International Council of Nurses

GNLI

Global Nursing Leadership Institute™

GNLI Alumni

2026 Annual Meeting

Strengthening Nursing and Midwifery Leadership Structures for Health System Transformation

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Thank you for joining us today.

You will leave today's session with a clear call to action on how to drive change beyond your scope.

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Special Message

Dr. José Luis Cobos Serrano

ICN President

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Welcome Remarks

Dr. Lawal Ayiedun Olubunmi

Founder, March Health Care Initiative
GNLI-A Chair & GNLI 2015 Scholar

GNLI-Alumni Leadership Council:

Vision, Structure, and Strategic Initiatives

Chair GNLI-ALC: Comrade Lawal-Aiyedun Olubunmi (GNLI 2015)

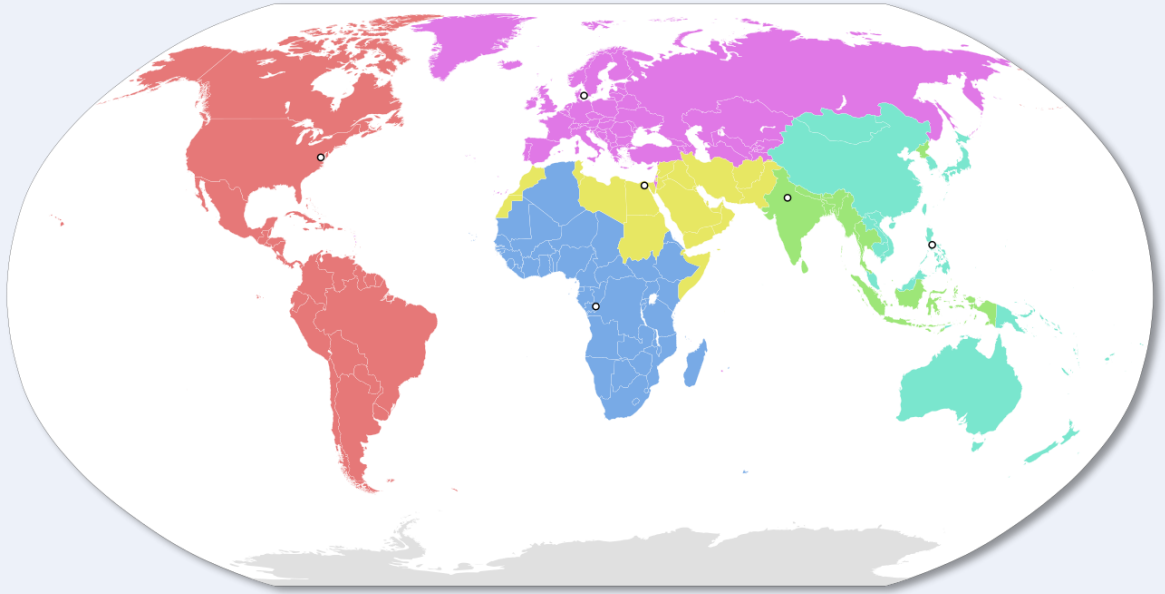
GNLI-A Council Structure

Two representatives from each WHO Region

AFRO, AMRO, SEARO, EURO, EMRO, WPRO

- Serve for 2-year terms
- Chaired by Alumni-elected Chair and Vice-Chair
- Supported and overseen by ICN

- The Council meets 3/year
- Annual Alumni Conference



Accomplishments (2025–2026)

Mandate: Sustain lifelong alumni engagement, strengthen cross-cohort collaboration, and mobilize GNLI expertise to advance nursing leadership, education, practice, and global health policy.

- Convened the **GNLI Leadership Symposium** at ICN Congress 2025 (Helsinki): Policy Leadership in Action.
- Developed a **GNLI Policy Brief** to strengthen nursing leadership in global health.
- Planned the **ICN Leadership Book Series** and secured a publishing partnership with Wiley.
- Book Series Oversight Committee
- Policy Brief & Webinar Series
- Global Mentorship Programme
- Mobilized GNLI Alumni to support ICN Congress 2027 through abstract review, speaking engagements, mentoring, and promotion of abstract submissions.

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Meet Your Regional Council Representatives

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Who We Are

Objectives:

- Provide strategic leadership and representation by advising ICN on policy priorities

and projects while representing the Alumni.

