



# commonwealth nurse

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**RCN CELEBRATES INTERNATIONAL WOMEN'S  
DAY 2010**

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The Commonwealth Nurses Federation (CNF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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## Appointed Officers



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## from the PRESIDENT



Susie Kong  
CNF President



I have just attended a series of meetings in Geneva Switzerland: the Government Chief Nursing Officers and Midwives Forum, the Triad meeting and the Commonwealth Health Ministers Meeting (CHMM). Although there were about 200 senior nurses and midwives at the Triad meeting, there were few at the CHMM. It is important that nurses and midwives are represented at such high level meetings and I encourage national nursing associations to work closely with their Government Chief Nurse to lobby Health Ministers to have nurses and midwives in their country's delegation.

This year, the focus of the CHMM was on the health Millennium Development Goals. Although there has been good progress made by some countries, many countries have made poor progress.

The health Millennium Developments Goals are inextricably linked to primary health care. The WHO report: *The role of nursing and midwifery in primary health care renewal* concluded that primary health care is the foundation of health care systems. It is well recognized that nurses and midwives can and do make fundamental and critical contributions to the health of the population through primary health care when policy, funding, leadership and professional structures enable them to do so.

I am pleased to announce that the CNF has been successful in obtaining a funding grant from the Commonwealth Foundation to conduct leadership workshops in India and Sri Lanka, primary health care workshops in Samoa, Tonga and Papua New Guinea focusing on preventing life style diseases and website development support for national nursing associations in Barbados, Sierra Leone, Sri Lanka and Tanzania.

We will continue to keep you informed of our activities through the Commonwealth Nurse and monthly e-News and look forward to working together for a healthier Commonwealth.

## CHMM 2010

Geneva, Switzerland

16 May 2010

### *The Commonwealth and the Health MDGs by 2015*

With only five years to go to achieve the Millennium Development Goals (MDGs), world leaders are urgently assessing global progress in meeting the commitments made in 2000. The progress of Commonwealth countries in meeting the health MDGs was the focus of the annual Commonwealth Health Ministers' meeting (CHMM) in Geneva, 16 May 2010.

The three specific health MDGs are:

MDG 4: Reduce child mortality,

MDG 5: Improve maternal health, and

MDG 6: Combat HIV and AIDS, malaria and other diseases.

While it appears that progress is being made in MDG 4 and 6 and that some countries may meet their targets, progress is much slower in MDG 5 and based on the current trajectory, MDG 5 may not be met until 2045.

The World Health Organization notes a direct relationship between the ratio of health workers to population and the survival of women during childbirth and children in early infancy. As the number of health workers declines, survival declines proportionately.

There are health worker shortages in 57 countries. More than 4 million health workers are needed between now and 2015 to bridge the gap.

The Commonwealth Health Professions Alliance maintains that the health worker shortage has been a major impediment in countries making progress on meeting the MDGs. Countries which have a higher health worker to population ratio have better outcomes in reducing maternal mortality. Their message to the CHMM was that an adequate supply of health professionals to deliver primary health care is a necessary prerequisite to a country achieving the health MDGs and that a primary strategy in government action plans should be a focus on the health workforce: its sufficiency, its skills mix and its deployment.



Members of the CHPA at the CHMM Geneva May 2010

# THE ROLE OF HEALTH PROFESSIONAL ASSOCIATIONS IN ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS

## INTRODUCTION

The theme for the 2010 Commonwealth Health Ministers' meeting (CHMM) was: *The Commonwealth and the health MDGs by 2015*. In preparation for the CHMM, the Commonwealth Health Professions Alliance (CHPA) explored the role national health professional associations were playing or could play in achieving the Millennium Development Goals (MDGs).

One of the roles of the CHPA\* is to provide their member associations with information, ideas and strategies about global health issues and to encourage their involvement with their governments in addressing these health issues within their own countries. The CHPA considers an active and committed health workforce a necessary prerequisite to achieving the MDGs and were keen to explore whether their member associations were as well informed or as actively involved with their governments as they could be or whether they were involved on their own initiative in actions to achieve the MDGs.

A short survey was developed to explore the knowledge of national health professional associations about the health Millennium Development Goals; their perception of whether or not their government was actively involved in actions to achieve the health MDGs; and whether or not their own association was actively involved with their government in actions to help achieve the MDGs. The survey also sought respondent views about priority actions for themselves and their governments in achieving the health MDGs.

\*The Commonwealth Health Professions Alliance (CHPA) is an alliance of accredited Commonwealth health professional associations which includes dentists, doctors, nurses, pharmacists and community health workers. The membership of Alliance members includes national associations representing health professionals. Members of the CHPA consider that by working together they can more efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of care and equity in access to care for Commonwealth peoples. The CHPA also consider that by working together they can be more influential in advocating on behalf of Commonwealth health professionals and Commonwealth peoples in Commonwealth forums, including meetings of the Commonwealth Health Ministers.

