



# GAPFON

Global Advisory Panel  
on the Future of Nursing & Midwifery

*Bridging the gaps for health*

Convened by  
**The Honor Society of Nursing,  
Sigma Theta Tau International**



Sigma Theta Tau International  
Honor Society of Nursing®

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Sigma Theta Tau International  
550 West North Street  
Indianapolis, IN, USA 46202

For more information, please see [www.gapfon.org](http://www.gapfon.org)

To request author information, or for speaker or other media requests, contact Marketing, Honor Society of Nursing, Sigma Theta Tau International at 888.634.7575 (US and Canada) or +1.317.634.8171 (outside US and Canada).

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Edited by Patricia E. Thompson, EdD, RN, FAAN, Cynthia Vlasich, MBA, BSN, RN, and Tina Darling, MPA

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## REGIONAL SPONSORS

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# EXECUTIVE SUMMARY



## PURPOSE

The purpose of the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON®) is to establish a voice and vision for the future of nursing and midwifery that will advance global health while simultaneously strengthening professional roles. GAPFON provides a platform for nursing and midwifery to have an inclusive voice worldwide, to be a catalyst for global health partnerships and collaborations, and to help develop and influence policy and practice. In addition, GAPFON provides strategies on how nursing and midwifery can improve global health outcomes and contribute to strengthening healthcare systems.

## PROCESS

The Honor Society of Nursing, Sigma Theta Tau International (STTI) convened GAPFON to proactively meet the need for a cohesive, global approach to address challenges in the evolving healthcare climate pertaining to quality care, improved global health, and the roles of nursing and midwifery. This was accomplished through:

- Identifying expert stakeholders from nursing and midwifery
- Convening a core panel of expert stakeholders across global regions to develop a plan for moving GAPFON forward
- Convening seven global regional meetings with key stakeholders to identify through consensus-building:
  - Priority health and professional issues
  - Strategies to address each issue
- Analyzing regional meeting data and prioritizing issues and strategies within and across regions
- Incorporating formative and summative evaluations as part of the process
- Developing and disseminating a summary GAPFON report

## RESULTS

Data from core panel meetings as well as from consensus-building at each of the seven regional meetings were analyzed and weighted to identify common themes, prioritize global professional and health issues, and develop strategies to address those issues.

After extensive regional discussions, the synthesis of data clearly identified *Leadership* as the core professional issue; stakeholders repeatedly noted that strong leadership provides the foundation for advancement of all other professional areas. They identified excellence in five other key professional areas as vital to furthering nursing and midwifery. Those areas are *Policy* (including *Regulation*), *Workforce*, *Practice*, *Education*, and *Research*. Stakeholders identified these areas as being interrelated, equally important, and mutually reliant on Leadership. This identification and prioritization of professional issues led to the development of the GAPFON Model™.

Advances in these professional areas are expected to lead to an enhanced role and image, meaningful inclusion and diversity, capacity building, evidence-based practice, and ultimately, the delivery of quality care. Such advances will focus on key global health issues identified by regional stakeholders and will contribute to achieving the global health agenda.

Synthesis of data from extensive discussions at the regional level regarding global health issues led to the identification and prioritization of the following five global health issues:

1. Noncommunicable Diseases, including Chronic Diseases
2. Mental Health, including Substance Abuse and Violence
3. Communicable Diseases
4. Disaster Preparedness and Response
5. Maternal-Child Health.



Nurses and midwives also have a significant role in effectively addressing many other important health issues, such as aging, health inequities, migrant/refugee health, HIV/AIDS, tuberculosis, and emerging infections. The global regional stakeholders developed strategies, based on those suggested by the core panel, that they felt were essential to address both global health and professional issues. These strategies aligned well with the GAPFON Model and are noted

under Leadership as well as in the areas of Policy (including Regulation), Workforce, Practice, Education, and Research.

Implementation planning will be the focus of the next phase of work for GAPFON. GAPFON will collaborate with organizational partners to develop implementation plans that include specific recommendations, action plans, measurable outcomes, and evaluation.

“The purpose of the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON) is to establish a voice and vision for the future of nursing and midwifery that will advance global health while simultaneously strengthening professional roles.”

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# INTRODUCTION



In 2013, leaders within the Honor Society of Nursing, Sigma Theta Tau International (STTI) noted that the evolving healthcare climate pertaining to quality care, and the call for improved global health and universal healthcare, presented a compelling and urgent need for nurses and midwives to have a voice and participate in determining and implementing healthcare changes. Recognizing that nurses and midwives play an enormous part in strengthening health systems, and the need for a cohesive, global approach to proactively address challenges, they suggested creating a global body specific to nursing and midwifery to provide advice and guidance to meet these challenges. Thus, the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON) was established.

Given the imperative for global health improvement and universal healthcare access, nurses and midwives—long recognized as primary patient advocates—are key stakeholders regarding future planning for the

advancement of world health. Although the specific focus of GAPFON relates to nursing and midwifery, the interprofessional and collaborative nature of global health and its systems is strongly recognized (Klopper & Hill, 2015).

Like other healthcare professionals, nurses and midwives support the idea that an investment in health results in an enormous payoff for global citizens and the countries where they live (High-Level Commission on Health Employment and Economic Growth, 2016; Jamison et al., 2013). Globalization has created opportunities for nurses and midwives to have a role in shaping health at the policy, practice, and educational levels; the engagement of nurses and midwives is vital to achieving global health, since they constitute an estimated 50% (World Health Organization, 2016a) to 80% (Hughes, 2006) of the healthcare workforce. GAPFON is meant to be a catalyst to support nursing and midwifery in this global endeavor.

“Given the imperative for global health improvement and universal healthcare access, nurses and midwives—long recognized as primary patient advocates—are key stakeholders regarding future planning for the advancement of world health.”

# CONTEXT



## BACKGROUND

Globalization is increasingly driving and reshaping the global agenda in areas such as health, technology, and urbanization. As stated by the World Health Organization (WHO), globalization is the “increased interconnectedness and interdependence of peoples and countries” and “has the potential for both positive and negative effects on the development of health” (2017, para. 1). Over the past two decades, the international development agenda, as reflected in the United Nations Millennium Development Goals (United Nations, 2006), has prioritized funding and support for initiatives relating to infectious diseases such as HIV/AIDS, tuberculosis, and malaria, as well as maternal, newborn, and child health (MNCH). However, the direction of the global agenda changed in September 2015 when the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, setting the stage with 17 Sustainable Development Goals (SDGs, also known as the Global Goals) (United Nations, 2017), including 169 identified targets to meet these Goals.

Adoption of the SDGs and targets drew attention to a broader range of health issues, including communicable diseases; noncommunicable diseases (NCDs); substance abuse; environmental issues; reproductive health; maternal, newborn, and child health (MNCH); the need for universal health coverage (UHC); the need for improved resources for the healthcare workforce; and global health security. Although SDG 3, Good Health and Well-being, specifically focuses on health, the other 16 goals—including those such as Clean Water and Sanitation, No Poverty, and No Hunger—clearly emphasize social determinants of health and the trend of health-interconnectedness (United Nations, 2017), thereby shifting global health priorities from narrow, discrete goals to broad-based, inclusive goals. The dynamics behind the development of the SDGs, the Global Health Security Agenda (2017), and the Paris Agreement (United Nations Framework Convention on Climate Change, 2017) are based on engagement, collaboration, and inclusion. This approach

is also reflected in the World Health Organization’s *Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020* (2016a). Accordingly, the expanding role for nursing and midwifery in global health reflects the borderless nature of global health challenges.

Although nurses and midwives constitute at least 50% of the healthcare workforce, GAPFON leadership noted that nurses and midwives’ opinions are frequently inaudible, and they often do not have a unified platform from which to speak. The perception exists in some organizations that dividing and diluting the voice of nurses and midwives will bring about continued silence (Klopper, Darling, Vlasich, Catrambone, & Hill, 2017). In fact, the risk with different voices is that there may be no coherent, unified message to advance nursing and midwifery.

The lack of a unified and influential voice is a major challenge, especially in positioning nurses and midwives as leaders in contributing to global health. Against the background of divided voices, and with the emergence of a fresh era focusing on the new global health agenda, STTI accepted the challenge to address this situation. Hence, STTI established the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON) in November 2013.

## PURPOSE

The purpose of GAPFON is to establish a voice and vision for the future of nursing and midwifery that will advance global health while simultaneously strengthening professional roles. GAPFON provides a platform for nursing and midwifery to have an inclusive voice worldwide, to be a catalyst for global health partnerships and collaborations, and to help develop and influence policy and practice. In addition, GAPFON provides strategies on how nursing and midwifery can improve global health outcomes and contribute to strengthening healthcare systems.

“Although nurses and midwives constitute at least 50% of the healthcare workforce, GAPFON leadership noted that nurses and midwives’ opinions are frequently inaudible, and they often do not have a unified platform from which to speak.”

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# PROCESS





## THE CORE PANEL

With the guidance and vision of Hester Klopper, PhD, MBA, RN, RM, FANSA, FAAN, ASSAF, STTI President (2013–2015), and Martha Hill, PhD, RN, FAAN, GAPFON Chair, STTI assembled global experts from seven regions of the world in March 2014 to launch GAPFON. The global experts—from Australia, Brazil, Canada, England, Hong Kong, Jordan, South Africa, Thailand, and the United States—were intentionally selected to ensure diverse experience, expertise, and geography (Klopper & Hill, 2015). These experts became the GAPFON core panel members. In 2017, membership rotation brought two new members to the panel, representing Ireland and Belgium (Appendix A). A subgroup of the core panel was established as the Executive Committee to facilitate the work of the initiative on an ongoing basis (Appendix B).

## CORE PANEL MEETINGS

Prior to the initial meeting, panel members were asked to respond to a two-question survey:

1. What do you believe are the three most important issues that need to be addressed relating to a global voice and vision of nursing?
2. Please provide your thoughts on the present status of each of the three issues you identified in question #1.

The results of this survey, combined with a literature review of relevant evidence-based data on global health and global nursing and midwifery, provided baseline data that served as a launching point for the meeting process to begin.

One pertinent question quickly arose in the initial GAPFON core panel discussions: What does *global health* mean? Several publications over the past decade have focused on the clarification and conceptualization of global health. A GAPFON task team of the core panel conducted an extensive literature

review of existing global health definitions and proposed a comprehensive definition of global health (Wilson et al., 2016). One component of this definition described global health as “an area for practice, study and research that places a priority on improving health, achieving equity in health for all people (Koplan *et al.* 2009) and ensuring health-promoting and sustainable sociocultural, political and economic systems (Janes & Corbett 2009)” (Wilson et al., 2016, p. 1536). This definition is consistent with the All-Party Parliamentary Group on Global Health (APPG) Triple Impact report, which outlines how strengthening nursing will have the triple impact of improving health, promoting gender equality, and supporting economic growth (APPG, 2016). The challenge for nursing and midwifery, therefore, is to align with the global agenda and to demonstrate the role of nurses and midwives in improving global health.

The core panel discussion regarding the most important issues for a global voice and vision for nursing and midwifery resulted in the identification of four priority professional issues: Leadership, Policy (including Research), Education/Curriculum, and Workforce/Work Environment/Practice.

The core panel also identified 12 strategies to move these four priority professional issues forward:

1. Build and share evidence of the value of nursing and midwifery: return on investment;
2. Establish and participate in intersectoral collaboration to improve outcomes;
3. Participate in and influence health policy and the global health agenda;
4. Cultivate and position leaders at all levels;
5. Create and implement an evidence-based policy agenda;
6. Align a united nursing and midwifery policy voice;

7. Advance a systems approach to Human Resources for Health;
8. Advocate for healthy work environments;
9. Promote quality nursing and midwifery practice;
10. Maximize scope of nursing and midwifery practice;
11. Ensure regulation of licensure and accreditation of nursing and midwifery education programs;
12. Advocate for reform of educational programs to ensure innovative, interprofessional, and systems approaches.

The core panel also identified the priority global healthcare issues where they felt nurses and midwives were vital in achieving positive outcomes. Through discussion and consensus-building, the core panel determined that the following three global healthcare issues would provide the basis for further discussion at regional meetings:

- Maternal-Child Health
- Disaster Preparedness and Response
- Noncommunicable Diseases (NCDs)

The GAPFON core panel strongly recommended that STTI convene similar meetings in global regions around the world to engage key stakeholders across disciplines, including ministers of health and nursing and midwifery leaders. The purpose for these meetings would be to 1) prioritize the identified global healthcare issues and professional issues to determine their resonance within each region; 2) identify and prioritize additional healthcare and professional issues unique to each region; and 3) develop strategies regarding these issues that are both global as well as specific to each region.

In addition, the core panel met in person and via conference call throughout the entire process to advise and advance the work of GAPFON.

## REGIONAL STAKEHOLDER SELECTION

In constructing the lists of stakeholders to receive invitations to the GAPFON regional meetings, the core panel placed primary importance on identifying the key nursing, midwifery, practice, education, regulatory, and governmental leaders in each region. A major focus was to invite leaders from several areas: nursing and midwifery professional associations representing various constituencies, ministers of health, and leaders in other governmental positions of influence. Core panel members devoted a great deal of effort to ensure that a balance of stakeholders existed for each regional meeting, with representation from education, practice, administration, regulation, and government. Another priority was identifying leaders from professions outside of nursing and midwifery—especially those who lead healthcare systems and governmental agencies—and other relevant stakeholders whose work crosses over to health workforce and healthcare-related issues (WHO, 2016b).