- Strengthen Alumni engagement and connectivity.
- Promote leadership development and mentorship.
- Advance global collaboration and knowledge exchange by facilitating cross-regional learning.

Vision: A united global network of GNLI-Trained Nurse Leaders driving policy impact and advancing health equity worldwide.

Mission: To connect, mentor, and mobilize alumni for global nursing leadership, the Council advances ICN's goals of impact, empowerment, innovation, and leadership while preserving GNLI's legacy of political and policy influence.

Why This Matters to You

- You are automatically part of this global network
- Access to mentorship, collaboration, and visibility
- Opportunities to lead, learn, and contribute beyond your cohort
- Together, we keep the GNLI spirit alive and growing.
- Stay connected with your regional alumni leaders
- Participate actively in Council initiatives
- Contribute your voice and expertise to shape the next phase of GNLI impact

Join. Connect. Lead.

When nurses lead with vision and compassion,

we don't just improve health outcomes,

we shape history and transform the future.

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Goodwill Message

Dr. Michelle Gunn

ICN Head of Practice and Regulations

GNLI 2017 Scholar

Goodwill Message

Dr Michelle Gunn, Head of Practice and Regulations, ICN

1. GNLI: A GLOBAL COMMUNITY OF NURSING LEADERS

GNLI is more than a leadership programme—it is a global community committed to advancing health and the nursing profession.

CONNECT
Global network of leaders

INFLUENCE
Policy and health systems

LEAD
Transformational change

INSPIRE
Future generations

"Leadership is not a position. It is the ability to create positive change."

2. STRONG LEADERSHIP REQUIRES STRONG SYSTEMS

Today's health challenges demand nursing leadership at every level of the system.

Nursing leadership must be supported by enabling environments so it can influence policy, guide decision-making and improve health outcomes.

3. INSTITUTIONALIZING NURSING LEADERSHIP FOR LASTING IMPACT

Developing leaders is essential. Building systems that embed and sustain nursing leadership is transformative.

FROM INDIVIDUAL LEADERS TO SYSTEMS THAT SUSTAIN LEADERSHIP

DEVELOP
Build the capability of nurse leaders

EMBED
Integrate nursing leadership in governance, policy and decision-making

ENABLE
Create supportive structures, resources and accountability for leadership

TRANSFORM
Drive sustainable health system improvement

Institutionalized nursing leadership ensures that nursing expertise is consistently valued, represented and able to shape healthier and more resilient systems.

The future of nursing leadership depends not only on the leaders we develop, but on the systems we build together. **Together, we lead. Together, we transform.**

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Keynote Speech

Mr. David Stewart

ICN Director of Nursing

From Voice to Authority

Health systems cannot transform if nursing leadership is absent, symbolic, fragmented or under-resourced.

The task is to give nurse leaders mandate, authority, resources, data, preparation and protection.

David Stewart, Director, International Council of Nurses

The leadership gap behind the system crisis

Health Systems fail when the profession delivering most care is absent from the design table.

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No nursing leadership, no health system transformation.

The problem is not a lack of good people. It is weak architecture: roles without authority, fragmented mandates, scarce data, and accountability that exceeds power.

Leadership is infrastructure, not ornament.

Mandate
formal role, clear scope

Authority
decision rights, direct access

Resources
budget, staff, data

Protection
ethical courage without isolation

Anchor evidence: WHO State of the World's Nursing 2025; WHO Global strategic directions for nursing and midwifery 2021–2025.

Presence is improving. Power is not guaranteed.

WHO's 2025 data show progress in senior roles, but significant gaps in authority and leadership development.

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82%

responding countries report a GCNO or equivalent

Up from 71% in SOWN 2020.

66%

responding countries report nursing leadership programmes

About two-thirds globally; uneven distribution.

25%

low-income countries report leadership programmes

Major gap in leadership development infrastructure.

What matters now

The question is not only "does the role exist?" It is: can this leader influence workforce strategy, funding, regulation, service redesign and health policy decisions?

Presence ≠ authority

Source: WHO, State of the world's nursing 2025, Chapter 8 Leadership.

Why the nursing voice matters

A Quadruple Aim framework for policy and executive decision-making

1. Better population health

Why it matters

Nurses connect prevention, PHC, chronic care and community resilience.