The purpose of the survey was to provide baseline information to the CHPA about the level of their members' knowledge of and involvement with the MDGs to inform future CHPA activities in supporting their members, as well as to develop recommendations to put to Commonwealth Health Ministers at their 2010 meeting.

This paper outlines the responses of the national health professional associations to the survey questions.

It is important to note that these responses may not be representative of all national health professional associations in Commonwealth countries. Not every health profession has a national association in every Commonwealth country and some associations are very small with honorary staff and only limited access to email. Additionally, it is quite likely that those members who were more familiar with the MDGs would be more likely to respond to the survey. However the responses do provide some suggestions for Health Ministers to consider and a way forward for the CHPA in supporting their members in fulfilling an active role in helping their governments to achieve the MDGs.

## METHODOLOGY

Over the first two weeks in March 2010, each member of the CHPA emailed a short seven question survey to their national member associations. Survey questions included both quantitative and qualitative data. The last two question of the survey asked respondents to identify which health profession they were representing and which country their responses referred to. The responses were returned by email by the respondents to the CHPA email address.

Quantitative data were summed and are presented as a simple percentage of responses. Analysis to compare responses within regions or within health professions was not undertaken as some of the numbers were very small. Qualitative data underwent theme analysis to identify emerging themes using a double blind content analysis approach to identify re-occurring words or groups of words which were organised into logical sub themes and then aggregated into theme clusters.

## FINDINGS

Seventy five civil society organisations representing health professionals (community health workers, dentists, doctors, nurses and pharmacists) from thirty four Commonwealth countries responded to the Commonwealth Health Professions Alliance survey. It was not possible to generate a response rate as some CHPA members sent surveys directly to national member associations while others used a regional structure and relied on regional representatives to disseminate the survey.

### Commonwealth countries who responded to the CHPA MDG Survey

**Africa:** Sierra Leone; Tanzania; Kenya; Cameroon; Ghana; Uganda; Botswana; Malawi; Lesotho; Mauritius; Nigeria; Guyana

**Asia:** Malaysia; India; Bangladesh; Pakistan

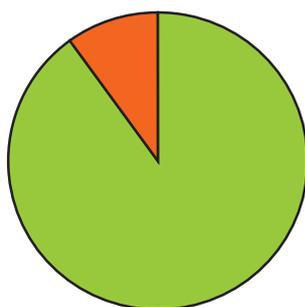
**Atlantic:** Barbados; Bahamas; Bermuda; St Kitts and Nevis; Montserrat; Grenada; Jamaica; Trinidad and Tobago; Canada

**Pacific:** Fiji\*; New Zealand; Tonga; Australia; Samoa; Nauru; Singapore

**Europe:** Malta; United Kingdom

\*Fiji, while suspended from the Commonwealth, remains a member of some Commonwealth health professional associations

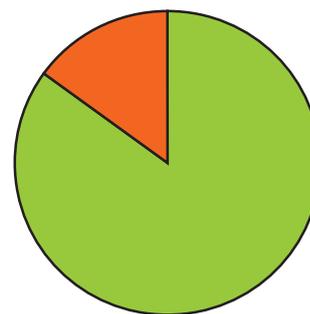
### QUESTION 1: Familiarity with the health MDGs



■ Familiar with MDGs ■ Not familiar with MDGs

Respondents were asked whether or not they were familiar with the health Millennium Development Goals. Ninety per cent of respondents stated they were. A website link to the MDGs was provided so that those not familiar could locate further information.

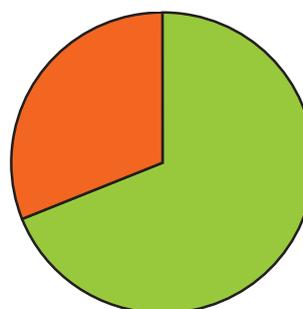
### QUESTION 2: Knowledge of government programs to achieve the health MDGs



■ Governments actively involved  
■ Governments not actively involved

Respondents were asked whether or not, to their knowledge, their government was actively involved in programs to achieve the health Millennium Development Goals. Of the 75 associations who responded, 85% (n=64) considered their government was actively involved in achieving the MDGs.

### QUESTION 3: Involvement in government programs to achieve the MDGs



■ Associations actively involved  
■ Associations not actively involved

Respondents were asked whether or not the association to which they belonged was actively involved with their government in programs to achieve the health Millennium Development Goals. Sixty nine per cent of health professional associations (n=52) were actively involved with their government in programs to achieve the MDGs.

#### **QUESTION 4: Action needed for Governments to achieve the health MDGs**

Respondents were asked to identify the most important actions for their government to take to achieve the health Millennium Development Goals. Four main themes were identified from analysis of the responses: sustainable health systems; sustainable health programs; a sustainable health workforce; and a sustainable environment.

