University of Alabama at Birmingham.

Dr. Mazín also mentioned that pregnant women with syphilis are likely to have HIV. Because of this, PAHO is working on policy changes to incorporate anti-retroviral therapy into treatment during labor to prevent vertical transmission of HIV. PAHO also suggests that counseling is included in any type of treatment. Treatment with anti-retroviral therapy must, however, include informed consent.

One of the programs PAHO is working on is the Comprehensive Care Package that includes:

- Testing counseling
- Holy Triad (nutrition/exercise/relaxation)
- Prophylaxis of opportunistic infections (TB, PCP)
- Treatment of pathologies/Treatment of opportunistic infections
- Access to anti-retroviral therapy

The Package is listed in order of priority. The first items are considered the most important in prevention and maintenance of health and the last items are considered less essential and are to be used when therapy is available, which is infrequent in lesser developed nations because of the cost of therapy.

The last item discussed with Dr. Mazín was a new STD training program developed by PAHO for health professionals. He showed us a new book containing explicit information about sexually transmitted diseases and explaining alternative lifestyle choices and their

impact in the possible transmission of disease. This book is very clear and has good illustrations for people who may not have attained a high level of education.

We concluded the meeting by discussing the importance of keeping in touch and by emphasizing the importance of including nurses in any type of work dealing with health promotion and disease prevention in any of the countries in the PAHO region and beyond.

5.8 ETHICS

Dr. José R. Teruel, Director's Office

Participants

- Dr. Rita Carty, George Mason University
- Toni Harrington, George Mason University
- Mary Sue Heilemann, University of California
- Ines Durana, Colombia

Discussion

Discussion focused on Ethics in the Americas. A Center for Ethics is located at the University of Chile, in the Ministry of Health, and at PAHO. A network has been created with each of the South American countries. Recently a group of representatives from several religious groups met in Washington, DC, to work on health promotion and formed the CIS - Inter-religious Committee on Health. Their effort was to identify health as a "bridge to peace".

The Collaborative Center from the Colombia Association of Nursing Schools has been making an ethic project that has resulted in several areas of work: Code of Ethics, Ethic and Nursing practice, Restitution of Ethical problems. A Latin American meeting on Nursing Ethics will be held in Chile in September 1999.

Efforts to improve health care in Cuba were discussed. Some concern was expressed about the lack of openness of the country and the difficulty of getting medical supplies into the country. Used and old medical equipment is needed and could be used in Cuba if a user manual accompanies it. The difficulty lies in sending them to

Cuba. They must be collected, sent to Canada, then to Mexico and then finally to Cuba.

Several participants discussed how their respective institutions could contribute to the efforts currently underway in several of the countries.

5.9 HOME AND PALLIATIVE CARE PROGRAM

Maria Isabel Aldunce, HCN

Participants

- Sandra J. Fulton Picot, Case Western Reserve University
- Rachel Booth, University of Alabama at Birmingham
- Emília Campos de Carvalho, University of Sao Paulo at Ribeirao Preto
- Patricia Latona, New York University

Discussion

Problem

Fragmentation of home care throughout Latin America. Home health care is delivered by community members or family members. Major diseases encountered are: infections, cancer, cardiovascular, strokes, and end stage renal failure. The delivery of home health care does not come under Ministry of Health.

Data development

Ms. Aldunce collected information from the US, Latin America, and Europe on different models of home health care.

Goal

Develop a Demonstration Project that is organized with adequate resources. The infrastructure will include RNs who will educate

family and community members about appropriate home health care. A primary focus of the training will be on Palliative Care.

Expected outcomes

Patient Satisfaction

Decreased cost

Increased quality of care of home care

Discussion among participants

Case Western Reserve has sent Home Care Studies to WHO. These studies are currently being compiled. Isabel Aldunce was advised to look for them in the near future.

New York University currently has a Palliative Care Masters program and a Home Care subspecialty in their curriculum. Information was given to Isabel about them with the promise of additional information in the future if she needs it.

University of Alabama has a few faculty members who have done research on Home Health Care, which would be made available upon request.

Follow up

Isabel Aldunce will send to those in attendance the original questions she had asked when collecting her data so that we would have a better understanding of her needs and goals. After reviewing them, we could then offer additional information and resources. She also requested that we do a peer review of her report.

5.10 FAMILY HEALTH AND POPULATION PROGRAM

Dr. José Antonio Solís, HPP

Participants

- Joyce Thompson, University of Pennsylvania
- Beverly McElmurry, University of Illinois

- Julie Novak, University of Virginia
- Sarah Cook, Columbia University
- Susana Salas, Universidad Nacional Autónoma de México

As a part of the WHO/PAHO collaborating centers in nursing and midwifery meeting, several of the centers visited with members of the Family Health and Population Program. The PAHO staff included Ms. Carol Collado, Acting director, Herman Mora, Fernando Amaro, and Ivalise Segovia. This is a brief summary of this work session.

Mrs. Collado presented a brief overview of the FHP program and the newly adopted vision of integrated/comprehensive reproductive health with a life cycle approach. This horizontal and integrated approach is facilitated by strong, continuous emphasis on human development, the family and on sexuality. The full paper on integrated reproductive health prepared by the FHP staff was adopted by the PAHO Directing Council the end of September 1998 and will be used by PAHO staff and member countries in the region to design, implement, evaluate and update reproductive health services. This is in keeping with the Division's mandate to focus on 1) promotion of health, 2) protection from disease or disability, and 3) the provision of health services.

Discussion with the PANMCC members and FHP Technical staff continued following the presentation by Drs. Mora and Amaro on specific activities related to the reduction of maternal mortality in the Region of the Americas. Data bases available with strengths and weaknesses, issues surrounding the quality of childbearing care, and how the Division of Health Promotion and Protection works with other Divisions within PAHO, such as Human Resources Development division were discussed.

In response to questions from the PANMCC members, we heard about the Life Skills curriculum for adolescents, Life Saving Skills for birth attendants, and the Trainer of Trainer (TOT) program for the preparation of managers working in reproductive health facilities. Several Collaborating Centers had the opportunity to share their experiences and capabilities that matched the activities of the Division and FHP. Our comments were warmly received, our interest in expanded/new collaborative efforts were welcomed, and PAHO staff were eager to continue such discussions and learn more about the PANMCC activities that could enhance the technical work of the Division and FHP. The PANMCC group were also very appreciative of learning in more detail about the PAHO mandate for FHP and the Division of Health Promotion and Protection. All participants felt this a most worthwhile and necessary event, and hope to plan future PANMCC meetings with time to talk with PAHO staff.

6. SPECIAL MEETING OF PANMCC

Minutes of the Business Meeting October 7-8, 1998 PAHO Office Washington, D.C.

The Pan American Nursing/Midwifery Collaborating Centers (PANMCC) was organized in 1993 and is comprised of all the WHO Nursing/Midwifery Collaborating Centers in the PAHO region. There are 14 centers in total: 9 in the United States, 2 in Canada, and 1 each in Colombia, Brazil, and Mexico. PANMCC meets annually in the Spring. There is a one and a half day meeting on the odd years in Washington, D.C. at PAHO and a one half day meeting on the even years in conjunction with the biennial meeting of the Global Network of the WHO Nursing/Midwifery Collaborating Centers. The mission of PANMCC is to advance the global cause of "Health for All" through conducting cooperative action within the PAHO region. The goal of PANMCC is to have at least one N/M Collaborating Center in each country in the PAHO region. A special meeting of PANMCC was called in conjunction with the first ever meeting of all the WHO Collaborating Centers of all kinds within the PAHO Region. PANMCC met just prior to that special meeting. There were speakers from PAHO, a business meeting and a report of a multi-national collaborative research project during the two-day meeting.

