International Perspectives

Shaping global nurse leaders: a conversation with
Dr Stephanie Ferguson

Her work to empower nurses and strengthen health systems has taken her to over 135 countries in every region of the world. Dr Stephanie Ferguson is the Director of the ICN Leadership for Change™ Programme and the ICN-Burdett Global Nursing Leadership Institute in Geneva, Switzerland. In her consulting practice, she also helps health systems, regulatory bodies and organisations expand their global presence and strategic programs worldwide. In 2014 she was elected a member of the Institute of Medicine (IOM), one of the highest honours in the fields of health and medicine (see related article on page 10.) Jan Harrington, INR News Editor, spoke with Dr Ferguson about how nurses become leaders and why health systems need their strategic input.

INR: How did you choose nursing as a profession and a career?

Dr Ferguson: I had allergic asthma as a young child and spent a lot of time with the school health nurse. I thought that Mrs Shields, who took care of about one thousand school children in Appomattox County, Virginia, was the coolest person in the world. I knew what I wanted to be when I grew up: a nurse who could take care of populations and help people get well. And the focus of my career has been just that, caring for populations and help people get well. And the focus of my career has been just that, caring for populations.

INR: What do you see as nursing’s unique contribution to healthcare policymaking?

Dr Ferguson: Nurses bring knowledge, strategic input and authenticity to policymaking. We can articulate what populations need because we live it, know it and see it every day. Nurses are everywhere – in schools, hospitals, faith-based clinics, and in urban, rural and remote areas. We’re on the ground caring for people, often at their most vulnerable times, and they respect us. We can take the science and put it into action, and help develop evidence-based policies that make a difference for populations. We’re the best translators, interpreters and communicators. We can tell policymakers what has worked and how to scale it up to benefit the entire population.

In my opinion, participation in social and health policy development is an obligation for nurses. We should be active at the highest levels of policy development and tell decision-makers what we know. However, no one is going to knock on your door and ask you to come and sit at the policy table. You have to be proactive, and when you’re invited, you need to be ready. ICN helps prepare nurses and teaches them how to go out and seek the opportunity to lead. ICN looks for nurses who are or can be change agents in their nation, their region and the world. We want to give these nurses knowledge, skills and ability so that they can help fix things in their countries and be part of meaningful and sustainable change.

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Let me give an example from my own career. As soon as I graduated from Virginia Commonwealth University with a Master of Science in Nursing in 1987, I started doing research on screening new-borns for sickle cell disease. In Virginia, one in every 325 babies born to African-American parents is affected by this inherited blood disorder that, if identified early, can be treated to prevent complications that might lead to death. In collaboration with the state health
department, I helped gather evidence to petition the government to require screening. In July 1989, sickle cell testing became mandatory for new-borns in Virginia. This legislation has had a major impact and changed the lives of many people.

**INR:** You are the Director of the Leadership for Change™ (LFC) and the ICN-Burdett Global Nursing Leadership Institute (GNLI). What is the goal of the LFC programme?

**Dr Ferguson:** Nurses participating in LFC learn to be at the table, that is, how to develop, initiate, implement and evaluate policy. We teach them how to use evidence-based information to contribute to public sector and health reform in their country. The three-part LFC programme includes workshops, monitoring and evaluation activities as well as participation in the Training of Trainers (TOT) Programme. Over the span of the programme, nurses develop, implement and evaluate projects. ICN launched LFC in 1996 and has taken it to more than 70 countries. Some LFC graduates go on to the GNLI, the top level of ICN’s leadership programmes.

**INR:** You were closely involved in the development of the GNLI. Since 2009, 144 nurses from 63 countries have graduated. What is unique about the programme?

**Dr Ferguson:** The GNLI is a highly successful programme with remarkable outcomes. We assess each participant’s strengths and weaknesses, and help them develop an individual plan based on feedback. The GNLI employs an ‘action learning’ approach based on adult learning, collaboration and respect. Working in small teams, participants develop strategic and leadership skills through exposure to international faculty, and by working in groups and making site visits.

The GNLI is open only to nurses at the highest levels, and that’s unique. We’ve had chief nursing officers; presidents of national nursing organizations; directors of nursing, deans and professors; and heads of regulatory bodies. The GNLI is also unique because each year focuses on a specific theme with the content tailored for the participants in that particular class. While we have some core faculty, we also change faculty and speakers each year to fit the theme. As Director, when I read the applications of the participants selected by the GNLI Advisory Committee, I sit back and think, ‘How can I get the right faculty to help them go to the next level?’

