



## **CNMF 24<sup>th</sup> Biennial Meeting 2020**

**Celebrating ...  
nurses and midwives: breaking down barriers, leaving no-one  
behind**

2020: a year of celebration for nursing and midwifery

### **DRAFT MINUTES**

#### **Present and apologies**

See attachment 1 for list of attendees and apologies.

Countries represented were:

CNMF Europe Region: Cyprus, Malta, United Kingdom

CNMF Pacific Region: Australia, New Zealand

CNMF West Africa Region: Cameroon, Ghana, Nigeria, Sierra Leone

CNMF Asia Region: India, Malaysia, Pakistan, Sri Lanka

CNMF Atlantic Region: Bahamas, Guyana, Jamaica, Trinidad and Tobago

CNMF ECSA Region: Botswana, Rwanda, South Africa, Tanzania

Non-CNMF Observers: USA

#### **Opening and welcome**

Professor Kathleen McCourt, President, CNMF welcomed participants to the 24<sup>th</sup> CNMF Biennial Meeting of Members. Professor McCourt reminded participants of the voting process in that only full members of the CNMF who are currently financial can vote. Professor McCourt also acknowledged and thanked the Royal College of Nursing for hosting the CNMF Board Meeting and Biennial Meeting and for all the other support provided to the CNMF.

Dame Donna Kinnair, Chief Executive Officer and General Secretary, Royal College of Nursing welcomed participants to the Royal College of Nursing.

#### **Introductions**

Members of the CNMF Board were introduced to participants. Participants introduced themselves to each other by giving their name, position and country.

#### **CNMF President's Report**

Professor Kathleen McCourt gave her President's Report by outlining some of the many activities she had undertaken on behalf of the CNMF.

#### **CNMF Executive Secretary's Report**

Ms Jill Iliffe gave the Executive Secretary Report, structured under the seven strategic areas of the CNMF (governance, administration, finances, communication, membership, liaison, and programs), reflecting on the changes that have occurred in these areas in her 12 years as Executive Secretary of the CNMF. The Executive Secretary report can be found at Attachment 2.

### **CNMF Treasurer's Report**

In the absence of the CNMF Honorary Treasurer and the CNMF Auditor, Ms Iliffe presented the Treasurer's Report covering the financial years 2017-2018 and 2018-2019 highlighting income and expenditure and explaining outcomes in key areas. The CNMF Treasurer Report can be found at Attachment 3.

### **CNMF Board Member Reports**

CNMF Regional Board Members for the Atlantic Region; Pacific Region; Europe Region; Asia Region; and East, Central and Southern Africa Region gave the reports from their regions. The Regional Board Member position for West Africa is currently vacant and the four West Africa countries of Ghana, Cameroon, Sierra Leone and Nigeria were encouraged to discuss the vacant position and put forward a nomination or nominations for voting at the meeting.

### **Constitutional changes**

Ms Iliffe went through the proposed constitutional changes with participants explaining the rationale behind each proposed change. Each proposed change was put to the meeting for voting. Each proposed change was endorsed unanimously by the meeting and by the proxy votes received.

Clause 2.1: Moved Jamaica; Seconded Malta

Clauses 7.3, 7.4, 8.2, 9.5.2: Moved Malta; Seconded Ghana

Clause 7.5.3: Moved South Africa; Seconded Malaysia

Article 12: Moved Malta; Seconded Jamaica

### **Endorsement of policy statements**

The *Policy statement on continuing professional development for nurses and midwives* was presented to the meeting for endorsement by Mr Obonolo Rahube, President of the Botswana Nurses Union.

The policy statement was endorsed unanimously by the meeting and by the proxy votes received.

The *Policy statement on the relationship between nursing and midwifery* was presented to the meeting for endorsement by Mr Simon Hlungwani, President of DENOSA South Africa.

The policy statement was endorsed unanimously by the meeting and by the proxy votes received.

### **Policy discussion 1**

The first policy discussion related to the climate crisis was led by Ms Annie Butler, Federation Secretary of the Australian Nursing and Midwifery Federation. Ms Butler outlined the negative effect of the climate crisis on health, wellbeing and the economy in Australia and the South Pacific island states. General discussion followed as countries shared their experiences and their concern at the lack of global leadership on the issue. The meeting agreed that the CNMF should develop a policy statement on the climate crisis.