The business meeting was called to order at 4:15 p.m. on October 7, 1998 by the Chair of the Steering Committee, Juanzetta Flowers, who also acted as Recorder. Emília Campos de Carvalho, Steering Committee Representative from Brazil, also presided. Judith Shamian, Canadian representative, was able to attend only the morning of October 8. Members in attendance were:

| | | |
|--------------------|-------------------|----------------|
| Andrea Baumann | Ines Durana | Susana Segura |
| Salas | | |
| Rosa Zarate | Rachel Booth | Jane |
| Norbeck | | |
| Mary Sue Heilemann | Beverly McElmurry | Sarah Cook |
| Patricia Latona | Joyce Thompson | Sandra Fulton- |
| Picot | | |
| Edilma Guevara | Elnora Mendias | Rita Carty |
| Lorraine Rudowski | Sandra Land | Maricel |
| Manfredi | | |
| Joyce Fitzpatrick | | |

Guests included

| | | |
|-----------------------------------|-------------------------|---------|
| Toni Harrington Ferraz | Maria Elena Valdez | Clarice |
| Consuelo Castrillon M. Mishima | Antonia Stella Felizzia | Silvana |
| Maria de los Angeles Paz | Katie Leonardy | |

6.1 DISCUSSION OF THE STRATEGIC PLAN

The Strategic Plan and Charter of Operation was developed by PANMCC over a two-day process in 1994 in Washington, D.C. in consultation with Marc Chinoy of The Regis Group. The Plan provides the conceptual framework by which the Collaborating Centers of PANMCC conduct their business. The Plan is divided into four sections: structure, internal support, external support, and exerting influence.

6.2 STRUCTURE

The objectives under Structure pertain to the Charter of Operation, the annual input to the Global Network, and new or affiliate Collaborating Centers. The Chief Nurse of the country where the meeting is being held is invited to attend the meeting. RADM Beth Mazella of the USPHS was invited and attended this special meeting.

The Charter of Operation is now fully implemented as designed in 1994. All Centers continue to send annual reports to the Secretariat for inclusion in the Global Network newsletter, as well as submit annual reports to PAHO.

The decision was made to continue the affiliate process at least until WHO/PAHO decides how the Collaborating Centers will be designated. Dr. Lopez-Acuña stated that PAHO has duly noted that PANMCC members are doing a number of things, which are far beyond the interests of nurses in every country. He urged that our activities not be limited to just the development of nursing and midwifery and that we make an effort to see the entirety of the health systems in the countries where we work.

6.3 INTERNAL SUPPORT

Objectives under this section relate to setting yearly priorities for cooperative actions, increasing the numbers of Nursing/midwifery Collaborating Centers in PAHO, and clarifying PANMCC'S role within WHO and PAHO.

PANMCC is committed to the idea of a N/M CC in each country in the region and several centers are working with individual countries to aid in the process. All USA Centers are also involved in accepting affiliate centers as a means of limiting the numbers of Centers in the USA.

To help in clarifying PANMCC's role, Maricel Manfredi suggested that a composite report from the CCs in each country go to the highest possible person in that country so that the work of the nursing CCs can support the Priority Development of PAHO and WHO. Sandra Land pointed out that when a CC is working in another country, it is always best to make sure that the Minister of Health or Chief Nurse of that country is aware of the project.

In order to make the reporting process more uniform, a template for reports was presented by the Steering Committee and adopted for a trial run for 1998. Refinements and revisions of the template will be possible at the March, 1999 annual meeting. The suggested template format is as follows:

1. Relate any work reported to one of the SPO areas:
 - a) Health and Human Development
 - b) Health Promotion and Protection
 - c) Environmental Protection and Development
 - d) Health Systems and Services Development
 - e) Disease Prevention and Control
2. Use a separate page for each SPO and outline the following for each:
 - a) the project
 - b) funding agency
 - c) target population or audience
 - d) collaboration partners

3. On the second page, outline any work you are doing outside PAHO and the SPOs. Be brief and to the point.

Jane Norbeck recommended that PANMCC compile an annual list of capabilities for PAHO of the CCs. She suggested that Judith Shamian be responsible for making the list from the annual reports submitted by each CC. All attendees confirmed that the morning session, as well as the small group discussions of the special conference, clarified the role of PANMCC in PAHO/WHO.

6.4 EXTERNAL SUPPORT

This section pertains to the relationship of PANMCC to other professional nursing organizations and the possibility of extramural financing of PANMCC's activities. Joyce Thompson stated that PANMCC could benefit from the participation of someone from the International Council of Nurses and the International Confederation of Midwives just as the Global Network does. She suggested we ask them to send someone to our meetings at their own expense.

Maricel Manfredi mentioned the Latin American nursing organizations as possible groups for linkages with PANMCC. We could ask them to send a representative to our meetings as an Observer and to give a report of their own activities. The groups are FEPPEN (for professional nurses), ALADEFE (faculty of nursing), Caribbean Nursing Organization, Central American Nursing Group (includes Spanish Caribbean), and the Association of Schools of Nursing in Mexico.

Motion moved and carried that we invite the ICN, ICM, and ALADEF as a first effort to the March, 1999 meeting and see what happens. It was also suggested that we invite Dr. Buz Sulafsky to present what the Steering Committee of all PAHO CCs are doing. Two members agreed to discuss the idea with him during the weekend meeting of all CCs.

The group was reminded that some of the past problems in finding alternative funding for PANMCC projects were due to the vast diversity of the CCs and their activities. Since with the new guidelines, collaborative projects may be easier and funding might be possible.

6.5 EXERT INFLUENCE

In order to be effective in its mission, PANMCC must be visible to WHO and PAHO and other nursing organizations. Maricel Manfredi and Sandra Land reminded the group that nothing prohibits a representative of PANMCC from attending the annual meeting of the PAHO Directing Council every September. However, the only status available is as an informal observer. Joyce Thompson serves on the Steering Committee of all the PAHO CCs and, thereby, shares the experiences of PANMCC with that group.

No centers reported any activities in the planning or co-sponsoring of conferences or agencies with goals related to the mission of PANMCC. It was reiterated that we should all be aware of our own responsibility to report back to the various groups we sit on about the activities of PANMCC. For instance, Rita Carty is hosting an international seminar at the American Academy of Nursing meeting in Acapulco at which she will discuss PANMCC. Several members of the group also belong to the American Association of Colleges of Nursing and could discuss PANMCC ideas in that forum.

6.6 NEW BUSINESS

The plan for electing the Chair of the PANMCC Steering Committee was submitted by Bill Holzemer and the members of his task force, Andrea Baumann, Joyce Thompson, Jane Norbeck and Beverly McElmurry. The plan and a procedure to carry it out were adopted. As authorized by the plan, calls for nominations will go out to all PANMCC members during the month of November, 1998.

It was pointed out that PANMCC had not officially welcomed Dr. Gro Harlem Brundtland as the new Director-General of the WHO. A letter was drafted by the group and Juanzetta Flowers will send the letter.

6.7 ANNOUNCEMENTS

The newly designated Maricel Manfredi, Award in Nursing Research was announced, and Maricel was congratulated.

The next PANMCC meeting is March 16-17, 1999 in Washington, D.C. at PAHO.

The meeting was adjourned at 10:30 a.m. on October 8, 1998.

