
In response to the complexities of health services delivery within the context of cultures, world events, medical technologies, and natural and manmade disasters, WHO recognized the need for external resources to assist it to meet its goals. In line with WHO’s policy that research in the field of health is best advanced by assisting, coordinating and utilizing the activities of existing institutions, WHO Collaborating Centres were developed to support WHO with external expertise at the local, country and international levels. Of the 1,000 Collaborating Centres worldwide representing all the major health disciplines, 36, in 19 different countries, are dedicated to nursing and midwifery services, education, research and policy. These 36 Centres have joined forces as the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. Since its inception in 1987, the Global Network has developed into a significant force in international nursing leadership. Its far-reaching sphere of influence, its communications technology and its ability to develop collaborative projects, enable it to have a significant impact on the health of the people of the world.

DESCRIPTORS: world health organization; who; nursing; health policy; health administration; leadership; organization; collaboration; planning

LA RED GLOBAL DE CENTROS COLABORADORES DE LA OMS PARA EL DESARROLLO DE LA ENFERMERÍA Y PARTERÍA: UNA APROXIMACIÓN POLÍTICA A LA SALUD PARA TODOS A TRAVÉS DE LA EXCELENCIA EN ENFERMERÍA Y PARTERÍA

En respuesta a las complejidades de los servicios de salud en un contexto de diferentes culturas, eventos mundiales, avances tecnológicos médicos, desastres naturales y provocados por el hombre, la Organización Mundial de la Salud ha reconocido la necesidad de tener recursos externos para ayudar en la realización de sus metas. En consonancia con las políticas de la OMS que consideran que la investigación en el campo de la salud avanza en la medida que auxilia, coordina y utiliza las actividades de las instituciones ya existentes, los Centros Colaboradores de la OMS fueron creados para apoyar la OMS en sus áreas de especialidad en los niveles local, nacional e internacional. De los 1000 Centros Colaboradores existentes en todo el mundo, representando las diversas áreas de salud, 36, en 19 países diferentes, son dedicados a la enfermería y partería, en las áreas de educación, investigación y políticas. Los 36 Centros conegran fuerzas a través de la Red Global de Centros Colaboradores de la OMS para el Desarrollo de la Enfermería y Partería. Desde su creación, en 1987, la Red Global ha se tornado una fuerza significativa de liderazgo internacional. Su esfera de influencia, tecnologías de comunicación y habilidad en el desarrollo de proyectos colaborativos, permiten que tenga un impacto representativo en la salud mundial.

DESCRIPTORES: organización mundial de la salud; enfermería, política de salud; administración y planificación en salud

A REDE GLOBAL DE CENTROS COLABORADORES DA OMS PARA O DESENVOLVIMENTO DA ENFERMAGEM E OBSTETRÍCIA: UMA ABORDAGEM POLÍTICA À SAÚDE PARA TODOS ATRAVÉS DA EXCELENCIA EM ENFERMAGEM E OBSTETRÍCIA

Em resposta às complexidades dos serviços de saúde em um contexto de diferentes culturas, eventos mundiais, avanços tecnológicos médicos, desastres naturais e provocados pelo homem, a Organização Mundial da Saúde reconheceu a necessidade de contar com recursos externos para auxiliá-la na consecução de suas metas. Em consonância com as políticas da OMS que consideram que a pesquisa no campo da saúde avança na medida em que auxilia, coordena e utiliza as atividades das instituições já existentes, os Centros Colaboradores da OMS foram criados para apoiá-la em suas áreas de especialidade nos níveis local, nacional e internacional. Dos 1000 Centros Colaboradores existentes em todo o mundo, representando as diversas áreas da saúde, 36, em 19 países diferentes, dedicam-se à enfermagem e obstetrícia, nas áreas de educação, pesquisa e políticas. Esses 36 Centros congregam forças através da Rede Global de Centros Colaboradores da OMS para o Desenvolvimento da Enfermagem e Obstetrícia. Desde seu surgimento, em 1987, a Rede Global tem se tornado uma força significativa de liderança internacional. Sua esfera de influência, tecnologias de comunicação e habilidade no desenvolvimento de projetos colaborativos permitem que tenha um impacto representativo na saúde mundial.