The GNLI takes place in Geneva, Switzerland in the context of and with a focus on global health – another unique feature. We work with partners like the World Health Organization (WHO), the United Nations, the Global Fund, the International Labour Organization, the World Trade Organization and the International Committee of the Red Cross. Participants visit these organizations and benefit from high-level presentations about what the organization is doing in the context of our theme.

Participants gain the knowledge, skills and ability to work on health policy at the highest levels of their own country and globally, for example, at the United Nations. They acquire different specific skills such as how to work with the media or how to develop a resolution for the World Health Assembly.

**INR:** What is it like to have senior nurses from all over the world together for a week in Geneva?

**Dr Ferguson:** It’s exciting – a gift for ICN and for me. There is a real synergy. I’m in awe of the nurses selected for GNLI because they have achieved magnificent things. I learn more from them, and I think our speakers would say the same thing, than we could ever teach them. We don’t look at them as students, but rather as participants, partners and colleagues. Some of them will be Ministers of Health or Finance, or even prime ministers or presidents of their countries one day.

I’m grateful to those who help with bursaries, including the Burdett Trust for Nursing, and the Taiwanese Office of the Ministry of Foreign Affairs, to bring nurses who otherwise couldn’t afford to come. I’m also grateful to the countries and employers that support nurses who work for them so that they can attend.

**INR:** What skills and/or understanding do graduates take back to their countries, and how does it help them make a difference there?

**Dr Ferguson:** In 2010, we asked the Center for Creative Leadership (CCL) to conduct an evaluation of the GNLI. The CCL found that the GNLI helped participants enhance their leadership skills and achieve their immediate and long-term goals. Thanks to the GNLI, participants became more effective and confident leaders and achieved specific policy and other significant accomplishments. They acquired a deeper understanding of global healthcare challenges. Participants also developed lasting, supportive and productive international leadership networks.

**INR:** Do the graduates of ICN leadership programmes stay in touch and continue to share information with each other?

**Dr Ferguson:** We’re very close. Last year ICN launched a new and improved interactive website (http://leadership.icn.ch/) for its leadership programmes. Graduates can stay in touch with their class and with all graduates of ICN leadership programmes. In 2013, we also launched the GNLI colloquium to maintain our ties with our alumni all around the world and to give them learning opportunities at ICN conferences.

**INR:** During your career, how did you develop your own leadership skills?

**Dr Ferguson:** I wouldn’t be where I am in my life if I hadn’t had extraordinary mentors – nurses and non-nurses, men and women, in the U.S. and internationally – who worked with me from a young age to be all that I could be in life and to do all that I could do. To be a good leader, you need mentors and you need to be a mentor – that’s the ‘take home’ message. ICN believes in the power of mentoring. Part of the methodology for the LFC and GNLI programmes is that you have to have a mentor and you have to mentor others.

A mentor is the best person you can find with whom you have a synergy and can have a conversation about the knowledge and skills you need to get to the next step. Mentors can see things in you that you can’t see yourself. A mentor can look at what you have achieved and then suggest possibilities that you may not have considered. You need different mentors at different stages of your journey.

I take being a mentor very seriously and work with about 300 people at any given time. When I see a person whom I have mentored achieve a high post, I think ‘Wow, I remember them when . . .’ and that’s why I mentor. It has been a real blessing in my life to help people succeed.

**INR:** What advice do you have for nurses who want to learn leadership skills and get involved in politics and policy whether in their workplaces, communities or countries?
Dr Ferguson: To develop as a leader, you need to look at yourself critically and assess what skills and knowledge you lack. Ask yourself: ‘What is my mission, vision and passion?’ Look for mentors to help you identify areas for improvement. Take courses in working with the media; strategic planning and thinking; policy development and policymaking; evaluation; and evidence-based policy. You also need coaches. For example, if you’re not skilled at public speaking or writing, take a course and then find a coach to help you practice and give you feedback.

A constant spirit of review and change is crucial to being a competent leader. As the Director of LFC and GNLI, I look myself in the mirror every day and ask, ‘Why would anyone want to be led by me? What do I need to do to be a better leader? What now and what next?’ A good leader is always on the journey. At least once a year we need to do a 360-degree analysis of where we are and what we’re doing. The way you’ve been leading for years may not be effective now because of new situations and people.