7. SUMMARY OF MULTICENTRIC PROJECT

Multicentric Project Health Care Reform and its Implications for Nursing Practice Regulation and Education Partial Results

Collaborating Institutions

| | |
|-----------------|--|
| Argentina: | The University of Buenos Aires, The University of Cordoba |
| PAHO Brazil: | The University of Sao Paulo at Ribeirao Preto |
| Colombia: | The University of Antioquia |
| ACOFAN Mexico: | The Autonomous University of Nuevo Leon and the Autonomous University of Juarez de Durango |
| PAHO WDC - USA: | The University of Texas Medical Branch - UTMB |

7.1 OBJECTIVES

- To analyze the changes in nursing practice, regulation, and education, derived from the health care reform process in the five countries.
- Develop a flexible model that identifies key elements in the analysis of nursing changes within the health care reform context.
- Offer to other disciplines a model for cross-country study of human resources within a health care reform context.
- Generate knowledge for the development of strategies oriented to increase nursing participation in the implementation of health care reform.
- Offer to other disciplines a model for cross-country study of human resources within a health care reform context.
- Generate knowledge for the development of strategies oriented to increase nursing participation in the implementation of health care reform.

7.2 PROJECT RATIONALE

- Mandate for cost containment and quality improvement: both the cost and quality of care are dependent on personnel, nurses are the largest group of health care professionals.
- Improving Health Care Management: quality improvement initiatives are linked to development of consumer awareness in health care; nurses are well positioned to facilitate development of individual and community abilities to interact with the health care system.
- Impact of Health Care Delivery System Re-Organization: nursing is a labor intensive work and accounts for much of the operating budget, what makes nursing both a target and a means for cost containment; emphasis on nursing quality as a means for health care cost containment.
- Many nursing tasks may be measurable, but the art of nursing includes intangibles which are hard to measure: there is a dichotomy between a high humanistic social value in nursing care and the constraints imposed by an economically driven health care model.

7.3 METHODS

- Qualitative Study, using the "Paradigm of Dynamic Interaction" developed by Phyllis Goons.
- Categories of Common Reasons Given for Changes in Nursing Practice
- Increased Demand for Services
- Economic Instability in the Country Government Programs, Policy and Regulation.
- Redistribution of Budgetary Resources and are structuring of the Health Care System.

7.4 RESULTS RELATED TO CHANGES IN NURSING PRACTICE: SIMILARITIES AND DIFFERENCES

- Recent Changes in nursing practice.

- Reasons given or changes in nursing practice.
- Authority to make nursing decisions.

7.5 RECENT CHANGES: EACH COUNTRY'S DOMINANT THEME

Argentina: Increased workload, loss job security, lack of supplies, low pay, demand for increased technological knowledge, holding two jobs.

Brazil: Resources, supplies and technology directed toward ambulatory care and away from hospital care, more cohesive work force, higher demands for services and increased workload, job dissatisfaction for hospital nurses, poor pay, holding two jobs.

Colombia: Increased workload, fragmented services, too few nurses, poor working conditions, low pay, job dissatisfaction, increased civil responsibility, less time for direct patient care.

Mexico: Less time to give care, heavy workload, low pay, more responsibilities, insufficient numbers of nurses in relationship to demand, increased paperwork, more demand for services, more technology.

USA: Do more with less, much paperwork, more time managing and less time giving care, more time directing unskilled staff, fewer supplies available, managed care.

7.6 TRENDS IN NURSING EDUCATION

- Development of Strategies to facilitate career progression from Associate Degree to Bachelor's Education.
- Development of new "Educational Programs" as a response to demands for "Health Services".
- Quality Assurance. Discrepancies between titles and positions in health institutions.
- Financing of health services: self-financing, changes in public/private mix, subsidizing the uninsured, universalization of population health coverage vs. exclusions.

7.7 CONCLUSIONS

- Establishment of continuing education strategies.
- Establishment of standards of quality in different nursing specialties and setting.
- Development and establishment of criteria for professional certification and accreditation for educational programs and health institutions.
- Sustainability of health care reforms changes requires harmony between the social value of humanistic professions and health care delivery models .
- Investment in human capita: work conditions, salaries and other incentives, re-engineering of education and work settings.
- Need to change pedagogical models: multidisciplinary and interdisciplinary emphasis, redefinition of nursing competencies based on population needs, epidemiological profile and comprehensive & humanistic care, problem-based learning and critical.

ANNEX A: STRATEGIC PLAN PAN AMERICAN NURSING AND MIDWIFERY COLLABORATING CENTERS

Charter

Structure and process (5-year cycle)

Meetings

Annually in spring

Even years: One-half day in conjunction with Global Network.

Odd years: One and one-half days in Washington, DC

Membership

PANMCC Centers

Affiliate Members -non voting (must be associated with a fully
Designated CC)

Representatives

Two PAHO Nurse Advisors

Votes

One per Center

One per PAHO

Participant Observers

Affiliate members

Members of the Global Network of Nursing and Midwifery CCs.

Invited guests of host country.

(Members are requested to inform Steering Committee Chair of any invited guests in order to assure adequate meeting space).

Steering Committee

- One member from each subregion (Latin America, Canada, USA)
- One PAHO Representative rotated annually to serve as Co-Chair, ex-officio and serve on Steering Committee.
- Official Chair will be elected from membership beginning spring, 1999.
- Steering Committee will select Recorder as necessary.
- Terms of office are three years, staggered according to the attached matrix.
- Committee will set agenda for each meeting and invite host country guest(s).
- Recorder will provide minutes of all meetings to members.
- Chair will notify member of meetings at least two months in advance, including location, dates and any unusual travel needs.
- Membership will elect the Representative to the Global Network Executive Committee (GNEC) as necessary.

Pan American Nursing And Midwifery Collaborating Centers Strategic Plan (Revised April, 1998)

Mission

PANMCC is the PAHO Network of WHO Collaborating Centers that advances the global cause of "Health for All"

Vision

By the year 2002, PANMCC will have strengthened collaboration among all related entities toward the global cause of "health for All". By year 2002, the membership of PANMCC will reflect the diversity of the PAHO Region, be representative of nursing in the

Region, and will serve as an enabling mechanism for other groups to also further the goals of “Health for All”.

Goals

- 1) Evaluate and strengthen the organizational structure, processes and financial resources.
- 2) Promote communication within PANMCC
- 3) Promote collaborative action among WHO CCs and affiliates.
- 4) Mobilize both internal and external existing and potential resources to further the PANMCC mission.
- 5) Maintain communication and linkages with the Global Network of WHO CCs.
- 6) Implement programs that advance the plans and resolutions of WHO/PAHO.
- 7) Exert influence within PAHO, WHO and other groups/organizations in order to further the global cause of “Health for All”.
- 8) Strengthen the influence of nursing and midwifery in the formulation of national and international health policy.

| Structure | |
|--|------------------------------------|
| Objectives | Responsible Party |
| 1. To implement the Charter of Operation | |
| 1Y4-5.1 Review and revision of organizational structure (See Charter) | Bets Anderson Juanzetta Flowers |
| 1Y4-5.2 Invite host country Chief Nurse (or designee) to each annual meeting to speak to group on nursing issues in the host country | Chair, Steering Committee |
| 2. To provide annual input into the Global Network Newsletter | |
| 2Y4-5.1 Center reports sent directly to Secretariat | Each Collaborating Center |
| 3. To promote diversity of PANMAC membership through mentoring of potential centers | |
| 3Y4-5.1 Continue affiliate process | All Collaborating Centers |