DESCRITORES: organização mundial da saúde; enfermagem, política de saúde; administração e planejamento em saúde

1 Secretary General, Global Network of WHO Collaborating Centres for Nursing and Midwifery Development, Professor and Dean Emerita, College of Nursing and Health Science, George Mason University, e-mail: rcarty@gmu.edu
COLLABORATING CENTRES

A WHO Collaborating Centre is an institution designated by the World Health Organization to form a part of an international collaborative network carrying out activities in support of the organization’s programs at all levels. Of the more than 1,000 health-related Collaborating Centres, there are currently 36 for Nursing and Midwifery Development worldwide. The Nursing and Midwifery centres have formed a Global Network that dates back to 1989. The leadership for this global network development was provided by Dr. Amelia Mangay-Maglacas, who was Chief Nurse Scientist at WHO at that time (Maglacas A, 1989, unpublished document).

THE GLOBAL NETWORK FOR NURSING AND MIDWIFERY DEVELOPMENT

The Global Network of WHO Collaborating Centres for Nursing and Midwifery Development is dedicated to ”Health for All” through nursing and midwifery excellence. Its mission is “to maximize the contribution of nursing and midwifery in order to advance Health for All in partnership with the World Health Organization and its member states, member Centres, non-governmental organizations, and others interested in promoting the health of populations. The Network’s goal is to carry out advocacy and evidence based policy activities within the framework of WHA and regional resolutions and the WHO programs of work.”

HISTORICAL BACKGROUND

Historically, the need for organized attempts to impact the health of populations led to the creation of entities such as the International Sanitary Bureau in Washington D.C. in 1902. It was later re-named the Pan American Sanitary Organization, and is the forerunner of today’s Pan American Health Organization (PAHO), which also serves as WHO’s Regional Office for the Americas (AMRO). In 1919, the Health Organization of the League of Nations was set up in Geneva, in parallel with the International Office of Public Hygiene in Paris, and in 1946 the International Health Conference in New York approved the Constitution of the World Health Organization (WHO).

Adopted in 1946, the Constitution of the World Health Organization states that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States (Constitution, World Health Organization, Geneva 1989.) The health of world populations is of immense importance to the nurses of global societies, and in response to growing realities concerning the complexity of health within the context of cultures, world events, and natural and man-made disasters, other organized elements were needed for the superstructure of WHO to meet its goals. Opportunities were identified to tap external expertise that could assist in the goal of Health for All at the local, country and international levels. The World Health Organization Collaborating Centres were developed in response to that need.

THE PROCESS TO BECOME A CENTRE

The World Health Organization is headquartered in Geneva, Switzerland and carries out its health programs of work both directly from headquarters and via its regional and country offices. The World Health Assembly defines the geographical areas that constitute the WHO regions, and in accordance with the WHO Constitution, each regional organization is an integral part of WHO. The regions are:
- AFRO WHO Region for Africa
- AMRO WHO Region for the Americas
- EMRO WHO Region for the Eastern Mediterranean
- EURO WHO Region for Europe
- SEARO WHO Region for South East Asia
- WPRO WHO Region for the Western Pacific

It is important to know these regions of the world to understand how WHO priorities are identified and how plans of work are developed and implemented to meet the health needs represented by the priority areas. Meeting health needs locally regionally and globally is a key factor in how Collaborating Centres develop and are designated by WHO.

The application to become a Centre is formal and must include “Terms of Reference” or guiding principles and goals of the prospective Centre, examples of activities, and outcomes that meet local health needs, and the health goals of the Region and WHO. As a technical arm of WHO, a prospective Collaborating Centre bears a responsibility to be
actively engaged in a plan of work with real results.

Although the final designation decision comes from WHO, the process of becoming a Centre is lengthy and complex. Several entities are involved, including the institution where the Centre is located, the country of origin’s ministry of health (in the U.S. it is the Surgeon General’s Office), and the WHO office of the world region where the Centre is located. Prospective Centres must demonstrate throughout a two-year probationary period that they are indeed engaged in international health activities that meet the health goals of the WHO Region and WHO as a whole.

