UTS

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# Stronger Together: The South Pacific Chief Nursing and Midwifery Officers Alliance

## 1. Summary of the impact

The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) was formed in response to an urgent need of collaboration and communication among senior health professionals in the South Pacific region.

Through mentorship programs, international meetings and strong relationship-building, the alliance has seen the strengthening of partnerships within the region as well as an overall improvement of health services available to the communities in even the most remote areas.

## 2. Problem

As a UN specialised agency, the World Health Organization's (WHO) South Pacific partnership consists of 14 countries encompassing of population of 10 million and hundreds of islands, many of which are very isolated. As a result, health professionals are scattered and many areas are understaffed due to their remote location. One of the key issues resulting from this was the lack of leadership, collaboration and cohesion that such working conditions inevitably imply.

In particular, healthcare workers in these areas were lacking confidence and coordination, as well as training in the areas of planning and leadership. In addition, there were gaps in knowledge and skill, predominantly due to the fact that staff was expected to have medical expertise in multiple clinical disciplines due to the labour shortage.

## 3. Beneficiaries

The South Pacific Chief Nursing and Midwifery Officers Alliance has had a domino effect that has benefitted various layers of the workforce and general population in the South Pacific. By strengthening the leadership in this field, health professionals feel more able and confident to respond to the needs of patients, and this inevitably benefits the population's wellbeing.

In addition, senior educators and senior leaders of nursing and midwifery are now able to impact and improve health service outcomes, innovate approaches to education of health professionals and make recommendations for health policy.
Today, the 14 countries in the alliance benefiting from this collaboration are Australia, the Cook Islands, Fiji, Kiribati, Papua New Guinea, Nauru, New Zealand, Niue, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. Due to the added challenge of a language barrier, collaboration with French Polynesia, New Caledonia, Wallis and Futuna is still in its early stages.

## 4. Approach to impact

A group of senior health professionals from the South Pacific approached UTS in 2004 in the hopes of establishing an alliance to address the issues in the area. By joining forces, the aim was to strengthen the workforce within the region through international collaboration and by sharing the challenges that affect the region.

In response to this, the alliance was established in 2004 under its former name South Pacific Chief Nursing Officers Alliance, incorporating midwifery in 2006. Subsequently, following a formal request, UTS became a World Health Organization Collaborating Centre (WHOCC) now serving as the Secretariat of the Alliance by supporting member countries and coordinating actions and events.

The WHO CC UTS team, headed by Director, Michele Rumsey and management team, took action to set up the formal alliance and establish means of communications in these regions to facilitate collaboration. According to Rumsey, it was important to serve as a bridge between the South Pacific and a large organisation such as the WHO to create this formal network, and to include Australia and New Zealand in the alliance for collaborative support. However, she stresses that there is a strong ethos to never be paternalistic, and the WHO CC UTS team has always understood that its role is to assist in partnership, not to dictate.

Among the many activities involved in the alliance was the set-up of a taskforce to engage Alliance members in discussion about country regulations and legislation that impact nursing and midwifery services. There was a strong focus on developing and implementing processes in a culturally appropriate way and foster partnership among the members to enable self-management. The WHO CC UTS team took on a facilitating role to enable communication and enable the member countries to assist each other. Especially in the areas of health workforce, policy and governance, the WHO CC UTS functioned as a point of liaison that helped connect individuals by using its knowledge to respond to the issues raised in meetings. Collegial generosity, advocacy, reciprocity and inclusiveness have been among the core values of the alliance to build strong and long-lasting relationships.

According to Rumsey, the first meetings tended to have a strong educational focus, including many presentations on leadership, staff roles and responsibilities. In line with this, the WHO CC UTS has been hosting the Australia Awards Fellowship (AAF) since

2009, a capacity-building mentoring program aimed at empowering nursing and midwifery professionals to strengthen the health systems in their home countries. This includes training in a combination of policy and clinical areas such as policy writing, health regulation and even specialised medical issues such as childhood obesity. Participating fellows who complete the program carry out a project in partnership with local mentors and SPCNMOA leaders in their home country. They are then able to use the project process to coordinate other programs, train their staff back home as well as new fellowship participants. Improving the skills and knowledge among nursing and midwifery officers continues to be an ongoing focus area for the WHO CC UTS.

## 5. What has changed as a result of this work?

### 5.1. The Outcomes

As the work is ongoing, there are a number of activities that continue to yield positive outcomes for health professionals and the health systems in which they operate.