##### **1. Sustainable health systems**

- \* Provide adequate funding for health which is transparent and accountable.
- \* Align policy objectives to resource allocation and budgeting.
- \* Develop national policies and legislative support for health programs delivered by the health workforce.
- \* Develop information technology to support health program delivery and the health workforce.
- \* Provide timely data collection on health status and health programs and report in a framework that allows international comparison.
- \* Formally evaluate all health programs and interventions.
- \* Develop global partnerships to share resources and the skills of the health workforce.

##### **2. Sustainable health programs**

- \* Place a major focus on primary health care programs delivered at the local level (rather than on in-patient hospital care).
- \* Develop a national primary health care plan which includes the health Millennium Development goals and targets.
- \* Provide universal access to health care without cost at point of delivery particularly for women and children under the age of 18 years.
- \* Provide universal access to affordable essential medicines.
- \* Provide health information including in schools and local community centres.
- \* Provide early detection services including testing at a local level.
- \* Increase the number of midwives for the provision of family planning services and pre and post natal care at the local level.

##### **3. Sustainable health workforce**

- \* Develop a national plan to educate and provide a sustainable health workforce currently and for the future, including specific recruitment and retention strategies.
- \* Ensure working conditions for the health workforce are safe and fair.
- \* Deploy the health workforce so their skills are maximised with a focus on primary health care at the local level.
- \* Allow appropriate and safe multi-skilling within a supportive legislative framework (eg nurses and pharmacists to supply and dispense medications; pharmacists to provide testing and counselling services).
- \* Develop a program of capacity building for the health workforce including a formal program of competency assessment and continuing education.
- \* Develop a national policy for managing the migration of health professionals and health workers so that their skills are not permanently lost to their home country.
- \* Involve the health workforce in policy formulation and decision making on health issues.

##### **4. Sustainable environment**

- \* Provide a politically stable environment.
- \* Provide universal access to a safe water supply.
- \* Provide support to the agricultural sector to improve food supply and nutrition.
- \* Develop and implement strategies to address poverty and reduce financial inequality.
- \* Address overcrowding in urban housing and provide alternate housing to squatter camps.
- \* Develop and implement strategies to reduce gender inequality.
- \* Provide at least nine years of universal education for boys and girls (essential for health literacy and to combat discrimination, stigmatisation and stereotyping).



## **QUESTION 5: Actions required by national associations to help Governments achieve the MDGs**

Respondents were asked to identify the most important actions for their associations to take to help achieve the health Millennium Development Goals in their own or another country. Four main themes were identified from analysis of the responses: be involved; advocate; educate; evaluate.

### **1. Be involved**

- \* Work together with a focus on team work to provide high quality health services at the local level.
- \* Use multi-skilling when safe and appropriate for efficient care delivery and develop partnerships with traditional community healers.
- \* Mobilise the community to take individual responsibility and collective action to improve their own health.
- \* Conduct research to improve health service provision.

### **2. Advocate**

- \* Lobby the government to develop and implement a national plan for the education and provision of adequate health professionals and health workers.
- \* Lobby the government to improve working conditions for health professionals and health workers: safe workplace, adequate resources, reasonable workloads, improved salaries.
- \* Hold the government to account either to deliver on donor commitments or to be transparent and accountable in the spending of donor funds.

### **3. Educate**

- \* Provide information and education about the MDGs to all health professionals and health workers.
- \* Raise awareness of health issues in the community with the provision of information and education.

### **4. Evaluate**

- \* Monitor and evaluate own practice.
- \* Monitor and evaluate health programs.

## **DISCUSSION**

The CHPA consider that an adequate supply of health professionals to deliver primary health care is a necessary prerequisite to a country achieving the health MDGs. This view is supported by the World Health Organization which notes a direct relationship between the ratio of health workers to population and survival of women during childbirth and children in early infancy (WHO 2005). As the number of health workers declines, survival declines proportionately. The GHWA claims that the health worker shortage has been a major impediment to making progress on meeting the Millennium Development Goals. The United Nations High Level Meeting on the MDGs in September 2008 recognised that an adequate health workforce is fundamental to ensuring progress on improving maternal and child health and achieving the MDGs. Health workers provide essential, life-saving interventions such as care for pregnant women, safe childbirth, vaccinations and access to services for HIV and AIDS, tuberculosis and malaria (GHWA 2008).