| Internal Support | |
|--|--------------------|
| Objectives | Responsible Party |
| 4. To assess WHO and PAHO goals and resolutions and select priorities for cooperative action year-by-year | |
| 4Y4-5.1 Frame annual reports to reflect Strategic Plan | All Centers |
| 4Y4-5.2 Create templates for reports | Steering Committee |
| 4Y4-5.3 Devote half day in odd year meetings for informal sharing of activities | All Center |
| 4Y4-5.4 Select priorities of focus each year (Foci for 1998-99 are Leadership and Development Training and Human Resource Development) | All Center |
| 5. To assist to increase number of PAHO-designated Centers in the Caribbean and in Latin America | |
| 5Y4-5.1 Develop at least one collaborating center for nursing per country. (*Brazil agenda 11/95) | |
| 5Y4-5.1.1 Caribbean | U. Alabama |
| 5Y4-5.1.2 Latin America | George Mason, CWRU |
| 6. To clarify PANMCC's role in decision making Activities of WHO and PAHO | |
| 6Y4-5.1 Determine what WHO/PAHO need from CCs (Kyongju discussion 4/98) | |

| External Support | |
|---|-------------------|
| Objectives | Responsible Party |
| 7. To identify and establish substantive Relationships with five health-related Groups that support PANMCC's goals | ??? |
| 8. To continue to promote a consolidated position as to proliferation and diversification of collaborating centers in nursing and midwifery | |
| 9. To share information regarding alternative means of | All Centers |

| | |
|--|--------------------------|
| financing | |
| Exert Influence | |
| Objectives | Responsible Party |
| 10. To participate in the annual PAHO Region CC Network meeting every October in Washington at PAHO Headquarters and share experiences related to collaborating around the WHO mission | All Centers |
| 11. To participate as an observer for PANMCC at the Directing Council at PAHO the last week of every September | All Centers |
| 11Y4-5.1Proposals submitted for NGO status (Permanently on hold) | |
| 12. To co-sponsor and influence the conference and program planning for other professional organizations and agencies related to the mission of PANMCC | |
| 12Y4-5.1Report progress annually | All Centers |
| 12Y4-5.2Identify in the annual reports specific meetings in which posters of other official documentation of CC status has been presented | All Centers |

ANNEX B: XXXII ACHR - MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH OF THE PAN AMERICAN HEALTH ORGANIZATION

**16 - 18 JULY 1997, WASHINGTON, D.C.
NURSES MAKING THE DIFFERENCE
WHO COLLABORATING CENTERS FOR NURSING AND MIDWIFERY
NETWORK**

1. Introduction

Nurses provide or oversee the majority of health care in the world. Regardless of national differences, nursing embodies the public conscience with respect to world health. The nursing response to global health is to hold governments accountable by assuring visibility of issues that count, by initiating meaningful debate, and by proposing solutions for change. This common cause has strengthened the international cohesiveness of the nursing community to focus on the formation of partnerships with groups to promote health and prevent disease and has provided the foundation from which to build a revolutionary way of looking at global health.

For more than ten years, the World Health Organization (WHO) Collaborating Centers for Nursing Development have been spearheading a movement to implement the strategy of primary health care to achieve the goal of Health for All. The purpose of this paper is to describe this movement, highlighting the successful experience in the utilization of these Collaborating Centers, in partnership with the Pan American Health Organization (PAHO) to enhance the contribution of nursing to health.

2. PAHO and the WHO Collaborating Centers

The Regional Office for the Americas of WHO/PAHO, has as its mission to cooperate technically with Member Countries so that through maintaining a healthy environment and charting a course to sustainable human development, the peoples of the Americas may achieve Health For All. It would be difficult to imagine that any one institution can work in isolation or claim total leadership in one area. It is through collaborative work, therefore, that we are able to advance in the pursuit of the goal of Health for All. A WHO Collaborating Center is then a center of excellence designated by WHO to work with WHO, its Regional Offices and Member Countries,

supporting the mission in specific areas for which the Center has expertise.

The WHO Collaborating Centers provide services under several areas. The first area is a traditional, long-established one; concerning services provided to WHO/PAHO in support of programs of global interest. The second area is its involvement in technical cooperation towards national health development. By their permanent linkage with cooperating institutions in Member Countries, the Centers can play a decisive role in institutional development. Finally, the WHO Collaborating Centers play an essential role in training, particularly in research. With the present emphasis on strengthening institutions, especially those involved in research in developing countries, this role appears all the more important.

As early as 1949, the Second World Health Assembly set the policy that WHO should not consider the "establishment" under its own auspices of international research institutions, and that "research in the field of health is best advanced by assisting, coordinating and making use of the activities of existing institutions". All WHO Collaborating Centers have been designated under that policy, which has undoubtedly enhanced national interest and participation in the WHO/PAHO Program of Work.

The process of designation of a WHO collaborating center begins after a period of discussions, information exchange and, often, jointly sponsored activities related to WHO's Program of Work and/or PAHO's Strategic and Programmatic Orientations. It requires that an application be presented detailing past and current international activities, identifying its specific areas of expertise and the lines of work to be developed once it is designated.

These lines of work are the Terms of Reference for the Center. They are reviewed by technical units in the corresponding Regional Office and WHO Headquarters in Geneva. All centers, including those in nursing follow this process.

The idea of collaborating centers in nursing was developed in 1986 and presented at the Conference "Leadership in Nursing for Health for All: Echoing in the Area of the Americas", sponsored by the College of Nursing at the University of Illinois.

Soon after, the first Center for Nursing Development was developed at the University of Chicago. Its Terms of Reference pertained to leadership for nursing in primary health care. In Latin America, the first center designated for nursing development was the School of Nursing of the University of Sao Paulo at Ribeirao Preto, Brazil.

Today there are more than thirty centers designated worldwide with twelve in the Region of the Americas including two in Latin America. Several more are in the process of designation or in early stages of discussion about possible development. We have been particularly interested in designating centers of excellence in Latin America and the Caribbean. In the near future, centers in Cuba, Chile, Mexico, Panama, and Jamaica are expected to be established.

In 1987, the Centers for nursing development came together to form a Global Network of Collaborating Centers, to promote coordination and enhance nursing's contributions to health development.

This Global Network was developed during an interregional workshop convened by the WHO where participants discussed the potential of a Global Network of nursing institutions and organizations committed to nursing's development in support of the goal of "Health for All" through Primary Health Care. The workshop was envisioned and planned by WHO's Chief Scientist for Nursing, Dr. Amelia Maglacas, and hosted by the Nursing Colleges Division of Thailand's Ministry of Health.

Nursing leaders from twenty different institutions attended the workshop in Thailand; a number of those institutions are now WHO Collaborating Centers and members of the Network. At the time of the workshop, five nursing institutions were designated as WHO Collaborating Centers—four of the original regional Centers of Europe (Finland, Denmark, France and Yugoslavia) and one new Center in the United States (University of Illinois at Chicago (UIC)). The meeting culminated in the unanimous agreement to establish a global network of WHO Collaborating Centers for Nursing Development as an integral part of national and international strategies for achieving "Health for All" by the Year 2000 through Primary Health Care. It was decided that the Secretariat of the Network would be located at the University of Illinois at Chicago College of Nursing, and remain there initially for a five-year period with the Dean of the College (the Collaborating Center) functioning as the Secretary General. The Network was conceived as a voluntary association in which WHO Collaborating Centers for Nursing Development could apply for membership. It has remained in close alliance with WHO/PAHO though it is an autonomous organization.

The First General Meeting of the Network, beginning with a festive Inaugural Ceremony, was held in Maribor, Slovenia (formerly Yugoslavia), April 20-23 1988, hosted by the Yugoslavian government. Twenty-two countries were represented from all six WHO regions of the world.

By the time of the Network's Second General Meeting in Copenhagen, Denmark, August 2-3, 1989, attended by twenty one countries, some of the originating layers in the Network had moved on, leaving a second generation in place. Dr. Miriam Hirschfeld had been appointed the WHO Chief Scientist for Nursing following the retirement of Dr. Amelia Maglacas, the prime mover of the Network, and an additional two university schools of nursing had become designated as Centers—the University of Sao Paulo at Ribeirao Preto, Brazil and the University of the Philippines. At this meeting, the Constitution and Bylaws were finalized and approved, setting down for the first time, the official guiding rules for the Network, as well as its purpose, goals and objectives.