The AAF mentoring program, which was born to address the leadership issues and needs, has seen nearly 120 participants graduate in one of the over 50 projects in all member countries. Of all the fellows who have participated, 85% have had major career developments and assumed senior roles in nursing and midwifery. Fellows have also implemented projects in their home countries in the areas such as succession planning, professional development, regulation and nursing/midwifery refresher training.

In terms of governance and leadership, the Alliance has also been involved with the Asian Pacific Emergency Disaster Nursing Network (APEDNN) since its inception in 2007.

Most importantly, as in the South Pacific 70-80% of the health workforce consists of nurses and midwives, a key change is that these professions are now represented at global summits. Five nursing and midwifery officers from our small isolated region attended the 2016 WHO World Health Assembly, one of whom represented their entire country. This annual UN event is attended by 193 member countries who vote on the health agenda for global health action. This has contributed to a stronger understanding among Pacific Leaders of the economic advantages of investing in nursing and midwifery for health populations.

### 5.2. Impact

Fast-forward over a decade of collaboration, relationship-building and professional development, the meetings have shifted focus from training to genuine collaboration in which problems and innovation are discussed among member states with equal contributions and autonomy.

According to Rumsey, the alliance has met its goal of moving from the many isolated, individual systems to a sophisticated and integrated alliance. This is the result of the trust,

longevity, consistency, and confidentiality of the collaboration over these many years. All those involved in the alliance have invested time and effort into building trusting relationships which are nurtured through continual interaction and teamwork.

In addition, professional development and partnership have become a key priority in the region. While individuals previously relied on funding to attend meetings and get involved, they now fund themselves to attend despite their limited resources as they have realised the importance of this union, and have gained respect for the work that takes place among the members.

Furthermore, health professionals in these regions now have the understanding and connections required to engage in policy making and have a vote on what will happen in their health systems, including strategies and priorities. As such, their voices are heard all the way to the health ministers' meeting, and regional health leaders can echo their voices at global conferences. Indeed, for the first time in history, members of the alliance now have a strong group and can participate in the global arena.

## 6. What has helped you accomplish this work?

### 6.1. Personal enabling factors

The team at the WHO CC UTS draws together a wealth of experience and knowledge in the area of nursing and midwifery, and while this was important for the educational and policy aspect of the alliance, Rumsey also credits the success of the work to a number of other factors.

Firstly, throughout the collaboration, the Australian team has fostered high regard and respect for their colleagues. Despite the recognisable power dynamics among the member states, the WHO CC UTS team acknowledges that local professionals have the best understanding of their own needs and issues.

The second enabling factor has been the team's experience not only in the industry and field, but also in various cultural settings. It is thanks to this extensive background of working internationally that the WHO CC UTS team has been able to communicate effectively with their overseas partners and offer the flexibility needed to operate across multiple nations.

### 6.2. External enabling factors

UTS as an institution, with its strong relationships, research focus, international platforms, and connection to the WHO has been a key enabler in this alliance.

Moreover, the AAF program received important funding from the Australian Government to make the leadership initiatives possible.

## 7. Challenges

There were a number of challenges and learnings over the course of the alliance, one major hurdle being the time required to communicate and collaborate. According to WHO CC UTS Project Manager Jodi Thiessen, while Australia is fortunate to have the infrastructure that allows for fast-speed communication, the situation is very different in many of the developing member states, and much time was required to send and receive information over such distances. Thiessen explains that the team adopted an empathetic mindset to understand the situation and approaches of the other alliance members, and work around the logistical difficulties.

Navigating the power dynamics and working with cultural sensitivity was an additional challenge that the team had to overcome. Thiessen argues that it is important to allow each member to carry out activities in their own way and at their own pace, even if it means that errors occur and need to be rectified. Since the goal has always been to allow member states to elaborate their own agenda and priorities and become self-sufficient, the team maintained the role of a partner and assistant, rather than that of a superior.

On a higher level, the team had to strike a balance between various bodies and interests. Among the various entities involved – including the WHO and the UTS Faculty of Health – there are competing priorities, structures and strategies that have to be adhered to without compromising the alliance's key mission and interests. It was important to maintain a fluid and flexible work approach that is genuine to its vision, rather than merely obeying rigid systems and strict grant conditions. Rumsey credits the success of achieving this balance to the wealth of knowledge and experience in this area among the WHO CC UTS team.

## 8. Associated research

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