INR: You have worked with nurses all over the world to improve leadership skills. Have you observed development needs common to nurses no matter where they live and practice?

Dr Ferguson: What I’ve seen from the leadership assessments in the GNLI and LFC programmes is that nurses everywhere need to improve their leadership and negotiation skills, and learn more about policy development and politics. My data and research support this observation. In my travels around the world, I also see that nurses aren’t necessarily on board with technology. To be a leader, you need to be savvy about using technology yourself, and also about the big picture of technology, that is, how to use it to improve health and serve populations.

INR: What areas of policy development do nurses need to be active in?

Dr Ferguson: We need to lead in human resources for health, that is, making sure the world has enough nurses to care for populations. We need to look at health systems. Everyone in the world should be able to get healthcare without breaking the bank, or losing his or her house. We need to look critically at our profession and ask what our work and roles will be like in the future. How can we create the nurse/knowledge worker who is able to deliver care in the future?

The theme for the 2015 GNLI is the future of the organization. The International Council of Nurses (ICN) selected Nurses: A Force for Change: Care Effective, Cost Effective as the theme for International Nurses Day (IND) on 12 May 2015. ‘Nurses and policy makers must focus on the nursing role as a key priority and determinant for improving health and well being and to reduce lifestyle/behavioural and metabolic/biometric risk factors over time.

HealthyScore helps individuals rate their habits with a traffic light system, and allows them to customize reminders to support them on the road to healthier living. Behaviours in red are highly risky. Those rated yellow indicate caution, and those in green correspond to healthy, sustainable behaviours. The goal is to help individuals gradually shift their behaviours to the green area.

Overall, the app helps the health community pay due attention to the inextricable link between social determinants of health and the incidence of NCDs, extending the scope to mental and oral health conditions. By focusing on a holistic approach to health, the WHPA goes beyond the narrow frame of corrective NCD action and promotes a sustainable change in behaviours to achieve health.


The HealthyScore app does not share any data with other applications, providers or third parties. The lifestyle behaviours, personal commitments and reminders will be stored on the personal device only.

The World Health Professions Alliance (WHPA) developed the app as an addition to its Health Improvement Card, an important component of the organisation’s NCD campaign. Four biometric indicators and four behavioural indicators provide an overview of an individual’s health status.

The WHPA (www.wpha.org) is an alliance of the International Council of Nurses (ICN), the International Pharmaceutical Federation, the World Confederation for Physical Therapy, FDI World Dental Federation and the World Medical Association, with the support of the International Federation of Pharmaceutical Manufacturers and Associations.

The WHPA addresses global health issues striving to help deliver cost effective, quality healthcare worldwide. Together, the partners of the WHPA include more than 600 national member organisations, making WHPA the key point of global access to healthcare professionals within the five disciplines.

ICN convenes experts on nursing licensure and registration

Experts on nursing regulation gathered in Geneva, Switzerland in late 2014 for the ninth annual meeting of the ICN Observatory on Licensure and Registration. The Observatory includes membership from Africa, Asia, Europe, Latin America, the Middle East, North America and the Western Pacific. The 10-member Observatory enables the International Council of Nurses (ICN) and the nursing profession to anticipate and respond to international regulatory developments, as well as to influence policy on global regulatory matters.

With regulation as one of its three pillars, ICN values the input and expertise of Observatory members and their significant contribution to the work of ICN,’ stated David C. Benton, ICN Chief Executive Officer.

Chaired by ICN President Dr Judith Shamian, the meeting agenda included: a discussion of bringing the patient’s voice to nursing regulation; input to the revision of ICN’s Model Nursing Act Toolkit; regulation of Advanced Practice Nursing; and review of the global education, regulation and health human resource agenda. In addition, Observatory members highlighted key issues and regulatory trends in their regions. Frances Ganges, Chief Executive of the International Confederation of Midwives, attended as an observer.

Nurses can improve efficiency, effectiveness of healthcare systems

To reinforce that global health cannot be achieved without nurses’ participation at all levels of the healthcare system, the International Council of Nurses (ICN) selected Nurses: A Force for Change: Care Effective, Cost Effective as the theme for International Nurses Day (IND) on 12 May 2015. ‘Nurses and policy makers must focus on the nursing role as a key priority and determinant for
achieving equity, delivering universal health coverage and ultimately improving health outcomes globally,' stated David C. Benton, ICN Chief Executive Officer. ‘Nurses are well positioned to drive improvements in efficiency and effectiveness.’