Five meetings have been held since the 1989 Denmark meeting—in Galveston, Texas, U.S.A. in 1990; Geneva, Switzerland in 1991; Ferney-Voltaire, France in 1992; Botswana in 1994, and Bahrain in 1996. Each year, newly designated Nursing Collaborating Centers have been accepted into the Network. In 1994, "Midwifery" was added to the title of the Network. As of April 1997, thirty-five (35) institutions hold full membership in the Global Network of WHO Collaborating Centers for Nursing/Midwifery Development; with twelve (12) in the Americas.

The Network has grown rapidly and is now nearly ten years old. Its goals and potential for leadership are clear. There has been considerable "give and take" between members, a sharing of resources and personnel, and the publication of a Network Newsletter.

At the meeting in Botswana in 1994, a strategic plan was developed. The plan contains a mission statement and the Network's vision and goals; it also identifies task forces. A joint publication of the Network and the American Association of Colleges of Nursing on "Primary Health Care: Nurses Lead the Way—A Global Perspective," is a beginning effort at dissemination of information relating the achievements of our members through a group of case studies. Similarly, the international conference proceedings "Nurses Making the Difference," documents and disseminates experiences of the Centers.

More recently, in 1993, the Collaborating Centers located in the Region of the Americas joined together to form the Pan American Nursing and Midwifery Collaborating Centers, PANMCC. A three-year strategic plan was prepared and Centers assumed responsibility for work in one of four major efforts—Structure, Internal Support, External Support and Exerting Influence.

Structure includes the framework for the organization, membership and voting as well as the composition and functioning of

an Executive Committee. PANMCC has an executive committee chaired by a PAHO nurse advisor and three members—one from Canada, one from the United States, and one from Latin America.

For Internal Support, the group considers how WHO/PAHO goals and resolutions are addressed as well as how to increase the number of Centers in Latin America and the Caribbean. For the area of External Support, the group aims to establish links with other organizations that support the same goals and search for new ways of mobilizing financial resources. Finally, they seek to exert influence over the Global Network of Collaborating Centers, with PAHO and WHO as well as other agencies involved in international health.

In the following sections, information is presented on the contributions of the Centers to nursing development in the Americas and towards PAHO's work in nursing.

3. Contribution of WHO Collaborating Centers toward the work of WHO/PAHO in Nursing

Several resolutions supporting nursing globally or regionally have passed in the Directing Councils of WHO and PAHO. In 1992, at the World Health Assembly, Resolution WHA45.5 was approved urging Member States to review nursing and midwifery needs to avert shortfalls for the future; to develop strategies to recruit and retain nursing personnel as well as to improve their qualifications to meet national needs; to support the appointment of nurses in decision-making positions at national and regional levels; to support the development of relevant research and reorient educational programs towards primary health care; to amend and support legislation accordingly; to provide the necessary supervision and support to nursing personnel, especially those in peripheral areas; and to contribute effectively to the promotion and protection of health especially of the most vulnerable groups.

The resolution also requested that the Director General support the Member States in planning, implementing, and evaluating the nursing/midwifery component of their national health programs and the Global Network of WHO Collaborating Centers and NGOs for nursing development. In addition, the resolution extends WHO's work to enhance the training of nursing/midwifery personnel in research methodology, participation in health research programs, and the development of information systems on nursing/midwifery.

In accordance with these recommendations, many activities have been developed through cooperative efforts between countries, collaborating centers, nursing associations, other institutions,

and PAHO. Leadership has been promoted by means of conferences, faculty exchanges, seminars, visits, etc. Projects and experiences of primary health care are being promoted and exchanges of information and material are in process. Research is being encouraged with some collaborative research projects already underway, technical and bibliographical data bases are in progress. Continuing education courses are being developed, and arrangements have been made for several professors to spend their sabbatical in other countries. Possibilities are increasing for nurses from developing countries to study for their masters and doctoral degrees in their countries or abroad.

The WHO/PAHO collaborating centers have also had, and continue to have, an important role in promoting nursing research in our Region. The center from Brazil has been pivotal in developing workshops in research methodology through the Pan American Research Conferences held in Mexico, Panama, Chile, and Venezuela. The Center in Colombia promoted the first Pan American Conference in Nursing Research in 1988, and each year since then, has developed a national conference to encourage research in primary health care. The centers of the schools and colleges of Nursing of Illinois, Pennsylvania, Texas, Virginia, Ohio, New York, Canada, and California are working on collaborative projects with Latin American researchers. Several of these efforts have received funds through competitive projects presented to the National Institutes of Health in the areas of maternal and child health; AIDS and women's health; and mental health. Several centers are also involved in curriculum development for primary health care, problem solving, continuing education and postgraduate education through projects with Nicaragua, Chile, the Dominican Republic, and Caribbean countries. Such examples of Collaborating Center projects include George Mason University and Duquesne University in Nicaragua; McMaster University in Chile; University of Texas at Galveston in Mexico; University of Alabama in the Caribbean; and Universities of Pennsylvania, Columbia, and Illinois in Colombia. Quality of nursing care, leadership, management, and health services research in the Region are being addressed by the Collaborating Center at Mount Sinai in Canada.

Currently, the University of Pennsylvania at Philadelphia with the International Confederation of Midwives and the Division of Nursing HHS are working with PAHO on a project to enhance the contribution of nursing and midwifery personnel to the safe motherhood initiative.

4. Management Information Systems

The Nursing/Midwifery Management Information System (NMIS) project, initiated by WHO-Nursing, was conceived in 1991 and then subsequently received funding from the W. K. Kellogg Foundation in 1993. The NMIS project was initiated in response to the strategic guidelines of the World Health Assembly Resolution WHA42.27 (1992), which recognized the importance of the roles played by nurses in primary health care and focused on strengthening the role and contribution of nursing and midwifery professionals in health development. During the past several years the NMIS project has been pilot tested and implemented in a number of countries in four of WHO regions, and has proved its capacity to help develop solutions and activities to address human resources issues in the health sector, which countries had previously found great difficulty in managing. The NMIS project aims to construct a framework for the development of a national human resource information system for the health sector that will be dynamic and responsive to the needs of health services managers to support strategic planning, policy making, and management of human resources for the delivery of effective and efficient health services.

In some countries, the project started out with the development of a Nursing Midwifery Management Information System, which was then later expanded to include all other health professions. In either case, the NMIS data base forms a subcomponent of the overall health information system of each country.

In broader terms, it can be stated with confidence that the NMIS project is playing, and will continue to play, an important role in strengthening the capacity of Ministries of Health in developing and managing their human resources for health infrastructure development and improving the health status for their populations.

At the global level, the project is beginning to facilitate inter-country, regional, and global monitoring with comparison of nursing/midwifery workforce management and development activities.

Two Collaborating Centers have key roles in the development of this important project: Mount Sinai Hospital in Toronto which heads the operations project team and the College of Nursing at the University of California, San Francisco, which is responsible for the evaluation component.

5. University of Texas Medical Branch (UTMB) Research

Since 1994, the UTMB School of Nursing, WHO Collaborating Center for Development in Nursing and Midwifery in Primary Health Care, in conjunction with the Pan American Health Organization, has sponsored an annual research workshop for Spanish-speaking health professionals. Each spring, this intensive seminar attracts a select group of international health professionals from the Americas committed to identifying problems and solutions in the delivery of primary health care in their home countries. Twenty-five nurses, physicians, and social communication specialists from Brazil, Bolivia, Chile, Colombia, the Dominican Republic, Honduras, Mexico, Nicaragua, Paraguay, and Venezuela have participated in the workshops. Of these, ten participants have received local, national or international funds for their projects. And, four research projects have been executed following the workshops.