Practical examples

- 1.2B people are aged 60+ in 2025; projected to reach 2.1B by 2050.
- NCDs account for 74% of all deaths worldwide.
- Only 35% of SDG targets are on track or making moderate progress.

Framework logic: nursing voice improves all four aims simultaneously

NURSING VOICE

Frontline, workforce and population intelligence used in strategic decisions

The point is not representation alone — it is better system decisions.

2. Better care & patient safety

Why it matters

Nurses see risk, delays and care failures first.

Practical examples

- 1 in 10 patients is harmed in health care.
- More than 50% of harm is preventable.
- Up to 80% of harm in primary/ambulatory care can be avoided.

3. Better workforce experience & productivity

Why it matters

The nursing voice improves retention, role design and technology adoption.

Practical examples

- 29.8M nurses globally — the largest health workforce.
- Global shortage projected at 4.5M nurses by 2030.
- OECD countries are expanding advanced practice and digital-enabled roles.

4. Better value for money

Why it matters

Nurses help redirect spending to prevention, quality and high-value care.

Practical examples

- OECD public health spending per person is projected to grow 2.6% a year, 2024–2045.
- Unsafe care contributes to more than 3M deaths a year.
- ICN: investing in nurses strengthens economies; neglect drives turnover, absenteeism and errors.

Practical implication: if the nursing voice is absent from policy and executive decisions, systems lose critical intelligence on access, safety, workforce and value.

Sources: WHO State of the World's Nursing 2025; WHO Nursing & Midwifery Fact Sheet (2025); WHO Patient Safety Fact Sheet; ICN International Nurses Day reports 2024 and 2025; UN SDG Report 2025; UN ageing data; OECD Advanced Practice Nursing in Primary Care (2024); OECD Health Spending Projections (2025).

Clinical voice is safety intelligence

Three inquiries show the same failure pattern: organisations had warning signals, but clinical, nursing and midwifery voice was not always able to change high-level decisions.

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The decision for Boards and executives is not whether clinicians are consulted — it is whether their evidence can alter priorities, resources and risk decisions.

Francis — Mid Staffordshire

Warnings from patients and staff were not converted into effective Board action. Positive information, targets, finance and status carried too much weight over care standards.

Forster — Queensland / Bundaberg

Clinicians described workload pressure, resource constraints and limited ability to influence how the system was run. Clinical governance systems were still early, fragmented and not yet sufficiently effective.

Ockenden — Nottingham

Staff and families repeatedly raised concerns. The Review is explicit: staff voice is a critical component of safety intelligence, requiring Board response with pace, transparency and accountability.

Leadership implication

Clinical signals
frontline risk • staffing • patient/family experience

→

Board visibility
unfiltered escalation • dashboard • named owner

→

Decision authority
formal rights • direct access • protected challenge

→

Resourced action
staffing • training • redesign • feedback loop

Nursing and midwifery leadership must be embedded where decisions are made — with direct access, protected escalation, workforce and outcome data, and authority proportionate to accountability.

Sources: Francis Report, Mid Staffordshire NHS Foundation Trust Public Inquiry (2013); Forster, Queensland Health Systems Review Final Report (2005); Ockenden Report, Nottingham University Hospitals NHS Trust maternity review (2026).

Government Chief Nurses and Ministries of Health: appoint for ministry readiness

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Core position: the GCNO is the government's chief policy adviser on nursing and midwifery workforce, regulation, practice, education and service design.

Evidence base: WHO calls for senior nursing leadership with workforce governance, resources, data use, policy dialogue and authority for decision-making; SOWN 2025 says GCNO functions centre on workforce policy, strategy, implementation and health-policy input.

Do not mistake...

Hospital seniority

Useful, but not enough

Strong operational experience
Acute service credibility
People and quality management
Professional standing

For what is needed

Ministry readiness

The decisive test

Policy judgement
Fiscal literacy
Whole-system scope
Coalition authority
Ethical independence

Selection standard: five ministry capabilities

1. **Policy & government craft —** Works with ministers, central agencies and legislation; turns nursing evidence into policy options.
2. **Workforce & fiscal literacy —** Uses labour-market analysis, workforce modelling, data reporting and fiscal-space arguments.
3. **Whole-system leadership —** Understands PHC, public health, aged care, emergency preparedness, digital health, rural access and equity.
4. **Mandate, authority & coalitions —** Convenes regulators, employers, educators, NNAs, unions and service users around a national agenda.
5. **Ethics & independent advice —** Gives frank advice when policy, budget or service models create safety, equity or workforce risk.