As the single largest group of health professionals, and those closest to people in all settings, nurses can have an enormous impact on reducing health costs and increasing quality of care. Nurses understand the landscape of healthcare delivery including financing, cost effectiveness and resource management, and access to care. The decisions that every practicing nurse makes multiple times each day can make a significant difference in the efficiency and effectiveness of the entire system.

The 2015 IND kit examines current issues around health system financing and the value of nursing. It provides guidance for nurses and policy makers on how to best achieve equitable access to effective and affordable healthcare services. The tools, information and ideas for action contained in the kit will assist and encourage nurses and national nurses associations (NNAs) to become engaged in and knowledgeable about health system financing as a means to achieving quality of care and patient safety in a cost effective way. Examples from around the world demonstrate what is possible when nurses bring their creativity and professional perspective to the transformation agenda.

ICN offers the IND kit to NNAs, health ministries and health institutions worldwide. Materials in the kit, including the poster image, can be downloaded at www.icn.ch.

Celebrated around the world on the anniversary of Florence Nightingale’s birth, International Nurses Day is an excellent occasion for nurses and their associations to inform and remind the public and policy makers about the role they play in promoting the health of communities and nations.

**World’s nurses will gather at ICN Conference 2015 in Seoul, Republic of Korea**

Thousands of nurses from around the world will explore the importance of cross-cultural understanding and global cooperation at the world’s largest international nursing event. Registration is open for the International Council of Nurses (ICN) Conference to be held 19–23 June 2015 in Seoul, Republic of Korea. Nurses, health professionals and members of the public may register online at: www.icn2015.com. The early-bird discount ends on 13 March 2015.

The conference will provide opportunities for participants to build relationships and to disseminate nursing knowledge and leadership across specialties, cultures and countries.

Dr Mary Wakefield, Administrator of the Health Resources and Services Administration, U.S. Department of Health and Human Services, will deliver the keynote presentation on the conference theme, *Global Citizen, Global Nursing: Reshaping Nursing for the Future*.

Other top international speakers will include:
- Dr Poonam Khetrapal Singh, Regional Director for South-East Asia, World Health Organization (WHO);
- Dr James Campbell, Executive Director of the Global Health Workforce Alliance and Director of the Health Workforce Department, WHO;
- Dr Heimar Marin, Professor and Director of the Graduate Programme in Health Informatics at the Federal University of São Paulo;
- Dr Tim Evans, Senior Director for Health, Nutrition and Population Global Practice at the World Bank;
- Dr Sheila Tlou, Director of the UNAIDS Regional Support Team for Eastern and Southern Africa.

In late 2014 nursing regulation experts participated in the ninth annual meeting of the ICN Observatory on Licensure and Registration. Attending were (from left to right):

First row: Jean Barry, ICN Consultant, Nursing and Health Policy; David Benton, ICN CEO; Judith Shamian, ICN President; Karen Kautzman Bjøro, Second Vice-President, Norwegian Nurses Organisation; Frances Ganges, Chief Executive of the International Confederation of Midwives. Second row: Pauline Tan, Chief Nursing Officer and Registrar, Singapore Nursing Board; Dileep Kumar, President, Indian Nursing Council; Abdullah al Nuimi, Section Head of Regulation and Registration, Department of Nursing, Ministry of Health, United Arab Emirates; Veronica Darko, former Registrar/Chief Executive Officer, Nurses and Midwives Council of Ghana; Silvina Malvárez, Professor, School of Public Health, National University of Cordoba, Cordoba, Argentina; Genevieve Howse, Victoria, Australia, Public Expert on Regulation; Kathy Apple, Executive Director, National Council of State Boards of Nursing, USA; Carolyn Reed, CEO/Registrar, Nursing Council of New Zealand; Afshan Saleem Daredia, ICN Intern; and Hussain Jafri, International Alliance of Patients’ Organizations, Pakistan. Photo credit: Lorenzo Chiriatti, ICN.
Plenary sessions will examine the future health needs of citizens; how nurses can play a key role in developing the post-MDG agenda; and ways in which they can influence migration, socioeconomic status and the working conditions of nurses. Main sessions will provide the most up-to-date expertise on mental health, nursing education, eHealth, human resources, infectious diseases and counterfeit medicines.