The workshop provided opportunities for applicants to develop a competitive grant application on primary health care research--from preparation to submission, project development, and research publication. This educational program is aimed at developing and enhancing interdisciplinary research skills among health care professionals working at local levels in clinical or academic settings.

The 1996 research workshop, "Primary Health Care in a Changing World," focused on measuring health care reform's impact on primary health care. This experience has provided a sound case for subsequent development of a collaborative research project. A multicenter study on the implications of health care reform in nursing practice, regulation, and education is being coordinated by UTMB with the participation of two additional collaborating centers, the College of Nursing of the University of Sao Paulo at Ribeirao Preto, Brazil, and ACOFAEN in Colombia. Moreover, Mexico and Argentina are also participating.

6. Minority International Research Training (MIRT) in Nursing Science

The College of Nursing at the University of Illinois at Chicago coordinates international research training experiences in nursing science for minority baccalaureate and pre-doctoral nursing students and tenure track nursing faculty members. Faculty from participating WHO Collaborating Centers for Nursing/Midwifery in the USA serve as an advisory board to recruit, review, and award meritorious applications/proposals. To date, the following centers

have participated: Case Western Reserve University, Frances Payne Bolton School of Nursing; George Mason University, College of Nursing and Health Science; University of Alabama at Birmingham, School of Nursing; The University of Illinois at Chicago, College of Nursing; and The University of Texas Medical Branch, School of Nursing.

The purpose of international research experiences for minority nursing scholars is to develop leaders in the field of nursing science and to increase collaboration in the resolution of global health issues.

The specific aim of this research training program is to advance cross-national and cross-cultural nursing research on primary health care in environments that permit access to special populations and unique practice settings.

The Global Network of WHO/PAHO Collaborating Centers for Nursing/Midwifery Development and other educational institutions such as the Catholic University of Chile's School of Nursing, serve as international host institutions for minority nursing scholars.

7. Affiliate Group Model

In 1993, the WHO Collaborating Center of the College of Nursing and Health Science at George Mason University developed the Affiliate Group Model. The purpose of the WHO Collaborating Center Affiliates is to expand the networking capabilities of an individual WHO Collaborating Center within a region and facilitate the opportunity for interested and capable affiliated schools of nursing and services agencies to engage in collaborative and networking opportunities to further the WHO goals of nursing and midwifery development locally, regionally and globally. The model has four objectives:

- 1) To collaborate on international projects and establish international programs
- 2) To share expertise, including faculty and student exchange and network with and among member schools on a global level
- 3) To work with cultures in building infrastructures and sustaining programs
- 4) To share information and form a link between the WHO, the Collaborating Centers and Affiliates

The Affiliate Group Model has the following Plan of Action:

- 1) Identification of strengths of existing projects of participating member schools and service agencies
- 2) Development of a communication system and project clearing house
- 3) Development of a logo and information materials.
- 4) Development of a system for resource sharing.
- 5) Development of linkages with other WHO Collaborating Centers, International Agencies, Organizations, and non-governmental agencies (NGOs).
- 6) Development of collaborative projects and programs
- 7) Identification of funding sources

The GMU CNHS Affiliate Group consists of Duquesne University; the College of New Rochelle; the University of Cincinnati; the University of Massachusetts (Boston); Vanderbilt University; Medical College of Georgia; the University of Tennessee (Knoxville); and Fairfax Hospital.

An example of a collaborative venture for the affiliate group is the Nicaraguan Technical Exchange Project which was a technical exchange between GMU and Nicaragua through the Politechnical University that was started in 1995. In the spring of 1995 and 1996, nursing students from GMU accompanied by clinical faculty, through the Politechnical University, worked in the "barrios" of Nicaragua providing family focused, community-based nursing care. In 1996, two Duquesne students joined the GMU students for this experience. In the spring of 1997, two more groups of students from both universities completed their community health nursing practicum in Nicaragua. This spring is the first time that family nurse practitioner students have accompanied a nurse practitioner faculty member along with undergraduate community health nursing students and faculty.

Potential collaboration with Cuba was discussed during a site visit to Cuba by GMU CNHS Dean and its affiliate Duquesne University, in November 1996. An "International Nursing Project through Partnerships with WHO Collaborating Centers, Universities, and PAHO (INP-PCCUP) is proposed for nursing education in Cuba, where access to Master's and doctoral programs has been limited for this predominantly professional nursing workforce.

Recently, the WHO Collaborating Center at the Frances Payne Bolton School of Nursing at Case Western Reserve University, has developed affiliation agreements with the following institutions:

The American Red Cross - Greater Cleveland Chapter

University of Pittsburgh - School of Nursing

New York University - School of Nursing

University of Texas at Arlington - School of Nursing

University of Virginia - School of Nursing (in process)

With partial support from the Walter Nord Program Faculty Grants for Innovative Academic Programming, the Bolton School is developing a cross-country collaborative undergraduate nursing course. Offered jointly between faculty and students of FPB and Pontificia Universidad Católica de Chile, the course is slated to begin in the fall of 1997. By blending emerging electronic communication and information technologies, it is hoped that this transnational distance learning project will serve as a teaching model for global education collaborations. In addition, a Memo of Understanding is being signed with the Universidad Autónoma de México.

8. Final Comments

The nursing networks, Global and Regional, make it possible to maximize efforts, which taken individually, are not as effective or sustainable. The central purpose of the Networks has been to strengthen and promote nursing leadership towards the realization of the social goal of “Health for All through Primary Health Care.” This purpose is achieved through a process of collaboration, coordination, and mobilization of resources in the areas of nursing education, research and practice. The primary goal is the strengthening of membership institutions in their efforts to improve nursing development including education, practice, research and leadership—to achieve the goal of Health for All through Primary Health Care.

Time passes quickly and future years will give a more complete accounting of the success of the Global Networks of WHO Collaborating Centers for Nursing/Midwifery Development. May they give a positive account—a “story of teamwork and leadership”—in a changing world searching for answers to the attainment of the goal of “Health for All.”

References

Larson Elaine; Miotto Wright Gloria. International Cooperative Interdisciplinary Health Program. Proposed agreement. Washington DC 1994.

WHO. Office of Research Promotion and Development. WHO Collaborating Centers. General Information. Geneva, 1987.

Kim, Mi Ja, Ohlson, Virginia. The Global Network of WHO Collaborating Centers for Nursing/Midwifery Development. A historical Perspective. Unpublished paper. 1994

The University of Illinois at Chicago College of Nursing. Leadership in Nursing for Health for All: Echoing in the area of the Americas. Proceedings of a conference. Illinois. August 1986.

Pan American Health Organization. International Technical Cooperation in Health. PAHO/AD/94.1 1994. Limited distribution.

O'Hara-Deveraux Mary, Johansen Robert. Global Work: Bridging Distance, Culture and Time. Jossey-Bass Inc. 1994.

American Association of Colleges of Nursing/Global Network of World Health Organization Collaborating Centers for Nursing/Midwifery Development. Primary Health Care: Nursing Lead the Way A Global Perspective. Washington DC. 1993.

University of Sao Paulo at Ribeirao Preto. College of Nursing. Nurses making the Difference. Proceedings of the International Conference Nurses making the Difference. Ribeirão Preto, Brazil. November 1995.