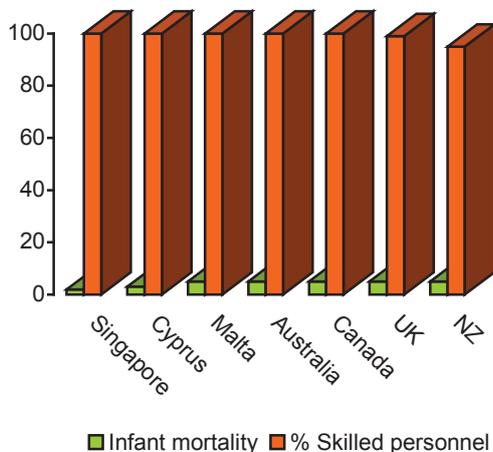
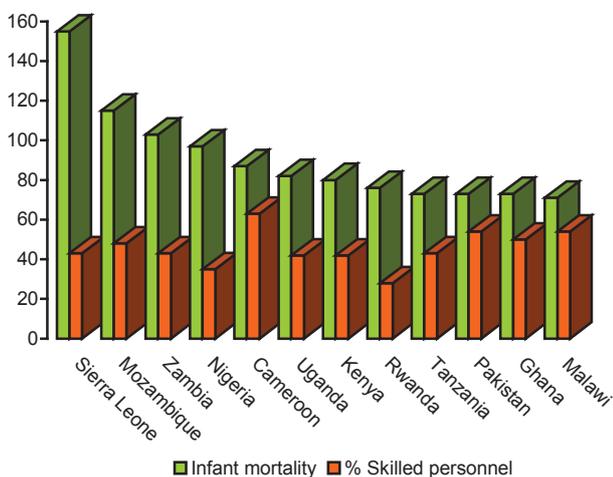
It is the role of health professional associations to represent their members. This representation includes lobbying for a sufficient health workforce and a safe environment in which they can provide care. It also includes being actively involved in policy formulation and decision making at a national level and participating in programs to enable them to more effectively and efficiently provide health care.

Ninety per cent of respondents claimed to be familiar with the health MDGs, although as previously stated, it is possible that associations familiar with the MDGs would be more likely to return the survey.

It was encouraging that 85% of respondents considered their governments were actively involved in actions to achieve the MDGs in their countries. However only two thirds of respondent associations were actively involved with their governments in programs to achieve the MDGs leaving an untapped potential of one third of respondent organisations whose input and expertise is not being utilised. Respondent comments indicated they were willing to be involved, they recognised they had a responsibility to be involved, and intended to pursue involvement with their government in the future.

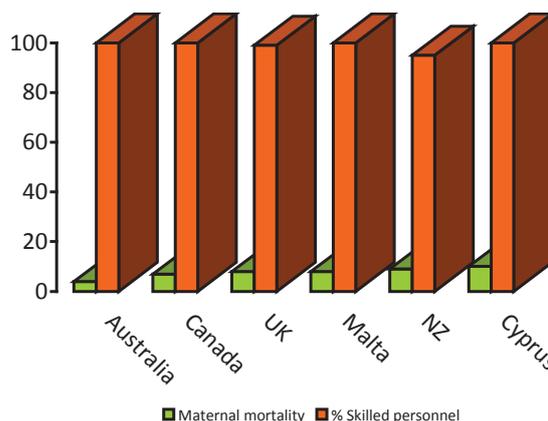
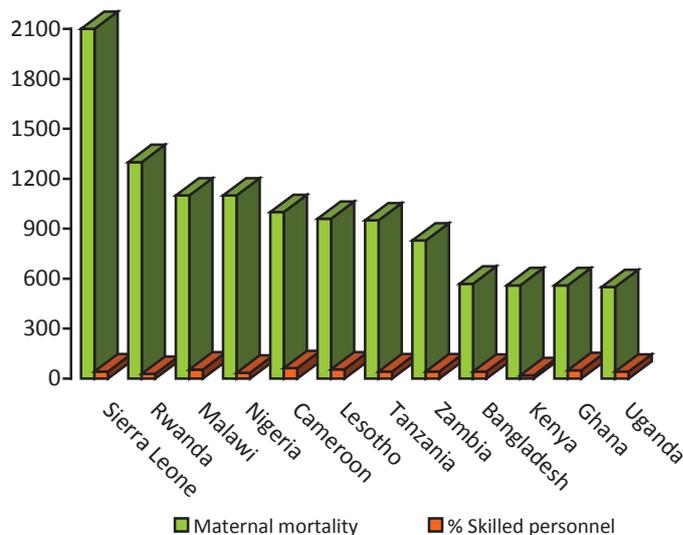
Reducing child mortality and improving maternal health are MDGs 4 and 5. Countries which have a higher health worker to population ratio have better outcomes in reducing infant and maternal mortality. The graphs below show those countries with the highest and lowest infant and maternal mortality and plot the percentage of skilled personnel who attend births in that country. The graphs clearly demonstrate the inverse relationship between infant and maternal mortality and the percentage of skilled personnel who attend birthing mothers. Similar graphs can be generated for the other health MDGs.

**FIGURES 1 and 2: Infant mortality and % skilled personnel attending birth**



\* Data taken from UN STATS Millennium Development Goals available from: <http://mdgs.un.org/unsd/mdg/>. Data is a compiled from country estimated data. Year of infant mortality data is reported to be 2007. Year of % of births attended by skilled personnel varies.

**FIGURES 3 and 4: Maternal mortality and % skilled personnel attending birth**



\* Data taken from UN STATS Millennium Development Goals available from: <http://mdgs.un.org/unsd/mdg/>. Data is a compilation of country data, estimated data and modelled data. Year of maternal mortality data is reported to be 2005. Year of % of births attended by skilled personnel varies.