A debate will explore whether the world can afford universal health coverage. Concurrent sessions, symposia and posters will address these issues, and allow nurses and other healthcare professionals to share their ideas, research and expertise. The ICN Networks will meet at Conference.

Beginning on 20 April 2015, online publication of abstracts presented at the Conference, as well as abstracts that received high scores but were not accepted, will be available on the Conference website. When the Conference website is no longer active, the abstracts will continue to be available online via a link on the ICN website (www.icn.ch) through July 2016.

The Council of National Representatives, ICN’s governing body, will meet prior to the Conference from 17–19 June. Dr James Campbell, Director of the Health Workforce Department, WHO will brief the CNR on the Universal Health Coverage and Human Resources for Health Strategy Consultation. ICN welcomes the opportunity for nurses to contribute to this strategic development effort.

Registration is also open for the biennial fundraising luncheon for the Florence Nightingale International Foundation, as well as for numerous professional visits to learn about nursing practice and healthcare in Korea.

Additional information, including the full programme and list of speakers, is available on the ICN Conference website: www.icn2015.com.

Health Care in Danger offers e-learning module

Healthcare personnel working in situations of armed conflict and other emergencies can access a new e-learning module to better understand the effects of violence on healthcare, as well as their rights, responsibilities and ethical obligations. The module can be accessed at: www.healthcareindanger.org/elearning.

Violence against patients, healthcare workers and facilities in conflict zones is one of today’s most crucial but overlooked humanitarian issues. Nurses and doctors have a duty to treat all those in need, and health workers must be protected as they do their job.

The e-learning module is an essential tool for all civilian and military professionals involved in the delivery of healthcare, including doctors, nurses, pharmacists, drivers and hospital administrators. The module was released by the International Committee of the Red Cross (ICRC) as part of Health Care in Danger, an ICRC-led project aimed at improving the efficiency and delivery of impartial healthcare in armed conflict and other emergencies.

As a member of the project, the International Council of Nurses (ICN) contributed the knowledge and experience of national nursing associations, notably on ethical issues, to the development of the e-module.

ICN commends and supports the ICRC Health Care in Danger project and the commitment to safeguard the delivery of effective and impartial healthcare in armed conflict and other situations of violence’, stated David C. Benton, ICN Chief Executive Officer. ‘The e-learning module is a timely addition to the extensive resources available. Sadly more and more nurses must be familiar with such resources, whether they work in high-risk environments, are advocates for change, or educators of next-generation practitioners’.

In addition to ICN, the World Medical Association, the International Pharmaceutical Federation, and the International Committee on Military Medicine also participated in the development of the e-learning module.

‘With this module, we aim to reach out to healthcare personnel across the globe’, said Bruce Eshaya-Chauvin, medical adviser for the Health Care in Danger project. ‘Anyone connected to the Internet can use or download the module, which includes interviews with experts in the field, learning activities and other media’.

The ICRC has produced a number of written and audio-visual documents on the issue of violence against patients and healthcare workers. The ICRC and its partners are working to elaborate the ethical principles that must serve as a guide for healthcare personnel in conflict situations.

On 5 December 2014, the General Assembly of the United Nations accepted the resolution on the protection of health facilities and personnel. As a member of the Health Care in Danger project, ICN was an active participant in the development of the resolution.

The resolution ‘strongly condemns all attacks on medical and health personnel, their means of transport and equipment, as well as hospitals and other medical facilities, and deplores the long-term consequences of such attacks for the population and health-care systems of the countries concerned’.

Nurses address workplace issues at ICN Asia Forum


More than 30 nurse leaders representing 11 countries participated in the forum. The Japanese Nursing Association (JNA) hosted the forum and co-chaired the two-day meeting in partnership with ICN. The countries represented included: China, Hong Kong, Indonesia, Japan, Korea, Macau, Malaysia, Philippines, Singapore, Taiwan and Thailand.

Held in November, the forum provided a platform for nurse leaders to share ideas and experiences related to socio-economic welfare nursing issues in the region. Strategic discussions focused on how to address both today’s challenges and those of the future.

‘The ICN Workforce Forums are an invaluable opportunity to network, share and address common problems’, said Lesley Bell, ICN Nurse Consultant. ‘We learn from each other’s experience and strategize about how to deal with issues confronting nursing in many countries. We consider how to work together to have a positive impact on working conditions, influence policy and improve the work environment of nurses’.