Individual stakeholders from other healthcare-related disciplines, such as medicine, pharmacy, and social work, were also identified and invited. In addition, the core panel extended invitations to interprofessional groups and associations related to nursing, as well as to other groups of health professionals. Ministers of health across many regions sent representatives to the regional meetings. An observer registration process was implemented for individuals who wished to attend the meetings but were not invited as stakeholders. Observers were provided a separately moderated table and discussed the topics as they evolved; they also had the opportunity to network with stakeholders at various times during the meeting breaks.

## REGIONAL MEETINGS

In response to the recommendations from the core panel, STTI convened GAPFON meetings with experts from countries (Appendix C) in the following seven global regions:

- South East Asia/Pacific Rim, 15–16 June 2015, Seoul, Republic of Korea
- Caribbean, 17–18 July 2015, San Juan, Puerto Rico
- Latin/Central America, 20–21 July 2015, San Juan, Puerto Rico
- North America, 22–23 February and 25–26 February 2016, Washington, DC, USA
- Middle East, 23–24 March 2016, Abu Dhabi, UAE
- Europe, 1–2 June 2016, Amsterdam, The Netherlands
- Africa, 18–19 July 2016, Cape Town, South Africa

Regional meeting stakeholders, noted for their visionary thought leadership and for involvement at various levels of education, government, regulation, practice, and administration, represented nursing and midwifery (Appendix D).

Prior to each global regional meeting, stakeholders received a pre-meeting survey (Appendix E). Individual results were collated and the aggregate data provided information for discussion at each meeting. Through a group consensus process, stakeholders identified

and prioritized global health and professional issues. Strategies to address these issues were subsequently identified.

Face-to-face interactions with stakeholders at the meetings allowed GAPFON leaders to immerse themselves in each group's dynamic, enabling extensive collection of regional data as well as observation of "small cues" that determined how to proceed next and how to understand the context and cultural variations of the discussion (Tracy, 2013). Not surprisingly, discussion by regional stakeholders from different countries, cultures, and health systems resulted in varying outcomes from one meeting to the next. The flexibility of the consensus-building process allowed for these differences.

## EVALUATION

Formative and summative evaluation was incorporated across the regional meetings. A debriefing occurred with the stakeholders at the end of each meeting as part of the formative evaluation. In addition, the GAPFON Executive Committee debriefed immediately following each meeting, including an overall evaluation and recommendations regarding how to streamline and clarify the process for the next regional meeting. Although minor modifications occurred to enhance meeting participation as the schedule unfolded, the overall consensus-building process remained the same across regions. After completion of the regional meetings, data were analyzed, weighted, and summarized.

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# REGIONAL RESULTS



“GAPFON provides a platform for nursing and midwifery to have an inclusive voice worldwide, to be a catalyst for global health partnerships and collaborations, and to help develop and influence policy and practice.”

## HEALTH ISSUES

Through group discussion and consensus-building, the three global health issues initially identified by the core panel (Maternal-Child Health, Disaster Preparedness and Response, and Noncommunicable Diseases) were considered and discussed at length during each of the seven regional meetings. These global health issues were changed and/or repositioned in order of importance, based on the priorities and current situations within each region.

The data from all regional meetings were analyzed and weighted to identify common themes and determine alignment of global health issues (Appendix F). Reflecting the cumulative rankings across all regions, the top five global health priorities were:

1. Noncommunicable Diseases, including Chronic Diseases
2. Mental Health in general, as well as secondary to Substance Abuse and to Violence
3. Communicable Diseases
4. Disaster Preparedness and Response
5. Maternal-Child Health

Each of these priority health issues correlates with the United Nation's Sustainable Development Goals (Appendix G) for improving health across all countries.

In addition to the five global health priorities noted above, the following global health issues were also identified as areas of concern:

- Healthy Aging and Care for the Elderly
- Health Equities/Disparities and Poverty
- Healthcare for Migrants/Refugees
- HIV/AIDS
- Tuberculosis
- Emerging Infections
- Antimicrobial Resistance (AMR)

As stated, the five global health priorities reflect cumulative rankings across all regions. The specific health priorities identified by each region are covered in the following pages.

## GLOBAL HEALTH ISSUES

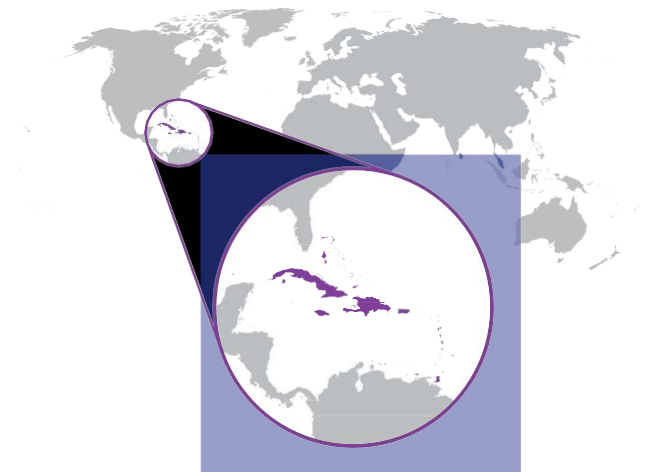
### SOUTH EAST ASIA/PACIFIC RIM REGION

- Noncommunicable Diseases
- Chronic Diseases
- Aging/Aged
- Maternal-Child Health
- Mental Health/Suicide
- Communicable Diseases
- Disaster Preparedness



### CARIBBEAN REGION

- Mental Health/Substance abuse
- Noncommunicable Diseases/  
Chronic Diseases
- Maternal-Child Health
- Communicable Diseases
- Disaster Preparedness and Response
- Healthy Aging



## LATIN/CENTRAL AMERICA REGION

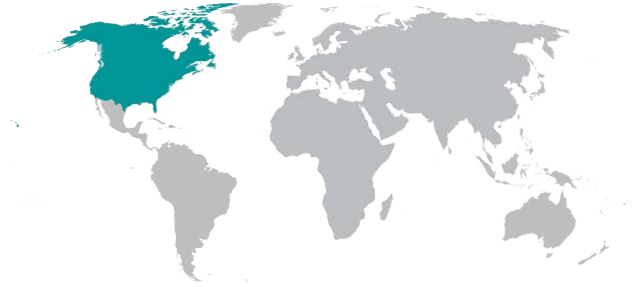
- Noncommunicable Diseases
- Maternal-Child Health
- Communicable Diseases
- Disaster Preparedness
- Mental Health/Violence/  
Substance Abuse
- Aging



## NORTH AMERICA REGION

### Group 1

- Diseases
- Mental Health/Violence
- Poverty/Health Disparities
- Maternal-Child Health



### Group 2

- Health Equity/Poverty
- Mental Health
- Noncommunicable Diseases/  
Chronic Diseases
- Disaster Preparedness



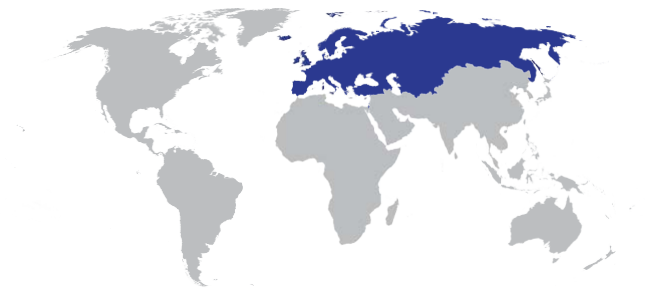
## MIDDLE EAST REGION

- Disaster Preparedness and Response
- Noncommunicable Diseases
- Communicable Diseases
- Mental Health



## EUROPE REGION

- Noncommunicable Diseases
- Mental Health
- Aging
- Maternal-Child Health
- Migrant/Refugee Healthcare Issues
- Communicable Diseases



## AFRICA REGION

- Maternal-Child Health
- Communicable Diseases
- Noncommunicable Diseases
- Mental Health



## PROFESSIONAL ISSUES

The four professional issues identified by the core panel—Leadership, Policy (including Research), Education/Curriculum, and Workforce/Work Environment/Practice—were presented to stakeholders at each global regional meeting via a pre-meeting survey (Appendix E). The regional stakeholders were asked to revise, prioritize, and add other professional issues they felt were pertinent within their region. Their individual responses were aggregated to provide the baseline for discussion as each regional group began to build consensus.

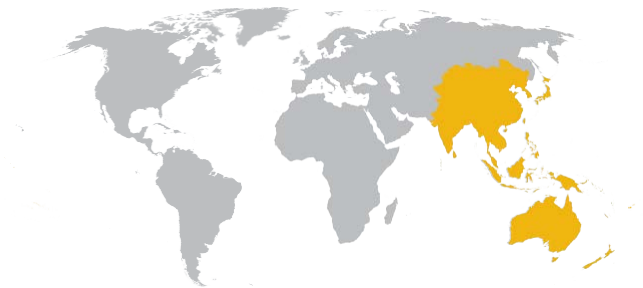
Both cohesiveness and diversity in experiences, as well as in frames of reference, were noted during rich discussions as each group was challenged to build consensus regarding priorities for these issues. Each global region agreed with the core panel that the key issues for the profession of nursing and midwifery are Leadership, Policy (including Research), Education/Curriculum, and Workforce/Work Environment/Practice. However, these issues were prioritized differently from region to

region. For example, unlike the core panel, regional stakeholders believed that Research should be identified as a separate issue, instead of reflected as part of Policy. Also, they believed that Work Environment should be seen as part of Practice, whereas Workforce needed to be addressed separately.

The discussion surrounding identification and prioritization of the most important professional issues within each region was highly engaging. Stakeholders from different countries and backgrounds within any given region presented various opinions based on their experiences. Through discussion, strategic prioritization methods, and consensus-building activities, each region's stakeholders came to agreement on the professional issues of highest priority for their specific region. Some regions chose not to prioritize in rank order, choosing instead to develop models. In those regions where the professional issues were identified in rank order, they are as follows:

### SOUTH EAST ASIA/PACIFIC RIM REGION

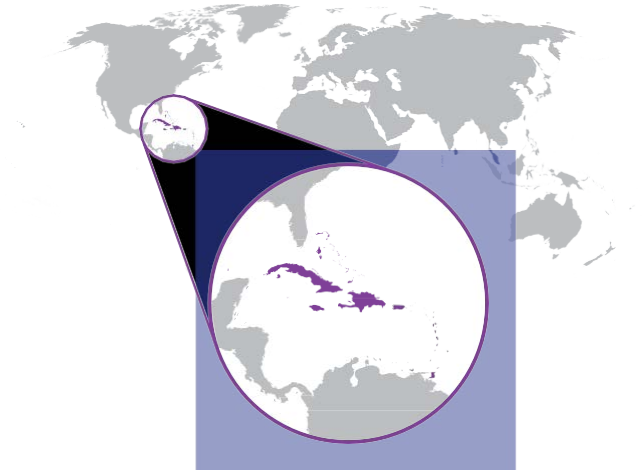
- 1 Policy (including Research)
- 2 Leadership
- 3 Education/Curriculum
- 4 Workforce/Work Environment/Practice



Stakeholders from South East Asia/Pacific Rim represented some of the greatest diversity in their frames of reference within all the global regional meetings due to differences in country demographics and resource availability. Yet each of the four professional issues identified above strongly resonated with these stakeholders to a greater or lesser extent, given their specific country and local environments.

## CARIBBEAN REGION

- 1 Leadership
- 2 Workforce/Work Environment/Practice
- 3 Policy (including Research)
- 4 Education/Curriculum



The Caribbean stakeholders also felt strongly that awareness of cultural diversity and its impact on healthcare and health systems was an overarching theme applicable to all professional issues.

## LATIN/CENTRAL AMERICA REGION

- 1 Leadership and
- 1 Policy (tied for most important)
- 3 Education/Curriculum
- 4 Workforce/Work Environment/Practice



Leadership was identified as a predominant theme for all professional issues because it “migrates throughout all,” as stated by regional stakeholders.

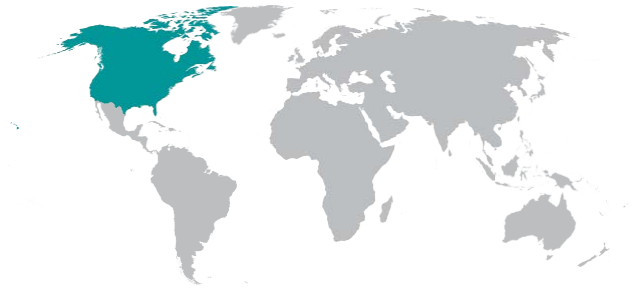
The Latin/Central America stakeholders suggested that a model be developed to demonstrate the interrelatedness between these issues, instead of a rank-order listing.

In their discussions, the following regions agreed that a model would better reflect the relationships among the professional issues.

## NORTH AMERICA REGION

Due to the number of stakeholders within Canada and the United States, this region was separated into two meetings, noted below as Group One and Group Two.

Rather than listing the professional issues in priority order, both groups determined that they would prefer to create models to reflect the relationship among the professional issues and how these issues are integrated.