The graphs are based on United Nations country estimates and the year of collection varies.

The major causes of infant mortality: preterm (27%), pneumonia and infection (26%), asphyxia (23%), congenital defects (7%), tetanus (7%), diarrhoea (3%) and others (7%), can be avoided with the provision of antenatal care provided by skilled health personnel as can low birth weight which is related to maternal malnutrition and which is reported to be a causal factor in 60-80% of all neonatal deaths (UNICEF 2009).

Likewise the major causes of maternal deaths: haemorrhage (25%); infections (15%); eclampsia (12%); obstructed labour (8%); unsafe abortion (13%); other direct causes (8%); other indirect causes (20%) can be avoided with the provision of skilled health personnel, such as midwives, nurses and doctors, to provide quality antenatal and birthing services (WHO 2005). A primary strategy therefore in government action plans to achieve the MDGs should be a focus on the health workforce: its sufficiency, its skills mix and its deployment.

The CHPA noted in preparing this paper the gross inadequacy of timely and comparable data across Commonwealth countries. Very little available data was actually generated by countries themselves and relied on modelling or estimates. Years of collection varied even within the same data set. Definitions also varied. The CHPA consider that a major priority for Commonwealth governments should be a commitment to developing and publishing timely data that is consistent across Commonwealth countries and comparable globally.

In their responses to the CHPA survey, national health professional associations noted that the health workforce does not provide services in a vacuum. For health workers to be effective, they need supportive health systems and health programs and a safe environment in which to provide care. Respondents saw health service delivery in a broad context, stating that health, education and poverty are interdependent and cannot be addressed independently as they perceive is often being done now. The alleviation of poverty, the provision of at least nine years of universal education, and the provision of universal access to health care free at the point of delivery, particularly for women and children they considered essential.

Health professionals also considered that a politically stable environment was an essential factor in achieving the health MDGs and that in the midst of a conflict or a crisis development is impossible.

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## CONCLUSION

The responses to the CHPA survey suggest that Commonwealth health professional associations consider that, in order to achieve the MDGs, governments need to focus on sustainable health systems; sustainable health programs; a sustainable health workforce; and a sustainable environment and that the principles of sustainable development should be incorporated into all country policies and programs.

Health professionals and their associations have a major role in being actively involved, lobbying their governments for a national health workforce plan, educating themselves and their communities about the MDGs and the need for a healthy lifestyle, and monitoring and evaluating progress. Health professional associations recommended that national governments should establish a national committee to develop a national plan, if one was not already established, to achieve the MDGs in their country or to assist another country to achieve the MDGs. The national committee should include representation from associations of dentists, doctors, nurses, pharmacists and community health workers. The national plan should have a primary health care approach and include strategies to achieve a sustainable health workforce. They further recommended that national governments establish mechanisms to collect relevant MDG data in a timely manner which is globally consistent and comparable and which is made publically available so that progress in achieving the MDGs can be more accurately measured.

National health professional associations considered that strategies to become involved in working with their government to achieve the MDGs should be included as part of their organisation's strategic plan and that they had a responsibility to educate and inform themselves about the MDGs. They expressed a willingness to work in partnership with their communities and their governments to help achieve the MDGs.

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Global Health Workforce Alliance. 2008. *Health workforce fundamental to achieving MDGs*. Media Release. 23 September 2008. Available from: [http://www.who.int/workforcealliance/news/mdg\\_statement/en/index.html](http://www.who.int/workforcealliance/news/mdg_statement/en/index.html)  
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## *The health MDGs by 2015: possible or impossible for Commonwealth countries*

hosted by the Commonwealth Health Professions Alliance

On Saturday 15 May, the Commonwealth Health Professions Alliance hosted an inaugural pre-Commonwealth Health Ministers' meeting civil society debate on the theme for the Commonwealth Health Ministers' meeting: *The Commonwealth and the health MDGs by 2015*



Dr Mark Collins, Director of the Commonwealth Foundation led the 'possible' team with Ms Ramziah Binti Ahmad, President of the Malaysian Nurses Association and CNF Board Member for the Pacific Region; and Dr Sundaram Arulraj, President of the Commonwealth Medical Association. Dr Danny Sriskandarajah, Director of the Royal Commonwealth Society leading the 'impossible' team with Dr Bhupinder Sandhu, President of the Commonwealth Association for Paediatric Gastroenterology and Nutrition; and Ms Janet Davies, Director of Nursing and Health Services, Royal College of Nursing United Kingdom. The debate was chaired by Ms Jill Iliffe, Executive Secretary Commonwealth Nurses Federation. The Commonwealth Foundation provided funding support for the debate.