Appointment principle: select for health policy capability and decision influence — alongside clinical credibility, not because of seniority alone.

Sources: WHO, Global strategic directions for nursing and midwifery 2021–2025; WHO, State of the World's Nursing 2025, Ch. 8–10. Key implication: clinical credibility is necessary; authority, data, policy skill and resources are decisive.

The policy table: from consultation to decision-making

Being heard is not the same as having authority.

1 **Informed**
receives policy papers

2 **Consulted**
asked for comment

3 **Influential**
shapes options

4 **Authorised**
holds decision rights

5 **Accountable**
owns outcomes and resources

Authority indicators

- Access to Ministers, CEOs and Boards
- Direct Reporting Lines
- Budget Influence
- Formal Decision Rights
- Delegations and Reform Processes

What should be written into the mandate?

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A role description should specify what the leader can decide, influence, veto, escalate and report.

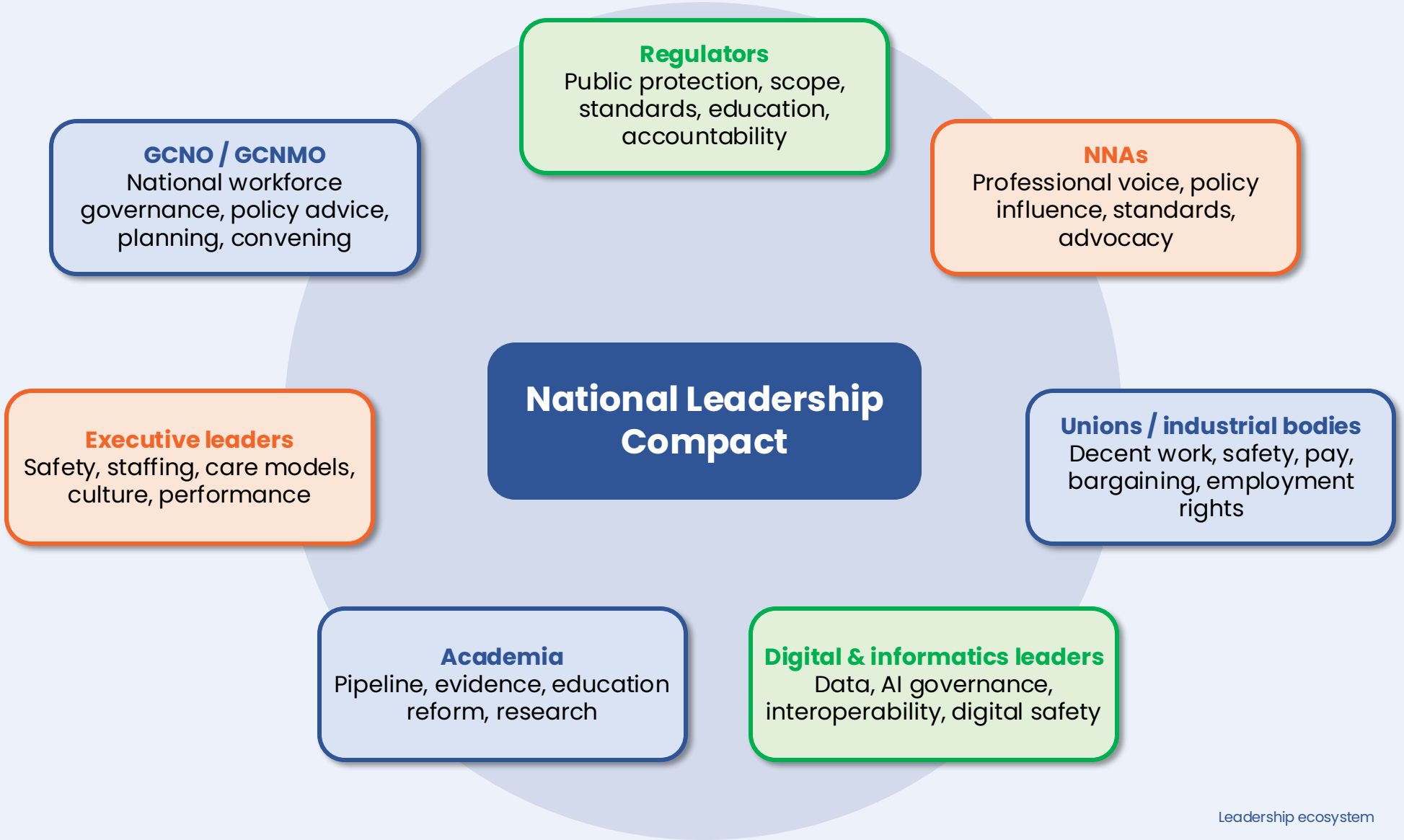
Mandate	Defined statutory or executive role; clear national or organisational scope.
Decision rights	Standing membership of policy, workforce, budget, safety, digital and reform forums.
Reporting line	Direct route to minister, CEO, permanent secretary, board or system chief executive.
Resources	Dedicated staff, analytical capacity, budget, policy support and administrative support.
Data	Access to workforce, quality, safety, education, scope-of-practice and labour-market intelligence.
Protection	Authority to escalate risks; freedom from retaliation; ethical support and succession planning.