### Group One North America Model

Group One stakeholders viewed Global Health Leadership as the centerpiece. They also felt that Research should be listed separately, instead of including it under Policy. They agreed that the following model represents the consensus of their group's opinion regarding the relationship of these professional issues:

#### NORTH AMERICA GROUP 1: Key Issues



### Group Two North America Model

Group Two stakeholders felt that all priority issues should be evidence-based and reflect meaningful inclusion and diversity. They agreed that the following model accurately depicts their consensus regarding the relationship of these professional issues:

#### NORTH AMERICA GROUP 2: Key Issues



## MIDDLE EAST REGION

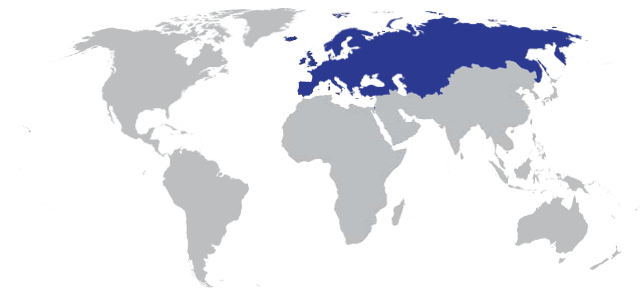


Middle East stakeholders also felt that the professional issues are interrelated, not hierarchical. They believed that evidence must provide a foundation for all, that Regulation needs to be specifically noted, and that Workforce and Practice need to be separated. In addition, they thought that all the unique issues interface with Leadership at

the core. Accordingly, their group consensus regarding the relationship among the professional issues is reflected in the following diagram:



## EUROPE REGION



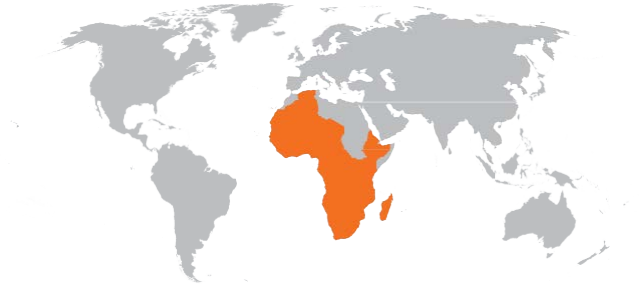
Stakeholders in the Europe region agreed that Research could be seen as part of Policy; however, they more strongly believed that Regulation should be tied with Policy. Like the Middle East region stakeholders, they felt that Workforce and Practice are separate issues and noted that all the priority issues are interrelated. Once again, they placed

Leadership in the center, demonstrating its influence on all other issues. Depicting quality care as the primary overarching goal of their model was important to Europe stakeholders. They came to consensus that the following diagram accurately represents their approach regarding the relationship and integration of these professional issues and relevant points:



## AFRICA REGION

In Africa, stakeholders agreed that the identified four professional issues were of highest priority; however, they felt that Policy would encompass Regulation and Accreditation for the nursing profession and for health systems. The graphic below illustrates their prioritized professional issues and reflects their agreement that these issues should be anchored on 1) the Image of Nursing, including Professionalism, and 2) Capacity Building.





## SUMMARY

In summary, nursing and midwifery leaders across all global regions agreed that the four global professional issues initially identified by the core panel are key priorities within their regions. However, each group provided a unique perspective on how these issues resonate within their respective regions and how they could be defined, modified, and framed to reflect unique regional characteristics, challenges, and priorities.

Synthesis of data from extensive regional discussions clearly identified Leadership as the core professional issue; stakeholders repeatedly noted that strong leadership provides the foundation for advancement in all other professional areas. They identified excellence in

the five other key professional areas as vital to furthering the professions of nursing and midwifery. Those five areas are Policy (including Regulation), Workforce, Practice, Education, and Research. Stakeholders identified these areas as interrelated, equally important, and mutually reliant on Leadership. Additionally, they observed that achievement in these professional areas would lead to an enhanced professional role and image, meaningful inclusion and diversity, capacity building, evidence-based practice, and ultimately, delivery of quality care. This delivery of quality care will address the identified global health issues and contribute to achieving global health.

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# SYNTHESIS OF REGIONAL RESULTS



“This GAPFON Model is designed to reflect inclusion of all global health stakeholders and provides a framework to support nursing and midwifery’s contributions to both global health and professional issues.”

Based on a thorough synthesis of the data from global region and core panel meetings, an overarching model was developed. This GAPFON Model is designed to reflect inclusion of all global health stakeholders and provides a framework to support nursing and midwifery’s contributions to both global health and professional issues.

## THE GAPFON MODEL

The model of the Global Advisory Panel on the Future of Nursing & Midwifery (GAPFON Model™) depicts the importance of Leadership in nursing and midwifery—both as a central priority that stands on its own as well as a vital foundation for all other priority areas. The model demonstrates the interconnectedness and multidirectional relationship of all priorities to advance nursing and midwifery and global health. Although vital to the accomplishment of global health, nurses

and midwives share that responsibility with a number of other stakeholders, depicted in the model by other domain pentagons. These global health stakeholders are identified as educational institutions, governmental and political bodies, other healthcare providers, health systems, regulatory entities and accrediting bodies, trade associations, not-for-profit organizations, non-governmental organizations, the United Nations and the World Health Organization, communities at large, and corporations and foundations.

The GAPFON model provides a visual statement regarding professional issues key to advancing nursing and midwifery, as well as the importance of nurses and midwives working intraprofessionally and in concert with others to achieve global health. No single group of global health stakeholders can achieve global health independently; all must work collaboratively to attain this ultimate goal.

# THE GAPFON MODEL™



“The GAPFON Model . . . provides a framework to support nursing and midwifery’s contributions to both global health and professional issues.”



## STRATEGIES

During each regional meeting, stakeholders identified strategies to address both global health and professional issues, including those initially provided by the core panel, that nurses and midwives can use in advancing global health.

These strategies, deliberately broad in nature, allow each to be customized for a specific region, situation, and partnership as needed.

As might be expected, a review of the numerous strategies found that they are in strong alignment with the GAPFON Model. Given this alignment, the strategies are best presented within the model framework, as found on the following pages.

# STRATEGIES Leadership

- Cultivate and position leaders at all levels.
- Increase number of nurses and midwives in elected government positions.
- Lead coalitions to address equity and health issues.
- Develop and mentor the next generation of leaders.
- Combine innovation with evidence to lead in education, practice, collaboration, and technology.
- Develop a multipronged leadership-development system with aspects of mentoring, coaching, and modeling to advance global health and the nursing and midwifery professions.
- Take a leadership role in using technology and state-of-the-art communications (social media, public service announcements, advertising campaigns, etc.) to engage and educate communities on public health issues and solutions—e.g., immunizations, nutrition, handwashing, prenatal care, services for addictions and mental health.



# STRATEGIES Leadership

- Disseminate evidence of positive outcomes and cost-benefit of nursing and midwifery interventions.
- Encourage nurses and midwives to model healthy lifestyles.
- Create collaborative networks of and among nurses, midwives, and organizations to focus on health issues and improve education, practice, and standards.
- Establish and participate in intersectoral collaboration to strengthen health systems and improve population health outcomes.
- Equip nurses and midwives in all countries with leadership skills that begin in their basic nursing education.
- Position nurses and midwives to demonstrate their leadership and care-coordination skills within a multidisciplinary health team.
- Encourage inter- and intra-regional collaboration and regional meetings to discuss issues and ensure a cohesive approach to achieve global health.
- Position nurses and midwives as a credible first point of contact for the media and public relations outlets.
- Encourage nurses and midwives to identify themselves as such when serving in public roles and when making public statements.
- Rebrand and re-envision nurses and midwives as innovators in the healthcare profession.
- Promote public awareness campaigns regarding the role of nurses and midwives in healthcare.
- Position nurses and midwives as critical partners in conversations related to national, regional, and global health.



# STRATEGIES Policy / Regulation

- Participate in and influence health policy and the global health agenda.
- Create and implement an evidence-based policy agenda.
- Align a united nursing and midwifery policy voice.
- Promote advancement and election of nurses and midwives to decision-making positions in healthcare organizations and governmental and nongovernmental organizations (NGOs).
- Create a coalition to develop, lead, and influence policy around health inequities.
- Work jointly within and across regions for a collective voice on the expansion of nursing and midwifery practice to improve universal access to care.
- Place nurses and midwives at the policy table to strengthen their impact on health policy and healthcare management.
- Invest in creative care enterprises led and managed by nurses and midwives that strengthen health systems.



# STRATEGIES Policy / Regulation

- Lobby governments and NGOs to create and implement nursing and midwifery leadership programs to prepare a cadre of leaders who can contribute to healthcare at the highest levels.
- Develop and participate in national planning initiatives involving multiple stakeholders, e.g., disaster preparation and response.
- Provide formal policy and leadership training for all country-level chief nursing officers.
- Partner with key strategic organizations to influence health policy at national, regional, and global levels.
- Promote political activism, utilizing analytical skills and engaging intersectoral collaboration, to lobby for greater autonomy for institutions that govern nursing and midwifery.
- Increase interaction between nurses and midwives and ministries of health to transform traditional policies and to implement best practices for primary prevention and wellness at community levels.
- Ascertain the extent that nurses and midwives are involved in implementing public health policies.
- Ensure regulation of nursing and midwifery licensure.
- Include professions and entities with strategic influence outside of healthcare—e.g., the World Bank, the World Economic Forum—in the advancement of global health policy.
- Educate lawmakers about evidence-based best practices for healthcare, and lobby for laws that promote healthy lifestyles.
- Influence evidence-based policy and legislation based on socioeconomic impact, knowledge translation, patient and public involvement, and advocacy to reduce inequalities in health.
- Learn from other countries' successes that involve nurses and midwives in regulatory and public health leadership within regions and globally.
- Promote the implementation of legislation and regulation of nursing and midwifery education and practice in all countries.

# STRATEGIES Workforce

- Advance a systems approach to Human Resources for Health.
- Strengthen workforce to promote capacity building and quality nursing and midwifery practice.
- Develop retention strategies for nurses and midwives.
- Develop advanced practice roles, including competencies.
- Ensure an adequate, competent workforce (numbers, skill mix, and education) that can deliver the right standard of nursing and midwifery care and that meets the demands of each country and region.
- Create nurse-led interprofessional healthcare teams.
- Increase diversity of the nursing and midwifery workforce in education and practice to reflect the populations served.



# STRATEGIES Workforce

- Create pathways that develop next-generation nursing and midwifery leaders to fill the projected leadership void across all areas.
- Ensure that nurses and midwives have autonomy to direct the needs of their professions, including hiring and workforce management roles.
- Define nursing and midwifery roles and job responsibilities clearly in order to attract more people to the profession.
- Advocate for positive, safe, and healthy work environments for nurses, midwives, and all healthcare workers.
- Campaign for a healthy and sustainable nursing and midwifery workforce.
- Campaign for investment in the nursing and midwifery workforce and strategies to improve the recruitment and retention of nurses and midwives.

# STRATEGIES Practice

- Promote quality nursing and midwifery practice and education, including the development and promotion of community initiatives, social justice, and human rights.
- Promote quality nursing and midwifery practice in collaboration with, and informed by, patient and public involvement.
- Create collaborative networks of and among nurses, midwives, and organizations to focus on health issues and improve practice and standards.
- Conduct ongoing assessments of nursing and midwifery interventions.
- Develop an integrated regional plan and system at all levels to address key health issues, such as mental health—i.e., infrastructure, programs, roles, resourcing, data collection and utilization, health information systems, political commitment—and integrate this plan at healthcare institutions and within communities.
- Promote an infrastructure that will maximize and support the quality and scope of nursing and midwifery practice.