The 'possible' team argued that for Commonwealth countries to fail to achieve the health MDGs would be a betrayal of trust and hope. They outlined the milestones that had already been met by many countries in reducing child mortality and combating HIV and AIDS, malaria and tuberculosis. They shared recent research which demonstrated that maternal mortality was also decreasing gradually. They maintained that the MDGs can be achieved:

- \* if the international community makes resources available in line with the 0.7% of GDP agreed under the Monterrey Consensus;

- \* if partnerships are formed between donors and recipient countries;
- \* if recipient countries strive harder for economic growth and good governance as the Paris Declaration on Aid Effectiveness says; and
- \* if civil society and professional networks keep up the unrelenting pressure for success.

The 'impossible' team suggested a reality check and that despite some progress the chances that the health MDGs will be achieved by 2015 are extremely unlikely. They demonstrated for example, that on the current trajectory, the MDG target for the reduction of maternal mortality would not be met until 2045. They pointed out the significant gaps in donor aid and in-country investment in health and argued that the evidence from the past ten years did not, unfortunately, bode well for a dramatic change in the next five years to 2015. The 'impossible' team also argued that the Commonwealth countries have even more of a challenge in meeting the health MDGs among their membership than other parts of the world and that the Commonwealth itself has not played the leadership role it could in this area, with an under investment in Commonwealth institutions, and a virtual absence from the international development stage.

The 'possible' team maintained there was reason for optimism. The urgency of meeting the MDGs by 2015 has generated a paradigm shift, internationally and within Commonwealth countries, which is demonstrated by the recent substantial increase in donor aid and the high level meetings of world leaders scheduled for later this year. The MDGs must, can and will be met.

The 'impossible' team acknowledged that pursuit of the MDGs is critical and that there has been some progress, however the extent of the progress required makes achievement virtually impossible by 2015. Should we be optimistic or pessimistic the 'impossible' team asked and argued that it would be more strategic to be pessimistic because being so would avoid complacency and fuel the urgency that is needed if the goals of 2015 are to be met.

**The audience was asked to vote on the outcome of the debate. The persuasiveness of the speakers and the complexity of the arguments both 'possible' and 'impossible' resulted in a tied vote.**

## MDG 4: Reduce child mortality

### 'Possible'

There was an increase in funding for maternal, newborn and child health of almost 100 percent between 2003 and 2007 to US\$4 billion a year from donor countries. Overall, development aid to developing countries has increased from US\$52.7 billion in 1990 to US\$119.8 billion in 2008.

In 135 countries, the infant mortality rate has declined to less than 40 per 1,000 live births and is on track to reach the two thirds reduction required for the MDGs.

The percentage of underweight children under the age of five years dropped from 25% in 1990 to 16% in 2010. The number of children immunised against measles rose to 83% in 2008, up from 73% in 1990.

Deaths of children under the age of five years in 2008 were estimated at 65 per 1,000 live births which is a 27% reduction from 90 per 1,000 live births in 1990.

### 'Impossible'

While funding for maternal, newborn and child health from donor countries has increased the funding gap to achieve the health MDGs will be about US\$ 20 billion each year between 2011 and 2015. If this gap were met it would mean the lives of 1 million women, 4.5 million newborns and 6.5 million children aged 1 month to five years could be saved.

Despite the fact that in 135 countries infant mortality rates are on track to reach the two thirds reduction required for the MDGs, 39 countries have made insufficient progress and 18 countries have made no progress or have worsening rates of child mortality.

In 2008 nearly 9 million children died from preventable illnesses before their 5th birthday, more than two thirds in their first year of life.

While there was a reduction in the deaths of children under the age of five years of 27% between 1990 and 2008 it falls well short of the MDG target of a 67% reduction by 2015.

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## MDG 5: Improve maternal health

### 'Possible'

The proportion of births attended by a skilled health worker increased globally from 58% in 1990 to 64% in 2007.

New research conducted by the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, USA shows that globally, the number of maternal deaths dropped 35%, from more than 500,000 a year in 1980 to 343,000 a year in 2008; from 422 deaths per 100,000 women in 1980 to 251 deaths per 100,000 women in 2008.

The number of births to women 15-19 years of age declined from 61% in 1990 to 49% in 2006.

The proportion of women in developing countries who report using contraception increased to 62% in 2000 from 50% in 1990.

### 'Impossible'

Fewer than 50% of births in Africa and South Asia are attended by a skilled health worker; 82% of all maternal, newborn and child deaths occur in Africa and South Asia.

One woman dies every minute from pregnancy or childbirth complications; that is half a million women every year with 99% of those deaths in developing countries. For every woman who dies, twenty more develop infections or other severe disabling problems, adding up to more than ten million women affected each year.

Maternal death was the leading cause of death for girls aged 15-19 years in developing countries.

Globally the decline in maternal mortality was 1.3% per annum instead of the 5.5% per annum required to achieve the MDG. Between 2000 and 2008 fewer than half of all pregnant women made the WHO recommended minimum of four antenatal visits.

## **MDG 6: Combat HIV and AIDS, malaria and other diseases**

### **'Possible' HIV and AIDS**

The number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. Between 2001 and 2008, new HIV infections declined by 16%.