Test: if the leader is accountable for safety and workforce outcomes, do they have matching authority over the levers?

Source: WHO Global strategic directions 2021–2025; WHO SOWN 2025 leadership policy priorities.

The leadership ecosystem: not one role, but a structure

Transformation requires complementary roles, not a single heroic leader.



Role clarity prevents fragmentation

Nursing leadership fails when professional voice, employment rights, regulation and executive accountability are blurred.

Role	Primary duty	Risk when blurred
Government	Policy, workforce governance, investment	Politics substitutes for evidence
Regulator	Public protection, standards, scope	Advocacy weakens public trust
NNA	Professional voice and policy influence	Voice lacks membership legitimacy
Union	Decent work and employment rights	Industrial issues crowd out reform
Employer	Safe service delivery and performance	Operational pressure hides risk
Academia	Pipeline, evidence, capability	Education disconnected from need

The compact question: Where do we need independence, alignment and joint action?

When structures fail: absence, confusion and tokenism

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Failures of leadership architecture are not abstract; they show up in patient safety, workforce harm and public trust.

Absent Leadership
No senior nursing or midwifery role in government or executive decision-making.

Fragmented Leadership
Regulator, NNA, union, employer and government roles blurred or competing.

Symbolic Leadership
A title without budget, staff, data, authority or direct access.

A title without authority is not leadership; it is decoration.

Safety inquiries repeatedly show the cost of weak governance, poor culture, unheeded staff and patient concerns, and systems that fail to detect or act on risk.

Sources: Mid Staffordshire Public Inquiry; Ockenden Nottingham maternity review; ICN Code of Ethics.

What makes executive nurse leadership effective

Executive nurse need authority proportionate to accountability.

Formal Mandate
scope, decision rights, escalation

Direct Reporting
minister, CEO, board, system chief

Budget Influence
investment, staffing, skill mix

Data Authority
workforce, quality, safety, outcomes

Policy Craft
political skill, diplomacy, negotiation

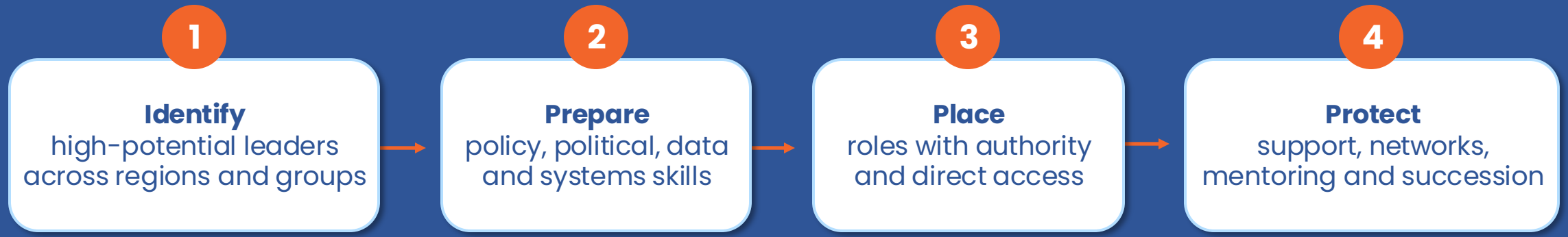
Ethical Courage
candour, public protection, support / backing

The executive test

Can the leader stop an unsafe decision, shape a budget, mobilise data, convene stakeholders and report directly when the system is at risk?