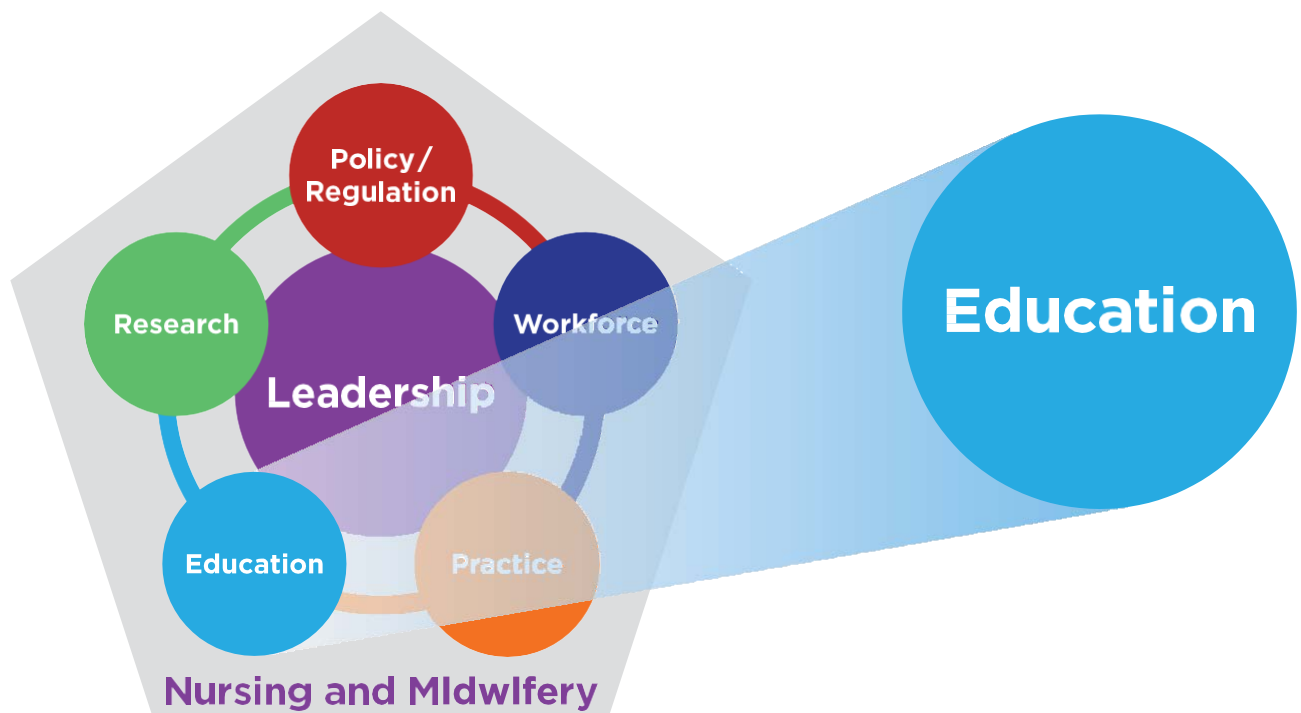


# STRATEGIES Practice

- Promote regional cooperation to ensure a collective voice in expanding nursing and midwifery practice.
- Foster collaboration and sharing of opportunities to improve practice.
- Establish global standards for nursing and midwifery practice, inclusive of licensure, within the framework of regional context.
- Highlight the role of nurses and midwives in the distribution and administration of health promotion activities, e.g., immunizations and the impact of immunizations on disease prevention.
- Develop and launch healthy lifestyle and resiliency campaigns in communities and schools.
- Promote socialization of the family unit as a core for support, nurturing, and caretaking within the health continuum.
- Use and rely on existing community-based services and programs to continue wellness promotion and disease prevention.
- Use an accountability framework to monitor and evaluate performance against targets.
- Encourage more nursing and midwifery involvement in the development of e-health initiatives.

# STRATEGIES Education

- Advocate for reform of educational programs to support transformative, innovative, and interprofessional education for nurses, midwives, and all health professions.
- Develop basic education programs that are oriented toward changing healthcare needs, are visionary for the future, and take global health issues and policies into consideration.
- Promote postgraduate education for nurses and midwives.
- Develop a strategy to support and promote clinicians who wish to teach nursing and midwifery students in higher education (basic education and above).
- Provide mechanisms to keep basic nursing and midwifery curricula updated and applicable to changing populations and service models.
- Teach nursing and midwifery students to understand the expectations of clients with ever-increasing access to healthcare information.





# STRATEGIES Education

- Broaden midwifery training to include comprehensive women's healthcare (in addition to pregnancy, delivery, birth control).
- Ensure accreditation of nursing and midwifery education programs.
- Educate nurses and midwives to implement evidence-based interventions across all settings to improve care and outcomes.
- Raise awareness of existing minimum global standards for nursing and midwifery education, and provide guidance on how to adopt and adapt them within and across countries.
- Identify and develop a policy course model for nurses and midwives, appropriate to different levels of education.
- Continue to expand nursing curriculum to support the maximization of the scope of nursing practice to meet country-wide and global challenges.
- Advocate for and promote opportunities for nurses and midwives in all countries to engage in higher education, continuing education, and specialization in ways that meet their country's and region's health priorities.
- Develop education for interdisciplinary and collaborative work in communities and healthcare settings.
- Develop nursing specialization and advanced practice addressing the health priorities (beyond basic level).
- Work collaboratively to set uniform nursing and midwifery standards for education and practice in each region.

# STRATEGIES Research

- Document evidence of the contribution of nursing and midwifery to disease prevention and positive health outcomes regionally and globally.
- Advocate for policies that optimize research and the scope of evidence-based nursing and midwifery practice.
- Strengthen nursing and midwifery's impact on health policy and healthcare management through evidence.
- Replicate and disseminate studies that impact nursing and midwifery practice at regional levels to increase knowledge.
- Utilize evidence-based data to develop integrated regional plans that improve health at all levels—e.g., infrastructure, programs, health information systems, political commitment.
- Develop research studies to provide evidence for practice implications for health issues, e.g., mental health.
- Utilize evidence to inform health policy in relation to the priority health issues.
- Document the value of and need for increased research and research funding.
- Mentor next generation of nurse and midwifery researchers/scientists.



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# IMPLEMENTATION



The initial work of GAPFON is complete. This work first entailed convening a core panel of global experts to identify priority professional issues regarding nursing and midwifery, to identify the global healthcare issues that nurses and midwives have a high likelihood of effectively addressing, and to develop strategies to address both. The work of GAPFON then focused on obtaining, synthesizing, and incorporating feedback from stakeholders across seven global regions, which led to the development of a comprehensive model and numerous distinct strategies to address the major global health and professional issues. The next step is to develop partnerships with organizations to create implementation plans focusing on achieving these strategies.

Key to this process will be the identification of partners with an interest in, and mission specific to, strategies within the areas of Leadership, Policy (including

Regulation), Practice, Workforce, Education, and Research as they relate to global health and professional issues.

With these partners, multiple strategies can be addressed simultaneously; therefore, the development of action plans and measurable outcomes for use across regions may occur more quickly.

Implementation plans will be developed by the organizational partners. These plans will include specific recommendations to achieve the identified strategies and an evaluation process to determine outcomes. Improving global health will require collaboration among all stakeholders; thus, organizational partners will be encouraged to incorporate other health disciplines and intersectoral partners to achieve these strategies.

Final implementation plans will be disseminated for use by countries and regions as appropriate.

“Improving global health will require collaboration among all stakeholders; thus, organizational partners will be encouraged to incorporate other health disciplines and intersectoral partners to achieve these strategies.”

# CONCLUSION



The purpose of GAPFON is to establish a voice and vision for the future of nursing and midwifery that will advance global health while simultaneously strengthening professional roles. GAPFON provides a platform for nursing and midwifery to have an inclusive voice worldwide, to be a catalyst for global health partnerships and collaborations, and to help develop and influence policy and practice. In addition, GAPFON provides strategies on how nursing and midwifery can improve global health outcomes and contribute to strengthening healthcare systems.

Through a series of core panel and global regional meetings with nursing and midwifery leaders, GAPFON engaged key stakeholders in this endeavor. These stakeholders identified and prioritized global health and professional issues that resound globally,

as well as within each region, and developed strategies to effectively address these issues. The resulting GAPFON Model and strategies provide a blueprint for action that will advance global health and support an enhanced voice and vision for the future of nursing and midwifery.

As the work of GAPFON moves forward, it will be a catalyst for interprofessional and multisectoral partnerships and collaborations that will develop and influence professional advances in Leadership, Policy (including Regulation), Workforce, Practice, Education, and Research. These relationships will provide a platform to strengthen and enhance the contributions of nurses and midwives, in concert with their colleagues, to achieve global health.

“As the work of GAPFON moves forward, it will be a catalyst for interprofessional and multisectoral partnerships and collaborations that will develop and influence professional advances in Leadership, Policy (including Regulation), Workforce, Practice, Education, and Research.”



# APPENDIX A

# GAPFON CORE PANEL



## GAPFON CORE PANEL: 2014–2015 MEMBERS

### **Martha Hill, PhD, RN, FAAN (Chair)**

Dean Emerita and Professor, Nursing,  
Medicine, and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

### **Rowaida Al-Maaitah, DrPH**

Advisor for Her Royal Highness Princess Muna  
Al-Hussein for Health & Social Development  
Former Senator and Minister of Higher Education  
Board Member, Jordanian Nursing Council  
Professor, Jordan University of Science & Technology  
Amman, Jordan

### **Cathy Catrambone, PhD, RN, FAAN**

President, Sigma Theta Tau International, 2015–2017  
Associate Professor  
Rush University College of Nursing  
Chicago IL USA

### **Eric Lu Shek Chan, DMgt, RN, FACN**

Professor and Dean  
School of Health Sciences  
Caritas Institute of Higher Education  
Hong Kong

### **John Daly, PhD, RN, FACN, FAAN**

Dean and Professor, Faculty of Health  
University of Technology Sydney  
Lindfield NSW Australia

### **Hester Klopper, PhD, MBA, RN, RM, FANSA, FAAN, ASSAF**

Past President, Sigma Theta Tau  
International, 2013–2015  
Deputy Vice Chancellor: Strategic  
Initiatives and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

### **Leslie Mancuso, PhD, RN, FAAN**

President and CEO  
Jhpiego  
Baltimore MD USA

### **Isabel Amelia Costa Mendes, PhD, RN**

Full Professor  
University of São Paulo at Ribeirão  
Preto College of Nursing  
Ribeirão Preto, Brazil

### **Mary Norton, EdD, APN-C**

Associate Dean and Professor,  
Global Academic Initiatives  
Felician College, The Franciscan College  
of New Jersey  
Lodi NJ USA

### **Anne Marie Rafferty, CBE, DPhil (Oxon), RN, FRCN, FAAN**

Professor of Nursing Policy  
King's College London  
United Kingdom

### **Judith Shamian, PhD, MPH, RN, DSc (Hon), LLD (Hon), FAAN**

President, May 2013–May 2017  
International Council of Nurses  
Canada

### **Wichit Srisuphan, DrPH, RN**

Professor Emerita  
Faculty of Nursing, Chiang Mai University  
Chiang Mai, Thailand

### **Patricia E. Thompson, EdD, RN, FAAN**

Chief Executive Officer  
Honor Society of Nursing,  
Sigma Theta Tau International  
Indianapolis IN USA

**Beth Tigges, PhD, RN, CPNP, BC**

President-Elect, Sigma Theta Tau  
International, 2015–2017  
Associate Professor and Regents' Professor  
University of New Mexico College of Nursing  
Albuquerque NM USA

**Cynthia Vlasich, MBA, BSN, RN**

Director, Global Initiatives  
Honor Society of Nursing,  
Sigma Theta Tau International  
Indianapolis IN USA

**Roger Watson, PhD, RN, FRSB, FFMRCIS,  
FRSA, FHEA, FEANS, FRCP Edin, FRCN, FAAN**

Professor of Nursing  
Faculty of Health and Social Care  
University of Hull  
Hull, United Kingdom

**Lynda Wilson, PhD, RN**

Professor Emerita  
University of Alabama at Birmingham  
School of Nursing  
Birmingham AL USA

## GAPFON CORE PANEL: 2016–2017 MEMBERS

### **Martha Hill, PhD, RN, FAAN (Chair)**

Dean Emerita and Professor, Nursing,  
Medicine, and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

### **Theo van Achterberg, PhD, MSc, FEANS**

Professor of Quality of Care  
KU Leuven -Department of Public  
Health & Primary Care  
Academic Centre for Nursing and  
Midwifery (accentVV)  
Leuven, Belgium

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University of Technology Sydney  
Lindfield NSW Australia

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President, May 2017–May 2021  
International Council of Nurses  
Ireland

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Canada

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Professor Emerita

University of Alabama at Birmingham  
School of Nursing  
Birmingham AL USA

**Cynthia Vlasich, MBA, BSN, RN**

Director, Global Initiatives

Honor Society of Nursing,

Sigma Theta Tau International  
Indianapolis IN USA

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## APPENDIX B

# GAPFON EXECUTIVE COMMITTEE





**Martha Hill, PhD, RN, FAAN (Chair)**

Dean Emerita and Professor, Nursing,  
Medicine, and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

**Cathy Catrambone, PhD, RN, FAAN**

President, Sigma Theta Tau International, 2015–2017  
Associate Professor  
Rush University College of Nursing  
Chicago IL USA

**Tina Darling, MPA**

Executive Projects Manager and GAPFON Liaison  
Honor Society of Nursing,  
Sigma Theta Tau International  
Indianapolis IN USA

**Hester Klopper, PhD, MBA, RN,  
RM, FANSA, FAAN, ASSAF**

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Albuquerque NM USA

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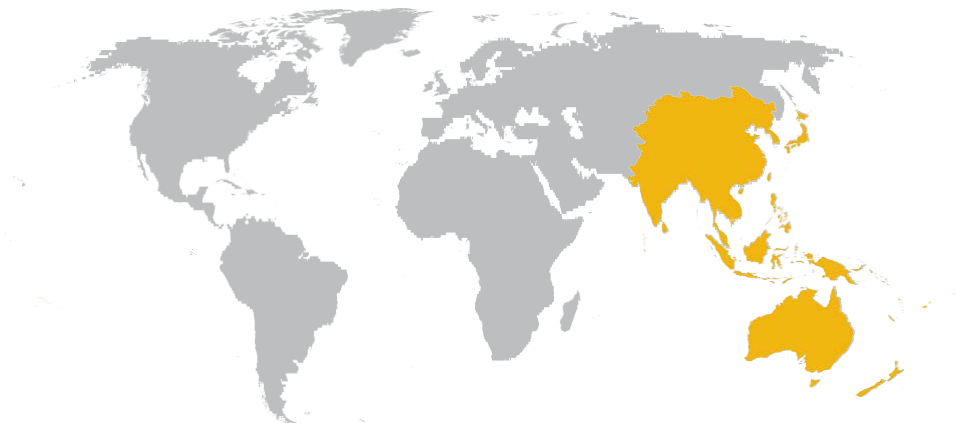
Director, Global Initiatives  
Honor Society of Nursing,  
Sigma Theta Tau International  
Indianapolis IN USA