### **Policy discussion 2**

The second policy discussion related to the international recruitment of nurses and midwives and was led by Dame Donna Kinnair, Chief Executive and General Secretary of the Royal College of Nursing UK. Dame Kinnair reminded participants to the meeting of the Commonwealth and WHO Codes on the International Recruitment of Health Personnel and said at this time of global insecurity and mass migration it was important for countries to recommit themselves to the Codes. General discussion followed as countries shared their experiences about recruitment of nurses and midwives from their countries, often the most educated and experienced, leaving their countries short staffed and struggling to fill vacancies. The meeting agreed that the CNMF should develop a policy statement on the international recruitment of nurses and midwives.

### **Policy discussion 3**

The final policy discussion related to gender equity and was led by Mr Paul Pace, President of the Malta Union of Midwives and Nurses. Mr Pace explained that gender equity is the process to achieve gender equality which means equal outcomes for women and men. Gender equity recognises that women are not in the same 'starting position' as men and gender equity measures are often needed to level the playing field. The general discussion that followed raised a number of issues in relation to nursing and midwifery which is predominantly a female dominated profession and its perceived 'value' in relation to medicine and the disproportionate number of men who hold senior positions in nursing and midwifery while being in the minority in both professions. The meeting agreed that the CNMF should develop a policy statement on gender equity that was specifically relevant to gender equity in nursing and midwifery.

### **Planning 2020-2022**

Participants broke into small groups and were asked to identify the three most important issues the CNMF should be pursuing in the forthcoming two years. These issues were then shared in plenary session. The issues identified by the groups are listed in attachment 4.

### **Close**

Participants were given the opportunity to make a comment at the close of proceedings. Professor McCourt thanked South Africa and Gaborone for presenting the policy statements for endorsement and Malta, Australia and the United Kingdom for leading the discussion on potential new policy statements. There being no further business, Professor McCourt closed the 24<sup>th</sup> CNMF Biennial Meeting of Members.

### **Farewell reception Ms Jill Iliffe**

Professor McCourt invited participants to join in a reception to farewell Ms Jill Iliffe who has indicated to the CNMF Board that this will be her last Biennial Meeting as Executive Secretary of the CNMF and that she will resign her office during 2020 after 12 years in office.

## ATTACHMENT 1

Apologies were received from: Kiribati, Cook Islands, Samoa, Tonga, Zimbabwe, Barbados, Bermuda, and Grenada

<b>Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Country</b>	<b>Status</b>
Professor	McCourt	Kathleen	UK	CNMF President
Mrs	Josey	Rosemarie	Bahamas	CNMF Deputy President
Ms	Iliffe	Jill	Australia	Executive Secretary
Mr	Saliba	George	Malta	CNMF Board
Mr	Magesa	Paul	Tanzania	CNMF Board
Mrs	Kannan	Evelyn	India	CNMF Board
Ms	Butler	Annie	Australia	CNMF Board
Ms	Murray-John	Bettyann	Trinidad and Tobago	CNMF Board
Ms	Yasmine	Minnesha	Australia	CNMF Education Consultant
Dame	Kinnair	Donna	UK	Delegate
Prof	Rafferty	Anne Marie	UK	Delegate
Ms	Carmona	Lara	UK	Observer
Ms	Sibanda	Sibonginkosi	UK	Observer
Mr	Loizou	Dimitris	Cyprus	Delegate
Mr	Ioannou	Theocharis	Cyprus	Delegate
Mr	Galea	Colin	Malta	Delegate
Mr	Pace	Paul	Malta	Delegate
Mr	Manche	Alex	Malta	Observer
Mr	Wajid	Abdul	Pakistan	Observer
Mr	Ahmad-Khan	Wasim	Pakistan	Observer
Ms	Aljunid	Sharipah Asiah	Malaysia	Delegate
Ms	Alias	Fatimah	Malaysia	Delegate
Mr	Gitembagara	Andre	Rwanda	Delegate
Mr	Rahube	Obonolo	Botswana	Delegate
Mr	Hlungwani	Simon	South Africa	Delegate
Mr	Manamela	Daniel Kwena	South Africa	Delegate
Ms	Sam	Heather	South Africa	Observer
Mrs	Ofori-Ampofo	Perpetual	Ghana	Delegate
Mr	Tenkorang-Twum	David	Ghana	Delegate
Mr	Gyapong	Philimon	Ghana	Observer
Ms	Charway	Mercy	Ghana	Observer
Ms	Johnson	Rebecca	Bahamas	Delegate
Mrs	Joeanna	Curry	Bahamas	Delegate
Ms	Cooper	Peggy	Bahamas	Observer
Ms	Smith	Maria	Bahamas	Observer
Dr	Cash	Paulette	Bahamas	Observer
Ms	Campbell	Laverna	Jamaica	Delegate
Ms	Johnson	Carmen	Jamaica	Delegate
Ms	Davidson	Janice Charles	Trinidad and Tobago	Delegate
Ms	Nedd	Nisha	Trinidad and Tobago	Delegate
Ms	Mohammad	Salisha	Trinidad and Tobago	Observer
Ms	Hamilton	Anesha	Guyana	Delegate
Mrs	Smart Simms	Grace	Jamaica	Observer
Ms	Arthurs	Novlette	Jamaica	Observer
Ms	White-Dawkins	Shirley	Jamaica	Observer
Dr	Ngong	Njini Rose	Cameroon	Delegate
Mr	Adeniji	Abdrafi Alani	Nigeria	Delegate
Dr	Hendricks	Joyce	Australia	Observer (Member)
Ms	Benson	Grace	New Zealand	Observer (Member)
Mrs	Why	Betty	AGNAP (Guyana)	Observer
Dr	Siriwardana	Indrani Manel	Sri Lanka	Observer
Mrs	Nettasinghe	Ranjani	Sri Lanka	Observer