**NURSING AND MIDWIFERY CENTRES**

The 36 WHO Collaborating Centres for Nursing and Midwifery Development are described: The full list of WHO Collaborating Centres for Nursing and Midwifery Development is as follows:

**WHO Region for Africa (AFRO)**

**Botswana**
- WHO Collaborating Centre for Nursing Development towards HFA/PFC
  Department of Nursing Education, University of Botswana

**South Africa**
- WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving
  School of Nursing, University of Natal
- WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development
  Department of Health Studies, University of South Africa

**WHO Region for the Americas (AMRO)**

**Brazil**
- WHO Collaborating Centre for Nursing Research Development
  College of Nursing at Ribeirao Preto, University of São Paulo

**Canada**
- WHO Collaborating Centre for Nursing and Mental Health
  University of Alberta
- WHO Collaborating Centre for Nursing Development for Primary Health and Educational Methodology
  School of Nursing, McMaster University
- WHO Collaborating Centre for International Nursing Development in Leadership, Administration and Clinical Practice
  The Gerald P. Turner Department of Nursing
  Mount Sinai Hospital, Toronto

**Colombia**
- WHO Collaborating Centre for the Development of Innovative Methodologies in the Teaching-Learning in PHC
  Colombian Association of Teachers of Nursing (ACOFAN)

**Mexico**
- WHO Collaborating Center for Nursing
  School of Nursing and Midwifery
  National Autonomous University of Mexico

**USA**
- WHO Collaborating Center for International Nursing
  University of Alabama at Birmingham
- WHO Collaborating Center for Nursing
  Frances Payne Bolton School of Nursing
  Case Western Reserve University
- WHO Collaborating Center for Research and Clinical Training in Nursing
  School of Nursing, University of California
- WHO Collaborating Center for International Nursing Development in Advanced Practice
  School of Nursing, Columbia University
- WHO Collaborating Centre for Health Policy, Health Care Ethics, Health Systems Management, Nursing Administration and Post Graduate Health Science
  College of Nursing and Health Science
  George Mason University
- WHO Collaborating Center for International Nursing Development in PHC
  College of Nursing, University of Illinois at Chicago
- WHO Collaborating Center for Information Systems in Nursing Care
  The Institute for Johns Hopkins Nursing, Baltimore, Maryland
- WHO Collaborating Centre for Mental Health Nursing
  University of Maryland School of Nursing
- WHO Collaborating Center for Research and Clinical Training in Health Promotion Nursing
  School of Nursing, University of Michigan
- WHO Collaborating Center for Nursing and Midwifery Leadership
  School of Nursing, University of Pennsylvania
- WHO Collaborating Centre for Nursing and Midwifery Development in Primary Health Care
  University of Texas School of Nursing
The WHO Collaborating Centres are distributed throughout the world in WHO regions as listed in Table 1.

Table 1 - Distribution of the WHO Coll Centers in WHO Regions

<table>
<thead>
<tr>
<th>WHO Region for Africa (Afro) (3 Centres)</th>
<th>WHO Region for the Americas (AMRO/PAHO) (18 Centres)</th>
<th>WHO Region for the Eastern Mediterranean (EMRO) (2 Centres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>Brazil</td>
<td>Bahrain</td>
</tr>
<tr>
<td>South Africa (2)</td>
<td>Canada (3)</td>
<td>Jordan</td>
</tr>
<tr>
<td>WHO Region for Europe (EURO) (6 Centres)</td>
<td>WHO Region for South East Asia (SEARO) (4 Centres)</td>
<td>WHO Region for the Western Pacific (WPRO) (3 Centres)</td>
</tr>
<tr>
<td>Denmark</td>
<td>India (2)</td>
<td>Japan</td>
</tr>
<tr>
<td>Finland</td>
<td>Mexico</td>
<td>Korea</td>
</tr>
<tr>
<td>Germany</td>
<td>Colombia</td>
<td>Philippines</td>
</tr>
<tr>
<td>Slovenia</td>
<td>USA (12)</td>
<td></td>
</tr>
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<td></td>
<td>WHO Region for Midwifery College of Nursing, University of the Philippines Manila</td>
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The WHO Collaborating Centres are distributed throughout the world in WHO regions as listed in Table 1.
Figure 1 demonstrates an organizational chart showing the relationship between the Collaborating Centres, the WHO regions, and WHO.