# APPENDIX C

# SEVEN GLOBAL REGIONS

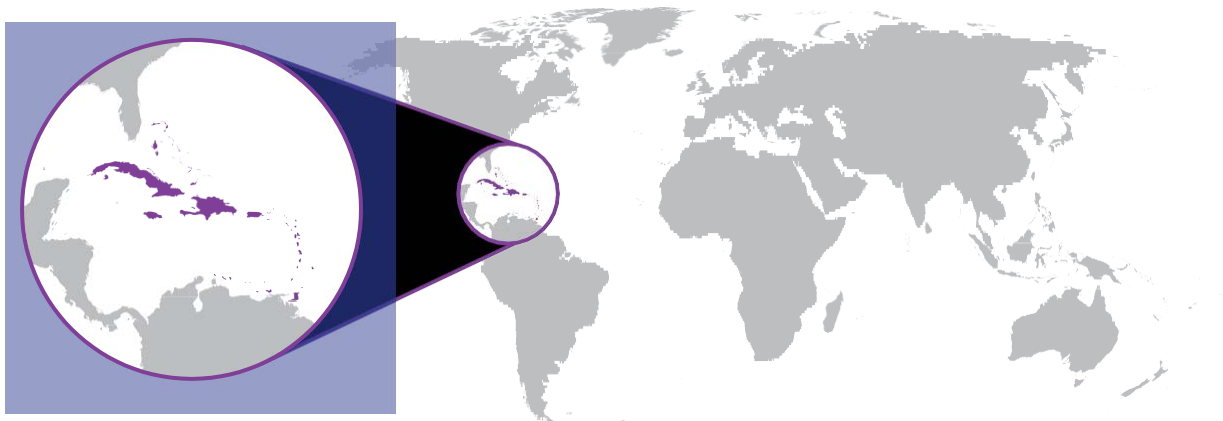


## SOUTH EAST ASIA/PACIFIC RIM REGION



- American Samoa
- Australia
- Bangladesh
- Bhutan
- Brunei Darussalam
- Cambodia
- China
- Commonwealth of the Northern Mariana Islands
- Cook Islands
- Democratic People's Republic of Korea
- Fiji
- Federated States of Micronesia
- French Polynesia
- Guam
- Hong Kong
- India
- Indonesia
- Japan
- Kiribati
- Lao People's Democratic Republic
- Macao
- Malaysia
- Maldives
- Marshall Islands
- Mongolia
- Myanmar
- Nauru
- Nepal
- New Caledonia
- New Zealand
- Niue
- Palau
- Papua New Guinea
- Philippines
- Pitcairn Islands
- Republic of Korea
- Samoa
- Singapore
- Solomon Islands
- Sri Lanka
- Thailand
- Timor-Leste
- Tokelau
- Tonga
- Tuvalu
- Vanuatu
- Vietnam
- Wallis and Futuna

## CARIBBEAN REGION



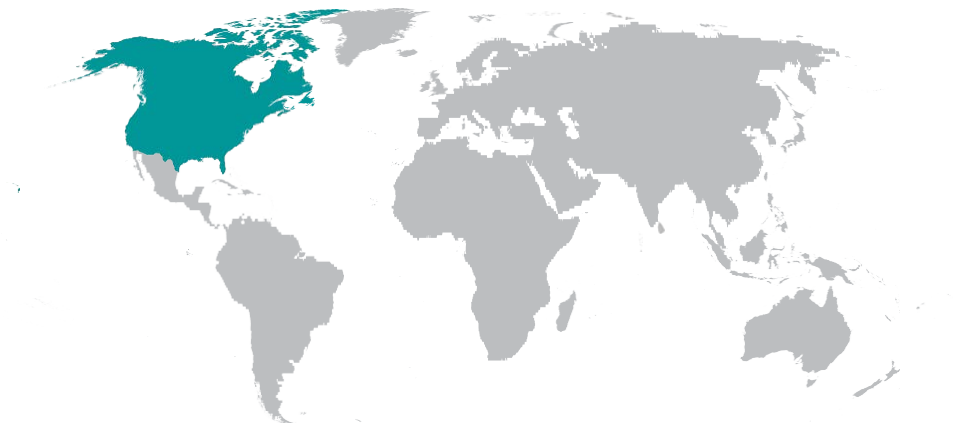
- Antigua and Barbuda
- Bahamas
- Barbados
- Belize
- Bermuda
- British Virgin Islands
- Cayman Islands
- Cuba
- Dominica
- Dominican Republic
- Grenada
- Guyana
- Haiti
- Jamaica
- Montserrat
- Puerto Rico
- Saint Lucia
- Saint Vincent and the Grenadines
- St. Barthelemy
- St. Kitts and Nevis
- St. Martin
- Trinidad and Tobago
- Turks and Caicos

## LATIN/CENTRAL AMERICA REGION



- Argentina
- Bolivia
- Brazil
- Chile
- Colombia
- Costa Rica
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Suriname
- Uruguay

## NORTH AMERICA REGION



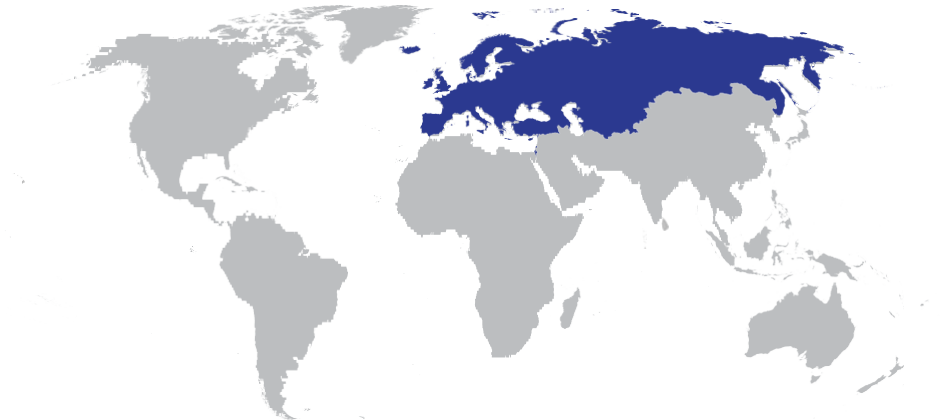
- Canada
- UnitedStates

## MIDDLE EAST REGION



- Afghanistan
- Bahrain
- Djibouti
- Egypt
- Iraq
- Islamic Republic of Iran
- Jordan
- Kuwait
- Lebanon
- Libya
- Morocco
- Pakistan
- Palestine
- Qatar
- Saudi Arabia
- Somalia
- Sudan
- Syrian Arab Republic
- Tunisia
- United Arab Emirates
- Yemen

## EUROPE REGION



- Albania
- Andorra
- Armenia
- Austria
- Azerbaijan
- Belarus
- Belgium
- Bosnia and Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Georgia
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Luxembourg
- Malta
- Monaco
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Republic of Moldova
- Romania
- Russian Federation
- San Marino
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Tajikistan
- Macedonia
- Turkey
- Turkmenistan
- Ukraine
- United Kingdom of Great Britain and Northern Ireland
- Uzbekistan

## AFRICA REGION



- Algeria
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Cabo Verde
- Central African Republic
- Chad
- Comoros
- Congo
- Cote d'Ivoire
- Democratic Republic of Congo
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- South Africa
- South Sudan
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

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## APPENDIX D

# REGIONAL MEETING STAKEHOLDERS AND OBSERVERS





## REGION 1 South East Asia/Pacific Rim

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### AUSTRALIA

**Rosemary Bryant, AO, FACN**

First Chief Nurse and Midwifery Officer of Australia  
Emeritus Director of Nursing, Royal Adelaide Hospital  
President of International Council of Nurses,  
2009–2013

**Lynette Cusack, PhD, MHA, RN,  
BN, DN and Mid Cert (UK)**

Chair, Nursing and Midwifery Board, Australia  
Senior Lecturer and Deputy Head of Research  
School of Nursing, University of Adelaide

**Anne Hofmeyer, PhD, RN, MPH, MACN**

School of Nursing and Midwifery, Faculty of  
Health Sciences  
University of South Australia

**Carmen Morgan, FACN**

President, Australian College of Nursing  
Regional Director, Nursing and Midwifery  
Western Australia Country Health Service, Kimberley

**Christine Smith, MS, RN, FACN**

Member, Australian College of Nursing Board  
of Governors

**Debra Thoms, RN, RM, FACN (DLF)**

Chief Executive Officer, Australian College of Nursing

---

### INDONESIA

**Anne Hyre, CNM, MSN, MPH**

Country Director, Jhpiego/Indonesia

---

### JAPAN

**Aiko Yamamoto, PhD, RN**

Professor and Executive Director  
Research Institute of Nursing Care for People  
and Community  
WHO Collaborating Centre for Nursing in Disasters  
and Health Emergency Management

---

### REPUBLIC OF KOREA

**Dukyoo Jung, PhD, RN**

Associate Professor, Ewha Womans University

**Oksoo Kim, PhD, RN**

President, Korean Nurses Association  
President, STTI Lambda Alpha-at-Large Chapter  
Professor, Division of Nursing, Ewha Womans  
University

**Taewha Lee, PhD, RN**

Professor, Department of Nursing Environments  
and Systems  
Director of Global Leadership Center, Mo-Im Kim  
Nursing Research Institute  
Yonsei University College of Nursing

**Myungsun Yi, DNS, RN**

Professor, College of Nursing, Seoul National  
University  
President, Asian Oncology Nursing Society

---

### MONGOLIA

**Dorjjantsan Nyamsuren**

Nursing Advisory, Mongolian Nurses Association

---

### MYANMAR

**NanNan Aung, MSc, BS, RN**

Nurse Midwife and Jhpiego Technical Advisor

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### NEPAL

**Tara Bhusal Pokharel**

Associate Professor, Tribhuvan University Institute  
of Medicine, Nursing Campus  
President, Nursing Association of Nepal

**Chandra Rai, MPH, RN**

Country Director, Jhpiego/Nepal

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## REGION 1 South East Asia/Pacific Rim (continued)

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### NEW ZEALAND

**Catherine Byrne, MN, RN**

Chair, Nursing Council of New Zealand  
Nurse Service Manager, Starship Children's Hospital,  
Auckland

**Carolyn Reed, MA, RN, FCNA**

Chief Executive/Registrar, Nursing Council of  
New Zealand

---

### SRI LANKA

**K. Swarna Nandani Amarasinghe,  
MScN, BScN, RN, RM**

President, Sri Lanka Nurses Association  
Head, Department of Nursing, Kaatsu  
International University

---

### TAIWAN

**Lian-Hua Huang, PhD, RN, EMBA**

Professor/Director, School of Nursing,  
Department of Nursing  
National Taiwan University/Hospital

---

### THAILAND

**Waraporn Chaiyawat, DNS, APN**

Associate Professor, Faculty of Nursing,  
Chulalongkorn University

**Nanthaphan Chinlumprasert, PhD, RN**

Assistant Professor, Assumption University  
of Thailand

**Kanjana Chunthai, PhD**

Director, Bureau of Nursing (Government Chief  
Nursing Officer and Midwife) Office of Permanent  
Secretary, Ministry of Public Health

**Uraiporn Juanta-Um-Mou, MS, RN**

Nursing Technical Officer, Senior Professional Level  
Bureau of Nursing, Office of Permanent Secretary,  
Ministry of Public Health

**Suchittra Luangamornlert, DNSc, MBA, RN**

Associate Professor  
First Vice President, Thailand Nursing and  
Midwifery Council



*Stakeholders*

## REGION 1 South East Asia/Pacific Rim (continued)

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### American Pacific Nurse Leaders Council (APNLC) & Pacific Island Health Officers' Association (PIHOA)

**Kristine Qureshi, PhD, RN,  
FAAN, CEN, APHN-BC**  
Associate Professor, Director of Global and  
Public Health Nursing  
University of Hawaii at Manoa

---

### OBSERVERS

**Debra Anderson, DPhil, MN, GDipN, AB**  
Australia Regional Coordinator, STTI

**Catherine Carr, DrPH, CNM**  
Senior Technical Advisor, Jhpiego

**Sunjo Kang, PhD, MSN, RN**  
Department of Nursing, Cheju Halla University,  
South Korea

**Leslie Mancuso, PhD, RN, FAAN**  
GAPFON Core Panel Member  
Chief Executive Officer, Jhpiego

---

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**Martha Hill, PhD, RN, FAAN (Chair)**  
Dean Emerita and Professor, Nursing, Medicine,  
and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

**Cathy Catrambone, PhD, RN, FAAN**  
President, Sigma Theta Tau International, 2015–  
2017  
Associate Professor  
Rush University College of Nursing  
Chicago IL USA