ANNEX C: PRELIMINARY AGENDA

PANMCC Meeting October 7-8, 1998 Preliminary Agenda

October 6
Room 1013 - 10th floor

2:00-5:00 a.m. Arrival And Meeting Of Executive Committee Pan American
Nursing And Midwifery Collaborating Centers (Panmcc)

October 7
Room C - 2nd floor

8:30-9:00 a.m. Registration

9:00-10:15 a.m. Health System and Services Development
SPOs 1999-2002 in Health Systems and Services
Development

- Daniel López Acuña, Director Division of Health Systems and Services Development (HSP) Overview for Division and Organization and Management of Health Systems and Services Program (HSO)
- Rodrigo Barahona, Coordinator Human Resources Development Program (HSR) - Focus on Human Resources Development

Discussion

10:15-10:30 a.m. Coffee

10:30-11:30 a.m. Work Sessions with Advisors HSO and HSR

- Group 1 Management José María Marín - Room 614
- Group 2 Public Health Luis Ruiz/Charles Godue - Room 637
- Group 3 Vulnerable Populations Sandra Land - Room C
- Group 4 Health Sector Reform Research Project - Pedro Brito - Room B
- Group 5 Technical and Allied Personnel - Maricel Manfredi - Room C

11:30-12:30 p.m. Work Sessions continued

- Group 1 Human Resources Information System - Daniel Purcallas Room 643
- Group 2 Health Sector Reform - Research Project Cont. - Pedro Brito - Room B

- Group 3 Rehabilitation – Sandra Land – Room C
- Group 4 Advanced Practice Nurses Cost Effectiveness – Matilde Pinto – Room 607

12:30-2:00 p.m. Lunch

2:00-5:30 p.m. Work sessions with other PAHO Programs and Divisions based upon areas of expertise of Centers and availability of PAHO Advisors.

Possibilities include:

- Reproductive Health
- Women Health and Development
- Immunization
- Child Health and Development
- Chronic Disease/Palliative Care/Home Health
- Environmental Health
- AIDS and STDs
- Health Policy
- Ethics
- Clinical Informatics
- Mental Health

5:30 – 6:30 p.m. Reception

6:30 – 8:30 p.m. PAHO Nursing and WHO Collaborating Centers
Maricel Manfredi and Sandra Land
PANMCC Business Meeting
Strategic Plan and Implementation Review

October 8
Room C – 2nd floor

8:30 – 10:30 a.m. PANMCC Meeting Continues
Work Plan 1998-2000

10:30 – 11:00 a.m. Coffee

11:00-12:00 a.m. Presentation of conclusions/plans to HSP Director and HSR, HSO Coordinators.

12:30-1:30 p.m. Brown Bag Lunch with Hilary Standing – Room 1017

2:00-4:00 p.m. Presentation of research project Health Sector Reform – Nursing Practice and Education

Management

10:30-11:30 am

George Mason University

Mt. Sinai University

ACOFAN

Univ. of California

Public Health

10:30-11:30 am

Columbia University

University of Illinois at Chicago

Mc Masters University

University of Sao Paulo

Vulnerable Populations

10:30-11:30 am

University of California

University of Alabama

Universidad Autónoma de México

Case Western University

Technical and Allied Personnel

10:30-11:30 am

George Mason University

Case Western University

Universidad Autónoma de México

University of Alabama

Advanced Practice Nurses

11:30-12:30 pm

University of Columbia

University of Pennsylvania

HSR and Nursing

10:30-12:30 pm

University of UTMB

University of Sao Paulo

ACOFAN

Others

HR Information System

11:30-12:30 pm

Mount Sinai University

ACOFAN

Rehabilitation

11:30-12:30 pm

ANNEX D: LIST OF PARTICIPANTS

Pan American Nursing and Midwifery Collaborating Center Meeting

October 7-8, 1998

Emília Campos de Carvalho
Head, WHO Collaborating Centre for
Nursing Research Development
University of Sao Paulo at Ribeirao
Preto
College of Nursing
Av. Bandeirantes, 3900
14040-902 Ribeirao Preto, SP
Brazil
Tel (55-16) 633-0379
Fax (55-16) 633-3271

Andrea Baumann
Head, WHO Collaborating Centre for
International Nursing Dev. in
Primary Health Care and
Educational Strategies and
Methodologies School of Nursing
Mc Master University
1200 Main St. West
Hamilton, Ontario L8N 3L5
Canada
Tel (905) 525-9140 Ext 22400
Fax (416) 524-5228
E-mail baumanna@fhs.csu.mcmaster.ca

Judith Shamian
Head, WHO Collaborating Centre for
Int'l Nursing Development in
Leadership, Administration and
Clinical Practice
Gerald P. Turner Department of
Nursing
Mount Sinai Hospital
University of Toronto
600 University Avenue
Toronto, Ontario M5G 1X5
Canada
Tel (416) 586-5073
Fax (416) 586-8830
E-mail jshamian@gpu.utcc.utoronto.ca

Inés S. Durana
Centro Colaborador de la OMS para el
Desarrollo de Metodologías
Innovativas en la Enseñanza-
Aprendizaje en Enfermería en
Atención Primaria
Asociación Colombiana de Facultades
y Escuelas de Enfermería
ACOFAEN
Carrera 13 No. 44-35 Ofc. 1001
Santa Fe de Bogota D.E., Colombia
Tel (57-1) 232-7743
Fax (57-1) 232-8399
E-mail iduranas@latino.net.co

Susana Salas Segura
Directora, Centro Colaborador Univ.
Nacional Autónoma de México
Escuela Nacional de Enfermería
Antiguo Camino a Xochimilco Esq
Viaducto Tlalpan Col.
San Lorenzo Huipulco
14370 México D.F., México
Tel 6-55-07-34
Fax 6-55-23-32

Rosa Zárate
Asistente Directora
Centro Colaborador Univ. Nacional
Autónoma de México
Escuela Nacional de Enfermería
Antiguo Camino a Xochimil Co Esq
Viaducto Tlalpan Col.
San Lorenzo Huipulco
14370 México D.F., México
Tel 6-55-07-34
Fax 6-55-23-32

Silvia Nicolas Cisneros

Centro Asociado de
ENEP IZTACALA UNAM
Los Reyes Iztocala Tlalnepantla
Av. De los Borria s/n
Mexico, D.F.
Mexico
Tel. 6231144/6231159

Rachel Booth

Head
WHO Coll. Centre for Int'l Nursing
University of Alabama at Birmingham
School of Nursing, NB119
1701 University Boulevard, UAB
Station
Birmingham, Alabama 35294-1210
Tel (205) 934-5483/5360
Fax (205) 934-1894
E-mail rzbooth@admin.son.uab.edu

Juanzetta Flowers

WHO Collaborating Centre for
International Nursing
University of Alabama at Birmingham
School of Nursing, NB119
1701 University Boulevard, UAB
Station
Birmingham, Alabama 35294-1210
Tel (205) 934-5483/5360
Fax (205) 934-1894
E-mail flowersj@admin.son.uab.edu

Jane S. Norbeck

Head
WHO Collaborating Center for
Research and Clinical Training in
Nursing
University of California
San Francisco
School of Nursing
521 Parnassus Ave. N319C
Box 0604
San Francisco, California 94143-0604
Tel (415) 476-1805
Fax (415) 476-9707
E-mail
nursing%jane_norbeck@ccmail.ucsf.edu

Mary Sue Heilemann

WHO Collaborating Center for
Research and Clinical Training in
Nursing
University of California, San
Francisco
School of Nursing
521 Parnassus Ave. N319C, Box 0604
San Francisco, California 94143-0604
1395 12th Avenue
San Francisco, CA 94122
Tel (415) 566-9469
Fax (415) 753-2161
E-mail xuan@itsa.ucsf.edu