Dr	Edirisinghe	Kithsiri	Sri Lanka	Observer (Member)
Ms	Jayasinghe	Nadeeka	Sri Lanka	Observer (Member)
Ms	Padmalatha	Sriyani	Sri Lanka	Observer
Dr	Shaffer	Franklin	USA	Observer (Member)
Ms	Leong	Yuko	USA	Observer (Member)
Mr	Margao	Senesie	Sierra Leone	Delegate
Ms	Kamenda	Mildred	Sierra Leone	Delegate
Ms	Koroma	Hossinatu Kanu	Sierra Leone	Observer
Ms	Cole	Hannah	Sierra Leone	Observer
Ms	Koroma	Aminata	Sierra Leone	Observer
Ms	Conteh	Edwina	Sierra Leone	Observer
Ms	Foday	Jeneba	Sierra Leone	Observer
Ms	Abu	Patricia	Sierra Leone	Observer
Ms	Forde	Lemuella	Sierra Leone	Observer
Ms	Fullah	Mary	Sierra Leone	Observer
Ms	Saidu	Josephine	Sierra Leone	Observer
Ms	Smart	Patricia	Sierra Leone	Observer
Ms	Lansana	Fatmata	Sierra Leone	Observer
Ms	Gborie	May Satta	Sierra Leone	Observer
Ms	Williams	Agnes	Sierra Leone	Observer
Ms	Tuckier	Elizabeth	Sierra Leone	Observer



Commonwealth Nurses and Midwives Federation

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## Executive Secretary Report 24<sup>th</sup> CNMF Biennial Meeting of Members



Countries within the Commonwealth are focused on achieving the Sustainable Development Goals and universal health coverage; reducing the impact on health systems of communicable and non-communicable diseases; and the effect on sustainable environments of climate change. The input of nurses and midwives is essential in all of these areas, and nurses and midwives, their associations, and their leaders have a responsibility to light the way. This presentation outlines how the CNMF fulfills the mission entrusted to it by its members and shares key achievements.



Commonwealth Nurses and Midwives Federation

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### REFLECTIONS ON THE PAST 12 YEARS

- **Governance**
- **Membership**
- **Administration**
- **Finances**
- **Communication**
- **Liaison**
- **Programs**

<http://www.commonwealthnurses.org>

In presenting my report to the 24<sup>th</sup> Biennial Meeting of Members, I want to take the opportunity to reflect on some of the changes that have taken place within the CNMF during the past 12 years I have been in the position of Executive Secretary. I am the 4<sup>th</sup> Executive Secretary of the CNMF and only the second who is a nurse and midwife, an essential criteria in my view for any incumbent of the position. For me, it has been an amazing 12 years and I feel particularly blessed to have had the opportunity to lead the organisation and to work with nurses and midwives across Commonwealth countries. I have met amazing, dedicated people. I have been to wonderful places and had incredible experiences which I will always treasure. It has been such a privilege to have had the opportunity to use my knowledge and skill to work with countries to improve the working lives of nurses and midwives and ultimately contribute to improving the health of citizens of the Commonwealth. Above are the seven areas in the CNMF strategic plan which provide the structure for this report.