**Tina Darling, MPA**  
Executive Projects Manager and GAPFON Liaison  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Hester Klopper, PhD, MBA, RN,  
RM, FANSA, FAAN, ASSAF**  
Past President, Sigma Theta Tau International,  
2013–2015  
Deputy Vice Chancellor: Strategic Initiatives  
and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

**Patricia E. Thompson, EdD, RN, FAAN**  
Chief Executive Officer  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 2 Caribbean

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### ANTIGUA AND BARBUDA

**Elnora Warner, EMBA, BScN, RN, CM, CNE**  
Chief Nursing Officer, Ministry of Health and  
Environment  
Chair, Regional Nursing Body of the Caribbean  
Community (CARICOM)

---

### BRITISH VIRGIN ISLANDS

**Gretchen Hodge-Penn, MSN, RN, CLNC**  
Director of Nursing Services  
British Virgin Islands Health Service Authority

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### DOMINICA

**Caesarina Ferrol, EMBA-PSM, BScN, CPA, RN**  
Principal Nursing Officer, Ministry of Health

**Jean Jacob, MPH, CM, RN**  
Chair, General Nursing Council for Dominica

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### HAITI

**Marie Patrice Honore**  
Nurse Specialist in Community Health  
Jhpiego Technical Advisor, Program Coordinator

---

### JAMAICA

**Pauline Anderson-Johnson, MSc, BScN, RN**  
Lecturer, University of the West Indies School of  
Nursing, Mona  
Faculty of Medical Sciences, University of the  
West Indies

**Eulalia Kahwa, PhD, BScN (Hon), RN, RM**  
Senior Lecturer and Graduate Program Coordinator  
University of the West Indies School of Nursing,  
Mona

**Marva Lawson-Byfield, MSc, BSc, RN, RM**  
Chief Nursing Officer, Ministry of Health

**Joy Lyttle, DHM, MSM, RN, RM**  
Deputy Registrar, Nursing Council of Jamaica

**Steve Weaver, PhD, MPH, BScN, RN**  
Head, University of the West Indies School  
of Nursing, Mona  
Director, PAHO/WHO Collaborating Center for  
Nursing and Midwifery in the Caribbean



*Stakeholders*

## REGION 2 Caribbean (continued)

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### TRINIDAD AND TOBAGO

**Oscar Noel Ocho, DrPH, MPhil, MPH, BScN, RN**  
Director, University of the West Indies School  
of Nursing

**Karin Pierre, MA**  
President, Trinidad and Tobago Nursing Council

---

### Pan American Health Organization/World Health Organization (PAHO/WHO)

**Silvia Cassiani, PhD, MSc, RN**  
Advisor, Nursing and Allied Health Personnel  
Development  
Unit of Human Resources for Health, Department  
of Health Systems and Services, PAHO/WHO

---

### OBSERVERS

**Maryann Alexander, PhD, RN, FAAN**  
Chief Executive Officer, National Council of State  
Boards of Nursing (NCSBN)

**Shirley Brekken, MS, RN**  
President, National Council of State Boards of  
Nursing (NCSBN)

**Juana Mercedes Gutierrez  
Valverde, DSN, MSN, RN**  
Latin America/Caribbean Regional Coordinator, STTI

**Zach Selch**  
Rauland

**LB Wong, RN**  
Emerging Markets Medical Affairs, Eli Lilly  
& Company

---

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and Public Health  
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President, Sigma Theta Tau International, 2015–  
2017  
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Rush University College of Nursing  
Chicago IL USA

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Deputy Vice Chancellor: Strategic Initiatives  
and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

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Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 3 Latin/Central America

### ARGENTINA

**Maria Cristina Cometto, PhD, MHSSA, RN**  
Director and Professor, Post-Graduate Program on  
Critical Care Nursing, School of Nursing  
Director, Department of Human Resources for  
Health, School of Public Health  
National University of Córdoba  
Coordinator, International Network of Nursing and  
Patient Safety

**Patricia Fabiana Gómez, PhD, MMH, RN**  
Principal Professor, Mental Health Nursing Program,  
School of Nursing  
National University of Córdoba  
Coordinator, International Network of Mental  
Health Nursing  
Director, University Institute of Human  
Sciences Systems  
Professor, Post-Graduate Program on Systemic  
Family Therapy

**Silvina Malvárez, PhD, MMCH, RN**  
Professor, Master in Mental Health Program,  
School of Public Health  
National University of Córdoba  
Sub-Coordinator, International Network of Mental  
Health Nursing  
Sub-Coordinator, International Network of  
Nurse Migration

### BRAZIL

**Angela Alvarez, PhD, RN**  
President, Brazilian Nursing Association 2013–2016  
Professor, Universidade Federal de Santa Catarina

### COLOMBIA

**Oscar Javier Vergara Escobar, MSc, RN**  
Secretary, Board of Directors, Colombia Association  
of Schools of Nursing (ACOFAEN)

**Myriam Durán Parra, PhD, RN**  
President, Columbia Association of Schools  
of Nursing (ACOFAEN)  
Director, School of Nursing, Universidad  
de Santander

**Rafael Pineda-Perdomo, RN**  
Founder, Ideas de Enfermería

### EL SALVADOR

**Josefina Concepción Castañeda, RN**  
Chief Nursing Office, Minister of Health of  
El Salvador  
President, Group of Nursing Professionals of  
Central America and the Caribbean

**Hilda Gladis Martínez de Peñate**  
President, Board of Supervision of the  
Profession of Nursing  
Public Health Council of El Salvador

**Edelmira Antonia Pineda de  
Osegueda, MS, RN**  
Vice President for Central America, Latin American  
Association of Nursing Schools  
Regional Facilitator, Integrated Management of  
Childhood Illness Program  
Regional Facilitator, Unit for Projects, Specialized  
Institute for Higher Education for Health  
Professionals in El Salvador (Instituto Especializado  
de Educación Superior de Profesionales de la Salud  
de El Salvador)



Stakeholders



## REGION 3 Latin/Central America (continued)

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### MEXICO

**Laura Morán Peña, EdD, EdM, BSN, C**  
President, Latin American Association of Schools  
and Colleges of Nursing (ALADEFE)  
Titular Professor, National School of Nursing  
and Obstetrics  
National Autonomous University of Mexico

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### PANAMA

**Elba de Isaza, MSN, RN**  
Professor, Faculty of Nursing, Maternal  
Child Department  
University of Panama

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### PERU

**Neisme Lucy Revilla Montes, MS, RN**  
Vice Dean, College of Nurses of Peru

**Natalie Loncharich Vera, MPH, RN**  
Vice Dean, Faculty of Nursing  
Universidad Peruana Cayetano Heredia

---

### Pan American Health Organization/World Health Organization (PAHO)

**Silvia Cassiani, PhD, MSc, RN**  
Advisor, Nursing and Allied Health Personnel  
Department  
Unit of Human Resources for Health, Department  
of Health Systems and Services, PAHO/WHO

---

### OBSERVERS

**Juana Mercedes Gutierrez  
Valverde, DSN, MSN, RN**  
Latin America/Caribbean Regional Coordinator, STTI

**Mary Anne Schultz, PhD, MBA, MSN, RN**  
Cal State-San Bernardino

---

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Tau International  
Indianapolis IN USA

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Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

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Rush University College of Nursing  
Chicago IL USA

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Past President, Sigma Theta Tau International,  
2013–2015  
Deputy Vice Chancellor: Strategic Initiatives  
and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 4 North America

### CANADA

**Melanie Basso, MSN, RN, PNC(C)**

Senior Practice Leader-Perinatal  
British Columbia Women's Hospital and  
Health Centre

**Margaret Fitch, PhD, RN**

University of Toronto, Professor, School of  
Graduate Studies, and Associate Professor,  
Faculty of Nursing  
President, Canadian Association of Nurses  
in Oncology

**Morag Granger, BSN, RN, CCHN(C)**

President, Community Health Nurses of Canada

**Doris Grinspun, PhD, RN, NE-BCRN**

Chief Executive Officer, Registered Nurses  
Association of Ontario (RNAO)

**Mary-Anne Robinson, MSA, BN, RN**

Chief Executive Officer  
College & Association of Registered Nurses  
of Alberta (CARNA)

**Judy Waldman, MN, RN,**

**NPPHC, SANE-P, SANE-A**  
President, Canadian Forensic Nurses Association

### UNITED STATES OF AMERICA

**Mary Alexander, MA, RN, CRNI®, CAE, FAAN**

Chief Executive Officer, Infusion Nurses Society

**Anne Bavier, PhD, RN, FAAN**

President, National League for Nursing (NLN)  
Dean & Professor, University of Texas-Arlington  
College of Nursing & Health Innovation

**Dale Beatty, MSN, BSN, RN, NEA-BC**

Chief Nursing Officer, University of Illinois Hospital  
& Health Sciences System

**Charles Boicey, MS, RN-BC, CPHIMS**

President, American Nursing Informatics  
Association (ANIA)

**Cate Brennan, MBA, CAE**

Executive Director  
National Association of Pediatric Nurse  
Practitioners (NAPNAP)

**Kathleen Carlson, MSN, RN, CEN, FAEN**

President, Emergency Nurses Association (ENA)

**Rosina Cianelli, PhD, RN, MPH, IBCLC, FAAN**

Associate Professor, RWJ Executive Nurse Fellow  
University of Miami School of Nursing & Health  
Sciences

**Nicholas Croce, MS**

Executive Director, American Psychiatric  
Nurses Association

**Cheryl Dennison-Himmelfarb, PhD, RN, ANP**

Associate Professor, Johns Hopkins School  
of Nursing  
President, Preventive Cardiovascular Nurses  
Association (PCNA)

**Lynn Erdman, MN, RN, FAAN**

Chief Executive Officer  
Association of Women's Health, Obstetric  
and Neonatal Nurses (AWHONN)

**Jason Farley, PhD, MPH, ANP-BC, FAAN**

Associate Professor, Johns Hopkins School  
of Nursing  
President, Association of Nurses in AIDS  
Care (ANAC)

**Debbie Fraser, MN, RNC-NIC**

Chief Executive Officer, Academy of Neonatal  
Nursing

**Donna Gage, PhD, RN, NE-BC**

Chief Nursing Officer, Veterans Health  
Administration

**Elizabeth Gonzalez, PhD, APRN-BC**

Chair, Doctoral Nursing Programs, Drexel University  
President, Asian American & Pacific Islander Nurses  
Association (AAPINA)

**Millicent Gorham, PhD (Hon), MBA, FAAN**

Executive Director, National Black Nurses  
Association (NBNA)

**Mary Kerr, PhD, RN, FAAN, FCCM**

Dean and May L. Wykle Endowed Professor  
Frances Payne Bolton School of Nursing, Case  
Western Reserve University

**Suzanne Ketchem, MSN, RNC-OB, CNS**

President  
Association of Women's Health, Obstetric and  
Neonatal Nurses (AWHONN)



Stakeholders



Stakeholders



## REGION 4 North America (continued)

**Pamela Kohler, PhD, MPH, RN**

Assistant Professor, University of Washington  
School of Nursing

**Elaine Larson, PhD, RN, FAAN, CIC**

Associate Dean of Nursing Research, Colombia  
University School of Nursing

**Linda MacIntyre, PhD, RN**

Chief Nurse, American Red Cross

**Beverly Malone, PhD, RN, FAAN**

Chief Executive Officer, National League for  
Nursing (NLN)

**Donna Mazyck, MS, RN, NCSN**

Executive Director, National Association of  
School Nurses (NASN)

**Karen McQuillan, MS, RN,  
CNS-BC, CCRN, CNRN, FAAN**

Clinical Nurse Specialist, American Association  
of Critical Care Nurses

**Donna Meyer, MSN, RN, ANEF**

Chief Executive Officer, Organization for Associate  
Degree Nursing (OADN)

**Brenda Nevidjon, MSN, RN, FAAN**

Professor, Duke University School of Nursing  
Chief Executive Officer, Oncology Nursing  
Society (ONS)

**Mary Ann Nihart, MA, APRN, PMHCNS-BC,  
PMHNP-BC**

Associate Professor, UC-San Francisco School  
of Nursing  
President, American Psychiatric Nurses  
Association (APNA)

**Yolanda Ogbulu, PhD, RN, CRNP**

Assistant Professor; Director, Office of Global Health  
University of Maryland School of Nursing

**Cheryl Peterson, MSN, RN**

Senior Director, Nursing Programs, American  
Nurses Association (ANA)

**Maureen Reinsel, MA, MSN, NP-C**

Technical Advisor, Jhpiego

**Nancy Reynolds, PhD, RN, C-NP, FAAN**

Independence Foundation Professor and Interim  
Director of Global Health, Yale University School  
of Nursing

**Nancy Ridenour, PhD, RN, APRN, BC, FAAN**

Dean and Professor, University of New Mexico  
College of Nursing

**Juliann Sebastian, PhD, RN, FAAN**

Dean and Professor, University of Nebraska College  
of Nursing  
President, American Association of Colleges of  
Nursing (AACN)

**Franklin Shaffer, EdD, RN, FAAN, FFMRCISI**

Chief Executive Officer, CGFNS International

**Judith Shamian, PhD, RN, LLD,  
DSc (Hon), LLD (Hon)**

President, International Council of Nurses (ICN) 2013–  
2017

**Cheryl Sullivan, MSES**

Chief Executive Officer, American Academy of  
Nursing (AAN)