Preparing and protecting nurse leaders

GNLI should be positioned as leadership infrastructure, not simply individual development.



GNLI alumni are a distributed global asset:

a network able to strengthen leadership structures, policy influence and reform capability across regions.

Sources: Investing in the Power of Nurse Leadership; ICN leadership material; WHO SOWN 2025.

Data, informatics and emerging leadership roles

Nursing must be visible in data to be visible in decisions.

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If nursing is invisible in data, it becomes invisible in decisions.

Future leaders need fluency in digital health, AI oversight, interoperability, workforce data and the evidence required to make the investment case.

- **Workforce intelligence**
- **Outcomes measurement**
- **Policy and investment case**
- **AI governance & digital safety**
- **Nursing-sensitive indicators**

How we treat nurse leaders is a system risk

We cannot ask leaders to transform systems while denying them the conditions to lead.

Moral distress rises when accountability exceeds power.

Common pressures

- public criticism
- professional isolation
- gendered expectations
- impossible spans of control

Leadership conditions

- authority to act
- peer and mentor support
- realistic scope
- succession and protection

Ethical leadership requires safe conditions for truth-telling.

Sources: ICN Code of Ethics; Investing in the Power of Nurse Leadership.

A maturity model: from symbolic to empowered

1. Absent

No senior nursing/midwifery role in relevant decisions.

2. Symbolic

Title exists; weak mandate, little data or budget influence.

3. Influential

Regular access, strong networks, contribution to decisions.

4. Authoritative

Formal decision rights, resources, data, accountability and protection.

The way forward

1	**Governments**	Appoint and resource GCNO/GCNMO roles with authority.
2	**Health Systems**	Place executive nurse leaders at the highest decision-making level.
3	**Regulators, NNAs & unions**	Clarify complementary roles through a national leadership compact.
4	**Educators & ICN partners**	Invest in leadership pipelines, including GNLI.
5	**All leaders**	Use data, digital tools and nursing expertise to redesign care around people.

The decision

Will nursing and midwifery leadership remain advisory, or become authoritative infrastructure for transformation?

Sources: ICN Charter for Change/2023 leadership recommendations; WHO Global strategic directions 2021–2025; WHO SOWN 2025.

Selected sources

Key references used to develop this deck.

World Health Organization. State of the world's nursing 2025: investing in education, jobs, leadership and service delivery. Geneva: WHO; 2025.

World Health Organization. Global strategic directions for nursing and midwifery 2021–2025. Geneva: WHO; 2021.

International Council of Nurses. ICN Code of Ethics for Nurses. Revised 2021.

International Council of Nurses. Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness. 2023.

International Council of Nurses / Rosemary Bryant AO Research Centre. Assessing the Global Sustainability of the Nursing Workforce. 2025.

IntraHealth International, Nursing Now, Johnson & Johnson. Investing in the Power of Nurse Leadership: What Will It Take? 2019.

Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. 2013.

Ockenden D. Findings, conclusions and essential actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust. 2026.

National Academies of Sciences, Engineering, and Medicine. The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity. 2021.

Since 2009, GNLI has welcomed

17 Chief Nurse Officers,

with **13** more becoming CNO's

after they graduated.

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Panel Discussion - Moderator

Prof. Hamdia Ahmed

Dean, Hawler Medical University College of Health Science

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Institutionalizing Nursing Leadership Structures for Health System Transformation

Ms. Mary Kililo Samor
Papua New Guinea
GNLI 2024

Mrs. Annastacia Jordan
Barbados
GNLI 2025

Prof. Koy Virya
Cambodia
GNLI 2018

Ms. Francisca Okafor
Nigeria
GNLI 2020

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Call to Action

Dr. Diana J. Mason

GNLI Programme Director

Call to Action

1. *Plan now to go to ICN Congress 2027 and submit an abstract.*
2. *Engage in your GNLI Regional Alumni Network.*
3. *Find ways to support your GCNOs*
4. *Meet with the Alumni in your countries/regions to think and act strategically.*