## PURPOSE

The purpose of the CNMF is to contribute to the improved health of citizens of the Commonwealth by fostering access to nursing and midwifery education, influencing health policy, developing nursing and midwifery networks and strengthening nursing and midwifery leadership.

<http://www.commonwealthnurses.org>

The CNMF was established in 1973 as a federation of national nursing and midwifery associations in Commonwealth countries. It was established by national nursing organisations during an ICN meeting who were concerned at the time that the voices of nurses and midwives were not being heard in key Commonwealth forums. Regardless of your view of the past history of the Commonwealth, it remains true today that the Commonwealth is an organisation of 54 nations which contain a third of the world's population. As a bloc, the Commonwealth has been, and is, quite influential and there are Commonwealth forums where the voices of nurses and midwives would be silent if not for the Commonwealth Nurses and Midwives Federation. Since 2004, the CNMF has been a Commonwealth accredited civil society organization and in November 2013, the CNMF was registered as a limited private company in the UK.

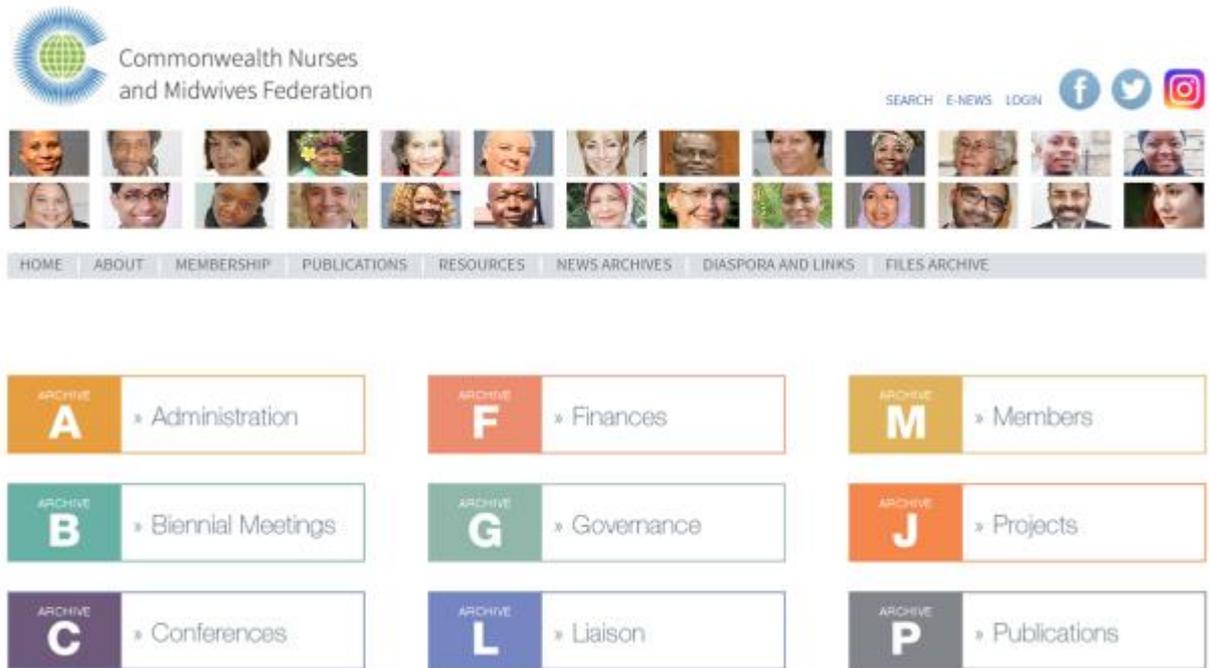


## ADMINISTRATION



When I first started in the position of Executive Secretary with the then, Commonwealth Nurses Federation, it was an 18 hour a week part time position based in London. The position is now a full time 36 hour position which could be based anywhere in the Commonwealth.