**Pamela Thompson, MS, RN, CENP, FAAN**

Chief Executive Officer, American Organization of  
Nurse Executives (AONE)

**Beth Tiggles, PhD, RN, CPNP, BC**

President-Elect, Sigma Theta Tau International, 2015–  
2017

Associate Professor and Regents' Professor  
University of New Mexico College of Nursing  
Albuquerque NM USA

**Deborah Trautman, PhD, RN, FAAN**

President and Chief Executive Officer, American  
Association of Colleges of Nursing

**Suzanne Willard, PhD, APN-c, FAAN**

Associate Dean for Global Health, Rutgers University  
School of Nursing

### OBSERVERS

**Sharon Byrne, DrNP, APN, NP-C, AOCNP, CNE**

Assistant Professor, The College of New Jersey

**Patricia Davidson, PhD, MEd, RN, FAAN**

Dean and Professor, Johns Hopkins School  
of Nursing

**Dolores (Dee) Krebs, MS, ANP-BC, FNP,****SANE-A, SANE-P, NYSAFE, FAANP**

President, International Association of  
Forensic Nurses

**Eileen Stuart-Shor, PhD, ANP-BC, FAHA, FAAN**

Associate Professor, SEED Global Health, University  
of Massachusetts

**Lynda Wilson, PhD, RN**

GAPFON Core Panel Member  
Professor Emerita, University of Alabama  
Birmingham School of Nursing

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RM, FANSA, FAAN, ASSAF**

Past President, Sigma Theta Tau International,  
2013–2015  
Deputy Vice Chancellor: Strategic Initiatives  
and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

**Patricia E. Thompson, EdD, RN, FAAN**

Chief Executive Officer  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Beth Tiggles, PhD, RN, CPNP, BC**

President-Elect, Sigma Theta Tau International, 2015–  
2017  
Associate Professor and Regents' Professor  
University of New Mexico College of Nursing  
Albuquerque NM USA

**Cynthia Vlasich, MBA, BSN, RN**

Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 5 Middle East

---

### BAHRAIN

**Fariba Al-Darazi, PhD, MSc,  
BSc, RN, MFPH, RCP-UK**  
Health Workforce Development and  
Nursing Consultant

**Batool Al-Mohandis, D.Edu,  
MN, BSc, RGN, FFMRCIS**  
Nurse Consultant, Nursing Policy and  
Education Development

**Muyassar Sabri Awadhalla, MSc, BSc**  
Head, Nursing Department  
Director, WHO Collaborating Center for  
Nursing Development  
College of Health Sciences, University of Bahrain

---

### EGYPT

**Cheherezade Ghazi, DrPH, MSN, MPA, BSN**  
Dean, Faculty of Nursing  
Badr University

---

### IRAN

**Ahmad Nejatian Yazdinejad,  
MPHs, MSc, BS Nursing, RN**  
Advisor to Deputy of Nursing  
Director General, Department of Community  
Health Nursing  
Ministry of Health and Medical Education

---

### IRAQ

**Badiaah Muhamed Najib Salih**  
Chair, Scientific and Higher Education Committee  
College of Nursing, Hawler Medical University

---

### JORDAN

**HRH Princess Muna Al-Hussein**  
Patron, GAPFON Middle East Regional Meeting

**Raeda Abu Al-Rub, PhD, RN**  
Dean of Nursing, Director of WHO  
Collaborating Center  
Professor, Nursing Service Administration  
Faculty of Nursing, Jordan University of Science  
& Technology

**Majeda Afeef Al-Ruzzieh, PhD, RN**  
Member Development and Dissemination Member  
International Society of Nurses in Cancer  
Care (ISNCC)  
Chief Nursing Officer, King Hussein Cancer Center

**Muntaha Gharaibeh, PhD, MSc, BSc**  
Secretary General, Jordanian Nursing Council

**Da'ad Shokeh, MSc, RN**  
Advisor HRH Prince Muna Al-Hussein for  
Nursing Affairs

---

### KUWAIT

**Fatemah Hassan Al-Kandari, MSN, BSN, RN**  
Deputy General Director for Planning and  
Development, Public Authority for Applied  
Education and Training; former Dean,  
College of Nursing

---

### LEBANON

**Huda Abu-Saad Huijjer, PhD, RN, FEANS**  
Professor of Nursing Science  
Director, Hariri School of Nursing, American  
University of Beirut

## REGION 5 Middle East (continued)

---

### PALESTINE

**Amal Abu Awad, PhD, MSN, BSN**  
Director General of Education in Health, Palestinian  
Ministry of Health  
Dean, Ibn Sina College for Health Sciences

---

### OMAN

**Majid Al-Maqbali, PhD, MSC, BSC**  
Director General of Nursing Affairs  
Ministry of Health

---

### QATAR

**Nabila Al-Meer, PhD, MSN**  
Deputy Chief, Continuing Care Group and  
SCH Nursing Affairs  
Hamad Medical Corporation

---

### SAUDI ARABIA

**Elham Al-Nagshabandi, DSN, MSN, BSN**  
Head of Medical Surgical Nursing Department  
College of Nursing, King Abdulaziz University

**Tagwa Omer, PhD, MSN, RN**  
Doctor of Nursing Sciences, Associate Dean,  
Administrative Affairs  
College of Nursing, Jeddah  
King Saud bin Abdulaziz University for  
Health Sciences

---

### SUDAN

**Awadia Ibrahim, PhD, MScN, BSN**  
Vice Chairperson, Sudan National Council  
for Medical Health Professions



*Stakeholders*

## REGION 5 Middle East (continued)

---

### UNITED ARAB EMIRATES

**Sumaya Mohammed Abbas**  
Director of Nursing, Ministry of Health

**Aysha Al-Mahri, MS, BSN**  
President, Emirates Nursing Association (ENA)  
Director of Nursing, Jalila Hospital

**Fatima Al-Rifai, PhD, RN**  
Advisor for Nursing Affairs, Ministry of Health,  
Secretary and Board Member, UAE Nursing and  
Midwifery Council

**Ged Williams, MN, MHA, Bach.  
App. Sc (Adv Nursing), LLM, RN,  
GAICD, FRCNA, FACHSE, FAAN**  
Nursing and Allied Health Consultant

**Ann Williamson, PhD, RN, NEA-BC**  
Chief Clinical and Nursing Officer  
The Cleveland Clinic Abu Dhabi

---

### WHO Eastern Mediterranean Regional Office

**Arwa Oweis, PhD, Msc, Bsc**  
Regional Advisor, Nursing Midwifery & Allied  
Health Personnel

**Naeema Al-Gasseer, PhD, MS**  
World Health Organization for Sudan and  
Head of Mission

---

### OBSERVERS

**Sawsan Abdel-Razig, MD, FACP**  
Director of Education, Cleveland Clinic Abu Dhabi

**Saba Al-Jaafreh, MSc, BSN, RN**  
Private Nurse to HRH Prince Muna Al-Hussein,  
Royal Palaces, Amman, Jordan

**Jocelyn Small**  
The Petroleum Institute

**Eman Youssif**  
Superintendent of Planning and Training, Kuwait

---

### GAPFON EXECUTIVE COMMITTEE

**Martha Hill, PhD, RN, FAAN (Chair)**  
Dean Emerita and Professor, Nursing, Medicine,  
and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

**Cathy Catrambone, PhD, RN, FAAN**  
President, Sigma Theta Tau International, 2015–  
2017  
Associate Professor  
Rush University College of Nursing  
Chicago IL USA

**Tina Darling, MPA**  
Executive Projects Manager and GAPFON Liaison  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

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RM, FANSA, FAAN, ASSAF**  
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2013–2015  
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and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

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Chief Executive Officer  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 6 Europe

---

### ALBANIA

**Irena Laska, RN**

Public Relations Director, Albanian Order of Nurses  
Executive Director, Mary Potter Palliative Care Center

**Sabri Skënderi, RN**

President, Albanian Order of Nurses

---

### IRELAND

**Elizabeth Adams, MSc, RN**

Director, Professional Development  
Irish Nurses and Midwives Organisation

---

### ITALY

**Julita Sansoni, EdDr, MNsc, RN**

Nursing Research Unit, Department of Public Health  
and Infectious Disease  
Nursing Science Associate Professor, Sapienza  
University of Rome

**Alessandro Stievano, PhD, RN**

Adjunct Faculty, Michigan State University, USA  
Research Coordinator, Centre of Excellence for  
Nursing Scholarship, Rome  
President, Italian Transcultural Nursing Association

---

### LATVIA

**Sanita Krankale**

Board Member, Latvian Nurses Association

**Dita Raiska, PhD, RN**

President, Latvian Nurses Association

---

### MALTA

**Jesmond Sharples, MBA, MMus  
(Lond) DipGer, BSc (Hons)**

Director, Nursing Services  
Nursing Services Directorate, Ministry of Health



*Stakeholders*

## REGION 6 Europe (continued)

---

### THE NETHERLANDS

**Thóra Hafsteinsdóttir, PhD, RN**  
Director, Sigma Theta Tau International  
Senior Researcher & Course Coordinator, Nursing  
Science Department  
Julius Center for Health Sciences and Primary Care  
University Medical Center, Utrecht

**Marlies Peters, PhD, RN**  
Nursing Expert, Department of Medical Oncology  
Radboud University Medical Center  
President, Dutch Oncology Nursing Society

---

### PORTUGAL

**Ana Rita Pedroso Cavaco**  
President, Board of Directors,  
Ordem dos Enfermeiros

**Graça Silveira Machado**  
Vice President, Board of Directors,  
Ordem dos Enfermeiros

---

### ROMANIA

**Ecatarina Gulie, MS, RN**  
President, Romanian Nursing Association

---

### SPAIN

**Teresa Moreno Casbas, PhD, MSc, RN**  
Nursing and Healthcare Research Unit  
Institute of Health Carlos III, Madrid

---

### SWEDEN

**Gerd Ahlström, PhD, RN**  
Director, Research Group, Older People's Health  
and Person-Centred Care  
Co-coordinator of the National Research School on  
Ageing and Health  
Department of Health Sciences, Faculty of Medicine,  
Lund University

---

### SWITZERLAND

**Jacquelin Martin, PhD, RN**  
Executive Head, Department of Nursing and Allied  
Health Professions  
University Hospital Basel

---

### UNITED KINGDOM (GREAT BRITAIN & NORTHERN IRELAND)

**Soo Downe, PhD, OBE**  
Professor of Midwifery Studies  
Research in Childbirth and Health (ReaCH) Group  
University of Central Lancashire

**Judith Ellis, MBE**  
Chief Executive Officer, Royal College of Paediatrics  
and Child Health

**Sonja McIlpatrick, PhD, MSc, BSc**  
Professor, Postgraduate Tutor, Lead Palliative Care  
Research Strand, Institute of Nursing and Health  
Research, Ulster University  
Senior Investigator, All Ireland Institute of Hospice  
and Palliative Care

**Ian Norman, PhD, MSc, BA, RN,  
FEANS, FAAN, FRCN, FKC**  
Executive Dean and Professor  
Florence Nightingale Faculty of Nursing and  
Midwifery, King's College London

**Elizabeth Rosser, PhD, MSc, RGN, RM**  
Director, Sigma Theta Tau International  
Deputy Dean, Education and Practice,  
Bournemouth University

**Brian Webster-Henderson, EdD, MSc**  
University Dean of Learning and Teaching  
and Professor of Nursing  
Edinburgh Napier University

## REGION 6 Europe (continued)

---

### C3 Collaborating for Health

**Christine Hancock, BSc (Econ)(Hons), RN**  
Founder and Director

---

### International Council of Nurses (ICN)

**Frances Hughes, DNurs, RN,  
ONZM, FACMHN, FNZCMHN**  
Chief Executive Officer, ICN

---

### European Academy of Nursing Science (EANS)

**David Richards, PhD**  
President, EANS  
Professor, Mental Health Services Research  
and NIHR Senior Investigator  
University of Exeter Medical School

---

### UK All-Party Parliamentary Group on Global Health

**Jane Salvage, MSc, BA, RGN, LLD  
(Hon), DSc (Hon), FQNI, FRCN**  
Advisor

---

### Royal College of Nursing (RCN)

**Roderick Thomson, FRCN, FFPH**  
Deputy President, RCN

---

### OBSERVERS

**Maria Bento, PhD, RN**  
Professor, President and Teacher, Nursing School of  
Coimbra, Portugal

**Ananda Fernandes, PhD, RN**  
Professor and Teacher, Nursing School of Coimbra,  
Portugal

**Marie-Louise Luiking, MA, RN**  
President, STTI Rho Chi-at-Large

**Carla Martins**  
Secretary, Nursing School of Coimbra, Portugal

**Joy Merrell, PhD, MSc, BSc (Hons)**  
Europe Regional Coordinator, STTI

---

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**Martha Hill, PhD, RN, FAAN (Chair)**  
Dean Emerita and Professor, Nursing, Medicine,  
and Public Health  
Johns Hopkins School of Nursing  
Baltimore MD USA

**Cathy Catrambone, PhD, RN, FAAN**  
President, Sigma Theta Tau International, 2015–  
2017  
Associate Professor  
Rush University College of Nursing  
Chicago IL USA