**GLOBAL NETWORK PROGRESS**

There have been twelve biennial general meetings of the Global Network since its inaugural meeting in Maribor, Slovenia in 1988. The last meeting was in South Africa, in February 2004. Interim meetings have also been held most years.

A significant advantage for the Nursing and Midwifery Centres individually and the Global Network as a whole was the strong leadership of the WHO Senior Scientist for Nursing and Midwifery from 1999-2003, Dr. Naeema Al-Gasseer. Dr. Al Gasseer, representing WHO, was a dynamic interactor with individual Centres, the Regions and the Network, striving constantly to encourage collaborative activities with positive outcomes that meet the health needs of the Regions and the world.

The WHO Collaborating Centres for Nursing and Midwifery Development have had excellent success in organizing at the global, regional and local levels. Networking and collaborating has occurred to meet the WHO goal of Health for All through Primary Health Care. In recent years the Global Network has emerged as an active policy player in international nursing initiatives and consultations.

In the Region of the Americas (AMRO), the WHO Collaborating Centres for Nursing and Midwifery Development are organized into the Pan American Health Organization (PAHO) Assemblage of Nursing and Midwifery Collaborating Centres (PANMCC) whose Vision Statement addresses advancing the global concept of Health for All by facilitating understanding among, and cooperative initiatives between, the Collaborating Centres for Nursing and Midwifery within the region. The PANMCC Mission Statement and Goals focus on the achievement of the goals of WHO and PAHO of Health for All through Primary Health Care. The current Chair of the PANMCC is Dr. Isabel Amélia Costa Mendes, Director of the WHO Collaborating Centre for Nursing Research Development at the College of Nursing at Ribeirão Preto, Brazil. The Figure 2 shows an organizational chart with the relationship of the Collaborating Centres to WHO and PAHO.
Table 2 - Global Network Policy Activities

<table>
<thead>
<tr>
<th>Governance and Policy (Internal)</th>
<th>(Nursing and Midwifery Health Policy (External))</th>
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</thead>
<tbody>
<tr>
<td>Interim General Meeting in Copenhagen, June 2001</td>
<td>Representation at ICN invitational meeting in November 2000: &quot;Nursing leadership in the new millennium: Envisioning the future&quot;.</td>
</tr>
<tr>
<td>Conducted biannual general meeting of the Global Network in CHicago 2002</td>
<td>Publication of Constitutional Notes and Structural Guidelines, June 2001</td>
</tr>
<tr>
<td>Logo development and recognition to promote network identity</td>
<td>Membership by the Secretary General on the WHO Director General's Global Advisory Group for Nursing and Midwifery (GAG NIM) from November 2000.</td>
</tr>
<tr>
<td>Development and implementation of an interactive web site</td>
<td>Participation at Global Partnership Forum in Atlanta, October 2001</td>
</tr>
<tr>
<td>Developed and implemented an active list serve for members' communication</td>
<td>Partner status with WHO, along with the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM)</td>
</tr>
<tr>
<td>Established a membership data base</td>
<td>Developed, implemented and distributed biennial issues internationally of Nursing and Midwifery Links, the official publication of the Global Network.</td>
</tr>
<tr>
<td>Strategic Plan revision to be reflective of WHO priorities and Strategic Directions: Nursing and Midwifery Services 2002-2008</td>
<td>Participation in the development and implementation of the Strategic Directions for Nursing and Midwifery Services, 2002-2008</td>
</tr>
<tr>
<td>Development of organizational/institutional partnership</td>
<td>Use of this brief as a strategic tool in support of the resolution 54.12 at the May 2003 World Health Assembly (WHA)</td>
</tr>
<tr>
<td>Posted of members' reports on the worldwide web</td>
<td>Achieved, along with nursing and midwifery partners, a continuing consideration of the above Nursing and Midwifery resolution with reports to the WHA every two years</td>
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<tr>
<td>Revised dues structure in accordance with nation financial status for equitable sharing of costs</td>
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CONCLUSION

Since 1987, the Global Network has developed, organized, and stabilized into a significant player in the area of international nursing leadership. The Network’s far-reaching sphere of influence, its communications capability, and its ability to develop collaborative projects, enable it to have a significant impact with outcomes that make a difference.