Topics on the agenda included: promoting positive practice environments; the impact of multiple generations in the workforce; and updates on nursing workforce profile and nurse wages. Participants attended training sessions on occupational health and safety, and the science of labour in nursing. They also reviewed and provided feedback on ICN’s Strategic Plan. The JNA led a session on disaster response and preparedness, focusing on the pandemic of communicable diseases following a natural disaster.

Following the forum, the Alliance of Asian Nurses Association convened to address Ageing and nursing: the role of nurses in elderly care, issues and preparedness for the future.

The 2015 ICN Asia Workforce Forum will take place in Singapore.

Nurse leaders elected to Institute of Medicine

Two global nurse leaders received one of the highest honours in the fields of health and medicine with their election to the Institute of Medicine (IOM). The IOM elected Dr Stephanie Ferguson, PhD, RN, FAAN as a member, and Dr Sheila Tlou, PhD, RN as a foreign associate. Both nurses are involved with the leadership programmes of the International Council of Nurses (ICN).

Dr Ferguson is Director of the ICN Leadership for Change™ and the ICN-Burdett Global Nursing Leadership Institute (GNLI). Dr Tlou is a faculty member of the GNLI, Ambassador of the Girl Child Education Fund and UNAIDS Regional Director for Eastern and Southern Africa.

‘It is with great enthusiasm that we welcome our esteemed colleagues to the Institute of Medicine’, said IOM President Victor J. Dzau. ‘These leaders’ tremendous achievements have contributed significantly to advancing health and medicine. The expertise and knowledge they bring to the IOM will encourage and enhance its success’.

In addition to her work with ICN, Dr Ferguson is a World Health Organization Consultant to the former office of the Chief Nursing Scientist, the current Office of the Technical Advisor for Nursing and Midwifery and Director of Workforce and the Global Health Workforce Alliance, several Regional Nurse Advisors, and Regional and Headquarters’ Directors. She is a Consulting
Associate Professor for Stanford University and affiliate faculty at Virginia Commonwealth School of Nursing, both in the U.S. In 2014, Dr Ferguson received the HRH Princess Muna al-Hussein Award, given by the American Nurses Credentialing Centre, in recognition of her significant contributions to healthcare across borders and the advancement of international nursing collaboration.

In her consulting practice, Dr Ferguson works with a variety of nursing organisations, health systems, schools of nursing and medicine, regulatory bodies and for profit and not for profit organisations to help them expand their global presence and strategic programs worldwide. In 1996, President William Clinton appointed her as a White House Fellow. The youngest and the last nurse to be a Fellow, she worked with former Health and Human Services Director Donna Shalala.

Professor Tlou, an internationally renowned leader in nursing, gender issues and AIDS, is a former Member of Parliament and Minister of Health in her home country of Botswana. She played a key role in the development of national nursing and medical education curricula, working to broaden the scope of health sciences education in Botswana. She also has served as Professor of Nursing at the University of Botswana, and Director of the WHO Collaborating Centre for Nursing and Midwifery Development in Primary Health Care for Anglophone Africa.

Involved in the AIDS response since 1985, Professor Tlou has conducted research and taught courses on gender issues relating to HIV/AIDS, sexual and reproductive health and rights, and ageing. As Ambassador for ICN’s Girl Child Education Fund, she is an advocate for the education of girls. In 2014 she received the Princess Srinagarindra Award, given by a foundation based in Thailand, for her contribution to the development of the nursing profession.

Established in 1970 by the National Academy of Sciences in the U.S., the IOM is a national resource for independent, scientifically informed analysis and recommendations on health issues. It is both an honorific membership organisation and an advisory organisation. With their election, members make a commitment to volunteer their time and an advisory organisation. With their election, members make a commitment to volunteer their time and promote gender equity, and increase the likelihood that the next generation will, in turn, be educated.

Donations can make contributions on the following secure online site: http://www.icn.ch/shop/en/donations/4-donation.html.

A grant from the Symphasis Foundation will support the education of girls in Uganda through the Girl Child Education Fund (GCEF) programme. Shown at the ICN headquarters in Geneva, Switzerland are (from left to right): Jennifer Munsaka, GCEF Coordinator for Zambia; Thomas D. Albert, Project Manager for the Symphasis Foundation; Faith Mbehe, GCEF Coordinator for Kenya; and Theopista Kabalisa, GCEF Coordinator for Uganda. Photo credit: Lorenzo Chiriatti, ICN.
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12 May 2015
International Nurses Day