**Tina Darling, MPA**  
Executive Projects Manager and GAPFON Liaison  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Hester Klopper, PhD, MBA, RN,  
RM, FANSA, FAAN, ASSAF**  
Past President, Sigma Theta Tau International,  
2013–2015  
Deputy Vice Chancellor: Strategic Initiatives  
and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

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Chief Executive Officer  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

**Beth Tigges, PhD, RN, CPNP, BC**  
President-Elect, Sigma Theta Tau International, 2015–  
2017  
Associate Professor and Regents' Professor  
University of New Mexico College of Nursing  
Albuquerque NM USA

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

## REGION 7 Africa

---

### CONGO

**Kevin Ousman, MSN, HSM, RN**

World Health Organization, Regional Office for Africa  
Program Officer, Office of the Director, Health  
Systems & Services Cluster

---

### KENYA

**Edna Talam, MPH, BScN**

Registrar, Nursing Council of Kenya

---

### LESOTHO

**Semakaleng Phafoli, PhD, RN/M**

PSE Technical Advisor, Jhpiego

---

### MALAWI

**Abigail Bonongwe, MBA, BSc, RN, RM**

Zonal Manager, SSDI-Services Program, Jhpiego

---

### MAURITIUS

**Anil Kumar Suggun**

Chairperson, Nursing Council of Mauritius

---

### NAMIBIA

**Ena Barlow, RN, RM**

Consultant; Chief Matron, Namibia Administration

---

### SOUTH AFRICA

**Elgonda Bekker, MSocSc, BSocSc  
(Nsg), RN, RM, ADV, MW, NE**

Lecturer, School of Nursing; Faculty, Health Sciences  
University of the Free State  
Fellow, International Confederation of Midwives

**Estelle Coustas, DBA, MBA, FANSA**

Nursing Executive, Mediclinic Southern Africa

**Nelouise Geyer, PhD, RN, FANSA**

Chief Executive Officer, Nursing Education  
Association (NEA)

**Elizabeth Mokoka, PhD, RN**

Programme Manager, Forum for University Deans  
in South Africa (FUNDISA)

**Mavis Mulaudzi, PhD, RN**

Chairperson, Forum for University Deans in South  
Africa (FUNDISA)

**Deliwe René Phetlhu, PhD, RN, RM**

Associate Professor, University of the Western  
Cape School of Nursing  
Africa Regional Coordinator, Sigma Theta Tau  
International

**Stacie Stender, FNP, MSN, MS**

Senior Technical Advisor, HIV/TB/ID, Jhpiego

**Sharon Vasuthevan, PhD, MCur, BCur (Hons),  
BCur, RN, RM, RPN, RCN, NE FANSA**

Group Nursing and Quality Executive,  
Life Healthcare Group  
Chairperson, Nursing Education Association (NEA)  
Acting Chairperson, South African Nursing Council

---

### SWAZILAND

**Oslinah Tagutanazvo, RN, RM**

Senior Lecturer, Faculty of Health Sciences,  
Department of Midwifery Science,  
University of Swaziland  
Faculty, STTI Maternal-Child Health Nurse Leadership  
Academy-Africa



## REGION 7 Africa (continued)

---

### TANZANIA

**Sharon Brownie, RN, RM, MEd Admin,  
M Hth S Mgt, GAICD, FCNA, DBA**  
Dean of Nursing, Aga Khan University-Tanzania

**Lilian T. Mselle, PhD, MPhil, BA, RNM, ADNE**  
Lecturer, Clinical Nursing Department  
Muhimbili University of Health & Allied Sciences  
Global Health Services Partnership, Seed  
Global Health

---

### UGANDA

**Kevin Kabarwani Kisembo, RNM**  
MCH Coordinator, Kasese District, Ministry of Health

**Rose Chalo Nabirye, PhD, MPH, RNM**  
Acting Dean, School of Health Sciences,  
College of Health Sciences  
Makerere University

---

### ZAMBIA

**Lonia Mwape, PhD**  
Head of Department, University of Zambia

---

### National Council of State Boards of Nursing (USA)

**David Benton, PhD, MPhil, BSc,  
RGN, RMN, FFNF, FRCN, FAAN**  
Chief Executive Officer

---

### Training for Health Equity (THENet)

**Lyn Middleton, PhD, RNM, RPN, RNE**  
Programs Director



*Stakeholders*

## REGION 7 Africa (continued)

---

### OBSERVERS

**Claudia Beverly, PhD, RN, FAAN**  
Professor, University of Arkansas for  
Medical Sciences

**Deborah Cleeter, EdD, MSN**  
Sawgrass Leadership Institute

---

### GAPFON EXECUTIVE COMMITTEE

**Martha Hill, PhD, RN, FAAN (Chair)**  
Dean Emerita and Professor, Nursing, Medicine,  
and Public Health  
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Baltimore MD USA

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2017  
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Chicago IL USA

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Honor Society of Nursing, Sigma Theta  
Tau International  
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Past President, Sigma Theta Tau International,  
2013–2015  
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and Internationalization  
Stellenbosch University  
Stellenbosch, South Africa

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Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

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President-Elect, Sigma Theta Tau International, 2015–  
2017  
Associate Professor and Regents' Professor  
University of New Mexico College of Nursing  
Albuquerque NM USA

**Cynthia Vlasich, MBA, BSN, RN**  
Director, Global Initiatives  
Honor Society of Nursing, Sigma Theta  
Tau International  
Indianapolis IN USA

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# APPENDIX E

# REGIONAL PRE-MEETING SURVEY



## REGIONAL PRE-MEETING SURVEY

### Introduction

To provide background and facilitate discussion for the GAPFON (REGION) Regional meeting, (DATE), Sigma Theta Tau International (STTI) is asking you, as a key stakeholder, to complete this short survey. Your leadership in, and knowledge of, (REGION) will provide critical information for identifying priority issues and health needs. Please complete the survey by (DATE) so data from all stakeholders can be compiled and shared at the GAPFON meeting.

In addition to regionally identified issues, the following four critical components related to nursing and global health will be addressed at each of the seven GAPFON regional meetings:

1. Leadership
2. Policy (including Research)
3. Workforce/Work Environment/Practice
4. Education/Curriculum

### Question #1:

Looking at the list above and thinking about the global health issues within (REGION), please rank them in order of importance, with 1 being the most important and 4 being the least important.

### Question #2:

Are there other critical areas not listed here that you think should be included above? If yes, please use the space below to list them.

### Question #3:

In addition, each regional meeting will discuss twelve (12) strategies in support of the critical areas identified in question #1, as follows:

1. Build and share evidence of the value of nursing and midwifery: return on investment.
2. Establish and participate in intersectoral collaboration to improve outcomes.
3. Participate in and influence health policy and the global health agenda.
4. Cultivate and position leaders at all levels.
5. Create and implement an evidence-based policy agenda.
6. Align a united nursing and midwifery policy voice.
7. Advance a systems approach to Human Resources for Health.
8. Advocate for healthy work environments.
9. Promote quality nursing and midwifery practice.
10. Maximize scope of nursing and midwifery practice.
11. Ensure regulation of licensure and accreditation of nursing and midwifery education programs.
12. Advocate for reform of educational programs to ensure innovative, interprofessional, and systems approaches.

Looking at the list above and thinking about (REGION), in order of importance, with 1 being the most important and 5 being the least important, please choose **ONLY** the *top five* strategies you feel will best support the critical areas listed above question #1.

**Question #4:**

Are there other strategies not listed here that you think should be included? If yes, please use the space below to list no more than five (5) strategies.

**Question #5:**

Last, thinking about (REGION) and its most pressing public health issues, please rank the following three issues in order of what is most pressing, with 1 being the most urgent and 3 being the least urgent.

- Communicable Disease Outbreaks (such as tuberculosis, measles, new infections)
- Disaster Preparedness and Response
- Maternal-Child Health

**Question #6:**

Are there other pressing public health issues in (REGION) not listed here that you think should be included? If yes, please use the space below to provide no more than three (3) issues.

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## APPENDIX F

# ANALYSIS AND WEIGHTING OF DATA





Analysis of qualitative data related to global health issues and strategies as well as professional issues and strategies required weighting of the regional data and priorities to identify global priorities across regions. Weighting was based on how stakeholders at each meeting prioritized the top three health and professional issues and their related strategies for their region. Across the seven regions, these areas were assigned points based on how they were prioritized:

PRIORITY	POINTS
1	30
2	20
3	10
Other	5

The points were totaled separately for global health issues, global health strategies, professional issues, and professional strategies. The issues and strategies were then prioritized based on the highest point values for each.

During the regional meetings, strategies were identified but not prioritized. In analyzing this data, weighting was based on how many regions identified the same strategy. When four or more regions identified a strategy, it was assigned 30 points; when three regions identified a strategy, it was assigned 20 points; when two regions identified a strategy, it was assigned 10 points; and if only one region identified a strategy, it was given five points. The points for each strategy were totaled and prioritized based on the highest point value for each.

## APPENDIX G

# UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS (SDGs)



## G-1: GLOBAL HEALTH ISSUE PRIORITIES With Corresponding SDGs and Targets\*

### Non-Communicable Diseases and Chronic Diseases



#### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

**Target:** Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

**Target:** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

**Target:** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks



#### SDG 12: Ensure sustainable consumption and production patterns

**Target:** By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment

### Mental Health (noted both separately and secondary to substance abuse and violence)



#### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

**Target:** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol



#### SDG 5: Achieve gender equality and empower all women and girls

**Target:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

## Mental Health (continued)



### SDG 16: Promote just, peaceful and inclusive societies

**Target:** Significantly reduce all forms of violence and related death rates everywhere

**Target:** End abuse, exploitation, trafficking and all forms of violence against and torture of children

**Target:** Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime

## Communicable Diseases



### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

**Target:** Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

## Disaster Preparedness and Response



### SDG 1: End poverty in all its forms everywhere

**Target:** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters



### SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

**Target:** By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality

## Disaster Preparedness and Response (continued)



### SDG 11: Make cities inclusive, safe, resilient and sustainable

**Target:** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

**Target:** By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels



### SDG 13: Take urgent action to combat climate change and its impacts

**Target:** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

## Maternal-Child Health



### SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

**Target:** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round



### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

**Target:** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

**Target:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

**Target:** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

## Maternal-Child Health (continued)



### SDG 10: Reduce inequality within and among countries

**Target:** Evidence from developing countries shows that children in the poorest 20 percent of the populations are still up to three times more likely to die before their fifth birthday than children in the richest quintiles

**Target:** Despite overall declines in maternal mortality in the majority of developing countries, women in rural areas are still up to three times more likely to die while giving birth than women living in urban centres



### SDG 16: Promote just, peaceful and inclusive societies

**Target:** By 2030, provide legal identity for all, including birth registration

\*Introduced by the United Nations in September, 2017, “the Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.



## G-2: GLOBAL PROFESSIONAL ISSUE PRIORITIES

### With Corresponding SDGs and Targets\*

#### Leadership



#### SDG 5: Achieve gender equality and empower all women and girls

**Target:** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life



#### SDG 10: Reduce inequality within and among countries

**Target:** Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions



#### SDG 16: Promote just, peaceful, and inclusive societies

**Target:** Ensure responsive, inclusive, participatory and representative decision-making at all levels



#### SDG 17: Revitalize the global partnership for sustainable development

**Target:** Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

#### Policy/Regulation



#### SDG 3: Ensure healthy lives and promote well-being for all at all ages

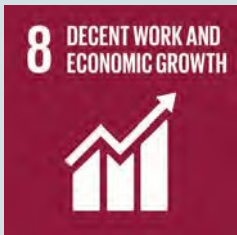
**Target:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

## Policy/Regulation (continued)



### SDG 5: Achieve gender equality and empower all women and girls

**Target:** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels



### SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all

**Target:** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services



### SDG 10: Reduce inequality within and among countries

**Target:** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard



### SDG 16: Promote just, peaceful, and inclusive societies

**Target:** Promote the rule of law at the national and international levels and ensure equal access to justice for all

## Research



### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all



## Research (continued)



### SDG 9: Build resilient infrastructure, promote sustainable industrialization and foster innovation

**Target:** Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending

**Target:** Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities

**Target:** Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020



### SDG 17: Revitalize the global partnership for sustainable development

**Target:** By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

## Workforce



### SDG 3: Ensure healthy lives and promote well-being for all at all ages

**Target:** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States



### SDG 4: Ensure inclusive and quality education for all and promote lifelong learning

**Target:** By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

## Workforce (continued)



### SDG 5: Achieve gender equality and empower all women and girls

**Target:** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life



### SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all

**Target:** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services



### SDG 10: Reduce inequality within and among countries

**Target:** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

## Practice



### SDG 9: Build resilient infrastructure, promote sustainable industrialization and foster innovation

**Target:** Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all



### SDG 10: Reduce inequality within and among countries

**Target:** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

## Practice (continued)



### SDG 12: Ensure sustainable consumption and production patterns

**Target:** Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle

**Target:** Promote public procurement practices that are sustainable, in accordance with national policies and priorities



### SDG 14: Conserve and sustainably use the oceans, seas and marine resources

**Target:** By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics

## Education



### SDG 4: Ensure inclusive and quality education for all and promote lifelong learning

**Target:** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

**Target:** By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

**Target:** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

**Target:** By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries

**Target:** By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

\*Introduced by the United Nations in September, 2017, "the Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

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