With the expansion of antiretroviral treatment (ART), the number of people who die from AIDS has declined, from 2.2 million in 2005 to 2.0 million in 2007.

The number of people living with HIV rose from an estimated 29.5 million in 2001 to 33 million in 2007 which is a positive outcome because newly infected people survive longer.

### **'Possible' Malaria**

Overall funding for malaria control increased from US\$0.3 billion in 2003 to US\$1.7 billion in 2009.

The number of countries receiving external assistance for malaria control increased from 29 in 2000 to 76 in 2007 and the number of agencies providing funding increased from 14 in 2000 to 22 in 2007.

The number of people protected by indoor residual spraying increased between 2006 and 2008 from 19 million to 59 million.

More than one third of the 108 malaria endemic countries documented reductions in malaria cases between 2000 and 2008 of greater than 50%.

### **'Possible' Tuberculosis**

Between 1995 and 2008, the implementation of the Stop TB strategy has averted the deaths of at least 2 million people but possibly as many as 6 million people.

Funding for TB control measures is expected to reach US\$4.1 billion by 2010.

Globally, incidence rates appear to have peaked at 143 cases per 100,000 population in 2004 and have been falling since then. Prevalence rates are also falling, globally.

Globally, the rate of treatment success for new cases treated in the 2007 cohort was 86%, the first time the treatment success rate have exceeded the global target of 85% set by the World Health Assembly in 1991.

### **'Impossible' HIV and AIDS**

While the Commonwealth comprises of over 30% of the world's population it contains over 60% of people living with HIV and AIDS.

Over 5 million people living with AIDS who need treatment go without it. Only 42% of those in need were on treatment in 2008.

In forty one of the fifty three Commonwealth countries, criminal laws that discriminate against people on the basis of their sexual orientation remain in place.

### **'Impossible' Malaria**

Total funding for malaria control in 2009 was only US\$1.7 billion far short of the US\$5.3 billion required.

Only 31% of African households own at least one ITN (insecticide treated net). Only 24% of children under the age of 5 years used an ITN in 2008; the World Health Assembly target was 80%.

The number of people protected by indoor residual spraying in 2008 represented only 9% of the at risk population in Africa.

Fewer than 15% of children under 5 years of age with fever received artemisinin based combination therapy (ACT) in 2008 (the target was 80%). Only 20% of pregnant women in Africa received intermittent preventative treatment against malaria.

### **'Impossible' Tuberculosis**

There are still major funding gaps for TB control with an anticipated gap of US\$2.1 billion in 2010. Only 22% of TB patients knew their HIV status in 2008 (the target is 85% of TB patients knowing their HIV status by 2010).

Globally, the TB incidence rate has only fallen from 143 per 100,000 persons in 2004 to 139 per 100,000 persons in 2008.

The number of notified cases of TB in 2008 was estimated to be 61% which is 10% less than the Stop TB Global Plan target of 71%. Of the 22 high burden countries, 10 are Commonwealth countries; 7 in Africa and 3 in South Asia.

(Statistics from: WHO World Health Statistics Report, WHO World Malaria Report 2009, and WHO World TB Report 2009).

## COMMONWEALTH DAY 2010



SCIENCE, TECHNOLOGY & SOCIETY  
COMMONWEALTH DAY 8 MARCH 2010

The theme for Commonwealth Day 2010 which was celebrated on Monday 8 March was: *Science, Technology and Society*. A flag raising ceremony was held at Marlborough House London to commemorate the admission of Rwanda as the 54<sup>th</sup> member of the Commonwealth.

## 100<sup>TH</sup> ANNIVERSARY OF INTERNATIONAL WOMEN'S DAY

The CNF joined the White Ribbon Alliance for Safe Motherhood to celebrate the 100<sup>th</sup> anniversary of International Women's Day Monday 8 March by wearing white to highlight the need for universal access to safe health care services for birthing women and their babies. Around the world, CNF members and nurses and midwives joined the celebration.



Royal College of Nursing UK march to London's Millennium Bridge



Susie Kong, CNF President, joins the Malaysian Nurses Association

## 8<sup>th</sup> CNF EUROPEAN REGION CONFERENCE

The Cyprus Nurses and Midwives Association (CYNMA) hosted a very successful 8<sup>th</sup> CNF European Region Conference: *Advancing health through nursing*, 12-13 March in Paphos, Cyprus. Over 200 nurses attended from countries both within and outside the CNF European Region. The CNF European Region is made up of Cyprus, Malta and the UK.