Beverly McElmurry

Head
WHO Collaborating Centre for
International Nursing Development
in PHC
College of Nursing
University of Illinois at Chicago
845 South Damen Avenue (M/C 802)
Chicago, Illinois 60612-7350
Tel (312) 996-0621
Fax (312) 996-8945
E-mail mcelmurr@uic.edu

Sarah Cook

WHO Collaborating Center for
International Nursing Development
in Advanced Practice
Columbia University-School of
Nursing
630 West 168th Street Box 6
New York, N.Y. 10032
Tel (212) 305-3582
Fax (212) 305-1116
E-mail ssc3@columbia.edu

Sandra J. Fulton Picot

Head
WHO Collaborating Center for
Research and Clinical Training in
Home Care Nursing
Case Western Reserve University
Frances Payne Bolton School of
Nursing
10900 Euclid Avenue
Cleveland, Ohio 44106-4904
Tel (216) 368-2543/5980
Fax (216) 368-8864/3542
E-mail sjp8@po.cwru.edu

Katie Leonhardy

Project Assistant
 WHO Collaborating Center for
 Research & Clinical Training in
 Home Care Nursing
 Case Western Reserve University
 Frances Payne Bolton School of
 Nursing
 10900 Euclid Avenue
 Cleveland, Ohio 44106-4904
 Tel (2216) 368-4417
 Fax (216) 368-8864
 E-mail kal14@po.cwru.edu

Joyce Fitzpatrick

Assoc. of WHO Coll. Center for
 Research & Clinical Training in
 Home Care Nursing
 Case Western Reserve University
 Frances Payne Bolton School of
 Nursing
 10900 Euclid Avenue
 Cleveland, Ohio 44106-4904
 New York University
 Division of Nursing
 50 West 4th Street-Shimkin Hall, #429
 New York, NY10013
 Tel (212) 998-5798
 Fax (212) 995-4679
 E-mail JF51@is8.nyu.edu

Patricia Latona

Assoc. of WHO Coll. Center for
 Research & Clinical Training in
 Home Care Nursing
 Case Western Reserve University
 Frances Payne Bolton School of
 Nursing
 10900 Euclid Avenue
 Cleveland, Ohio 44106-4904
 New York University
 Division of Nursing
 50 West 4th Street-Shimkin Hall, #429
 New York, NY10003
 Tel (212) 998-5330
 Fax (212) 995-3143
 E-mail pl44@is9.nyu.edu

Joyce Thompson

Head, WHO Collaborating Centre for
 Nursing & Midwifery Leadership
 School of Nursing
 University of Pennsylvania
 Nursing Education Building
 NEB Room 449, 420 Guardian Drive

Philadelphia, Pennsylvania 19104-6096

Tel (215) 898-4335/8283 Ext. 1796

Fax (215) 573-8857/2114

E-mail thompsoj@pobox.upenn.edu

Edilma Guevara

WHO Collaborating Centre for
 Nursing/Midwifery Development in
 Primary Health Care
 UTMB School of Nursing
 301 University Blvd., J29
 Galveston, Texas 77555-1029
 Tel (409) 772-5029
 Fax (409) 772-5864/5118
 E-mail eguevara@beach.utmb.edu

Elnora (Nonie) Mendías

WHO Coll. Centre for
 Nursing/Midwifery Dev. in Primary
 Health Care
 UTMB School of Nursing
 301 University Blvd., J29
 Galveston, Texas 77555-1029
 Tel (409) 772-5029
 Fax (409) 772-5864/5118
 E-mail: Nmendias@utmb.edu

Rita M. Carty

Head, WHO Coll. Centre for Nursing
 Adm. Health Policy & Health Care
 Ethics
 George Mason University
 4400 University Dr.
 Fairfax, Va. 22030-4444
 Tel (703) 993-1918
 Fax (703) 993-1943
 E-mail rcarty@gmu.edu

Toni Harrington

WHO Collaborating Centre for Nursing
 Adm.
 Health Policy and Health Care Ethics
 George Mason University
 4400 University Dr.
 Fairfax, Va. 22030-4444
 Tel (703) 993-1918
 Fax (703) 993-1943

Lorraine Rudowsky

George Mason University
 College of Nursing
 4400 University Dr.
 Fairfax, Va. 22030-4444
 Tel (703) 993-1918
 Fax (703) 993-1943
 E-mail lrudow@gmu.edu

Observers

Carol Christiansen

Research Specialist
845 So. Damen
Chicago, ILL 60614
Tel (312) 996-1287
Fax (312) 773-
E-mail carolahw@aol.com

Carolyn Beth Mazzella

Chief Nurse
U.S. Public Health Service
Department of Health and Human
Services
Parklawn Services
Parklawn Building, Room 11-05
5600 Fishers Lane
Rockville, MD 20857
Tel (301) 443-0577
Fax (301) 443-9309

Julie C. Novak

Theresa A. Thomas Professor of
Primary Care
Family Health Care Division, Chair
Primary Care NP Program Director
University of Virginia,
School of Nursing - McLeod Hall
Charlottesville, VA 22903-3395
Tel (804) 924-0130
Fax (804) 982-3747
E-mail jcn4t@virginia.edu
Affiliate - Case Western Reserve
and UNAM

PAHO Staff

Rodrigo Barahona

Coordinator
Human Resources Development Program
Division of Health Systems and
Services Development
Pan American Health Organization
525 23rd Street, N.W.
Washington, DC 20037
U.S.A.
Tel (202) 974-3805
Fax (202) 974-3612

Oscar Fallas

Coordinator
Organization and Management of
Health Systems and Services
Division of Health Systems and
Services Development
Pan American Health Organization
525 23rd Street, N.W.
Washington, DC 20037
U.S.A.
Tel (202) 974-3215
Fax (202) 974-3641

Sandra Land

Regional Nursing Advisor
Division of Health Systems and
Services Development
Pan American Health Organization
525 23rd Street, N.W.
Washington, DC 20037
Tel (202) 974-3214
Fax (202) 974-3641
E-mail landsand@paho.org

Daniel López Acuña

Director
Division of Health Systems and
Services Development
Pan American Health Organization
525 23rd Street, N.W.
Washington, DC 20037
Tel (202) 974-3221
Fax (202) 974-3613

Maricel Manfredi

Regional Advisor in Nursing
Education
Division of Health Systems and
Services Development
Pan American Health Organization
525 23rd Street, N.W.
Washington, DC 20037
Tel (202) 974-3298
Fax (202) 974-3611
E-mail manfredm@paho.org

Multicentric Research Project

Consuelo Castrillón

Centro Colaborador de la OMS para el
Desarrollo de Metodologías
Innovativas en la
Enseñanza-Aprendizaje en Enfermería
en Atención Primaria
ACOFAEN
Professor School of Nursing ,
University of Antioquía, Medellín
Carrera 13 No. 44-35 Ofc. 1001
Santa Fe de Bogota D.E.
Colombia
Tel (57-4) 510-6300
Fax (57-4)
E-mail concastri@epm.net.co

Antonia Stella Felizzia

Escuela de Enfermería de Córdoba
Río Cuarto
Argentina

Clarice Ferraz

WHO Collaborating Centre for Nursing
Research Development
University of Sao Paulo at Ribeirao
Preto
College of Nursing
Av. Bandeirantes, 3900
14040-902 Ribeirao Preto, SP
Brazil
Tel (55-16) 633-0379
Fax (55-16) 630-2561 633-3271

Edilma Guevara

WHO Collaborating Centre for
Nursing/Midwifery Development in
Primary Health Care
UTMB School of Nursing
301 University Blvd., J29
Galveston, Texas 77555-1029
Tel (409) 772-5029
Fax (409) 772-5864/5118
E-mail eguevara@beach.utmb.edu