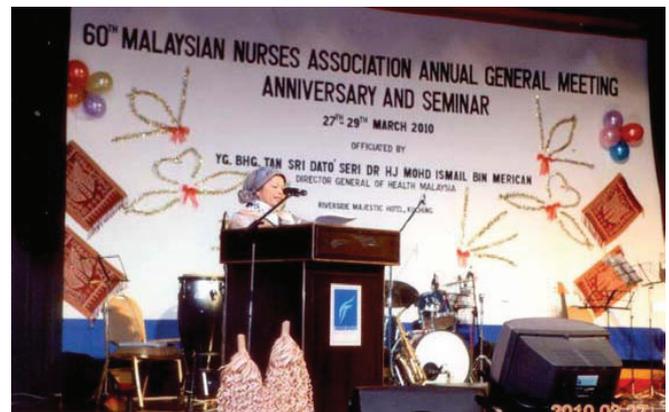


Ioannis Leontiou  
President CYNMA



Delegates from Australia

## 60<sup>th</sup> MALAYSIAN NURSES AGM



Over 1,000 nurses attended the 60<sup>th</sup> AGM of the Malaysian Nurses Association (MNA) held in Kuching, Malaysia 26-29 March 2010. President of the MNA, Ramziah Binti Ahmad who is also CNF Board Member for the Pacific Region welcomed delegates.

## GHANA NURSES 50<sup>th</sup> JUBILEE



On 16 April the Ghana Registered Nurses Association celebrated their 50<sup>th</sup> Jubilee and opened a second hostel and training centre in Koforidua, Ghana.

## HISTORIC CNF WORKSHOP IN SIERRA LEONE

Sixty five nurses attended a two day CNF 4 Safety Workshop in Freetown Sierra Leone 21-22 April 2010, a first for CNF and the Sierra Leone Nurses Association.



Participants at the workshop



Participants at the workshop



Participants at the workshop



Sierra Leone Chief Nursing Officer, Mrs Mabel Carew with Sierra Leone Nurses Association President, Madonna Hill.

## GHANA 4 SAFETY WORKSHOP



Forty five nurses from all across Ghana attended the two day CNF workshop in Accra Ghana 26-27 April 2010. Participants committed to replicating the workshop in their workplaces to improve patient and nurse safety.



Participants at the workshop



Both the Sierra Leone and Ghana CNF workshops were funded by the Commonwealth Foundation <http://www.commonwealthfoundation.org>.

## WHO GLOBAL CODE ON MIGRATION

The 63<sup>rd</sup> World Health Assembly held in Geneva Switzerland 17-21 June 2010, endorsed the *Global Code of Practice on the International Recruitment of Health Personnel*. The adoption of the *Code* was unanimous.

The voluntary *Code* provides an ethical framework to guide countries in the recruitment of health workers. The *Code* is only the second to be adopted in the history of the WHO. The other is the *International Code of Marketing of Breast Milk Substitutes* which was adopted in 1981. A copy of the WHO *Code* is available from:

[http://www.who.int/hrh/migration/code/WHO\\_global\\_code\\_of\\_practice\\_EN.pdf](http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf).

The *Code* has eight 'guiding principles' which are outlined in Article 3 and which urge governments to:

- \* take the *Code* into account when developing their national health policies;
- \* conduct international recruitment of health personnel in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing countries;
- \* promote and respect fair labour practices for all health personnel and ensure the employment and treatment of migrant health personnel is without unlawful distinction of any kind; and
- \* work toward establishing effective health workforce planning, education and training, and retention strategies that will reduce the need to recruit migrant health personnel.

The *Code* also has Articles on responsibilities, rights and recruitment practices; health workforce development and health systems sustainability; data gathering and research; information exchange; and implementation of the *Code*.

The forerunner to the WHO *Code* was the 2003 *Commonwealth Code of Practice for the International Recruitment of Health Workers*. A copy of the *Commonwealth Code* is available from:  
[http://www.thecommonwealth.org/shared\\_asp\\_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D\\_CommonwealthCodeofPractice.pdf](http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D_CommonwealthCodeofPractice.pdf)

CNF members are encouraged to set up meetings with their governments to discuss ways in which the *Code* can be implemented in their respective countries and incorporated into national policies on the recruitment and retention of health workers, particularly nurses and midwives.

## ADVANCE NOTICE

### 20<sup>th</sup> CNF BIENNIAL CONFERENCE and GENERAL MEETING

Wednesday 27 and Thursday 28 April, 2011  
Radisson Blu Resort, St Julian's, Malta

The 20<sup>th</sup> CNF Biennial Conference and General Meeting will be held Wednesday 27 And Thursday 28 April 2011 in Malta.

CNF members are encouraged to advertise the dates to their members; put the dates in their diaries; and start planning to attend.

The ICN Committee of National Representatives meeting is being held in St. Julian's Malta 2-4 May 2011 with the ICN Congress being held in Valetta Malta 2-8 May 2011.



### 15<sup>TH</sup> SOUTH PACIFIC NURSES FORUM

8-11 November 2010  
Aotea Centre, Queen Street, Auckland New Zealand

***NURSES AT THE HELM***  
***Steering health across the Pacific***



For more information see:

<http://www.spnf.org.au/news.html>

or contact: Aretha Wahanui (NZNO SPNF Planning Committee) [spnf@nzno.org.nz](mailto:spnf@nzno.org.nz).

See: <http://www.commonwealthnurses.org> for all your news updates.



Commonwealth Nurses Federation