The CNMF registered office is care of the Royal College of Nursing and the RCN have been a major contributor to ensuring the success of the organisation. Apart from the friendship and support I have always received, and the support the RCN provides in hosting the CNMF Board Meeting and Biennial Meeting of Members, and providing the services of their Events Team to support the CNMF Conferences, the RCN receives, scans, and forwards all CNMF mail making it possible for the Executive Secretary to be based anywhere in the Commonwealth. Administrative costs are kept low by “piggybacking” office attendance with other meetings, by limiting printing and postage, by digitising records, and by using Skype, WhatsApp and texts instead of the telephone.



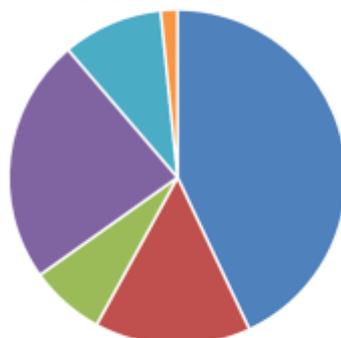
Administratively when I started, there was no orderly numerical filing system. There is now an organised and numbered filing schedule which means files are easily located. All files have been digital since 2012. A file archive has been created on the CNMF website, and old paper files are gradually being scanned and added to the archive. The file archive not only preserves the history of the CNMF but also saves the use and storage of paper files.



## Commonwealth Nurses and Midwives Federation

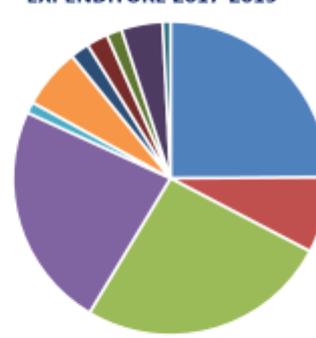
### FINANCES

INCOME 2017-2019



- Grants
- Membership Fees
- Consultancy
- Conference
- Civil Society Forum
- Miscellaneous

EXPENDITURE 2017-2019



- Projects
- Member activities
- Consultant fees
- Conference
- Meetings
- Civil Society Forum
- Office services
- Governance
- Communication
- Currency loss
- Miscellaneous

Finances are a mix of membership fees, project grants, project management fees, and consultancies. It is always a struggle for a small organisation to be competitive for grant funding and the work that we are capable of doing is only limited by a lack of funding. I will not speak to the finances here as there is a separate treasurer's report, except to say that the CNMF finances are audited annually and the CNMF is registered for taxation purposes in the UK.



## Commonwealth Nurses and Midwives Federation



### GOVERNANCE CNMF Board



<http://www.commonwealthnurses.org>

The CNMF is governed by an elected Board who serve four year terms. The President and Deputy President are elected by all members. The Regional Board Members are elected by members in their own region.

 <b>Commonwealth Nurses and Midwives Federation</b>	 <b>Commonwealth Nurses and Midwives Federation</b>
<p><b>The operating values of the CNMF are:</b></p> <ul style="list-style-type: none"> <li>▪ to be committed and contribute to the objectives of the CNMF,</li> <li>▪ to be an effective and efficient organisation,</li> <li>▪ to be responsible in the use of internal and external resources,</li> <li>▪ to be inclusive and involve members in decision making,</li> <li>▪ to be cooperative and work as a team with members,</li> <li>▪ to be consistent, congruent and ethical in decision making and behaviours,</li> <li>▪ to respect the human rights of members and other people,</li> <li>▪ to avoid discrimination of members or other people,</li> </ul>	<p><b>The operating values of the CNMF are:</b></p> <ul style="list-style-type: none"> <li>▪ to be protective of the privacy and confidentiality needs of members and other people,</li> <li>▪ to be tolerant and accepting of members and other people,</li> <li>▪ to be open, forthright and have integrity in dealing with members and other people,</li> <li>▪ to be flexible, innovative, and determined in order to achieve CNMF objectives,</li> <li>▪ to be compliant with relevant legislation and regulation.</li> </ul>
<p><a href="http://www.commonwealthnurses.org">http://www.commonwealthnurses.org</a></p>	<p><a href="http://www.commonwealthnurses.org">http://www.commonwealthnurses.org</a></p>

I wanted to spend just a few minutes in sharing the CNMF operating values which I will give you time to read. Our values reflect the type of organisation the CNMF aspires to be: effective, efficient, responsible, inclusive, respectful, and ethical.



**The CNMF Biennial Meeting of Members is the decision making body of the federation, setting the strategic directions for the ensuing two years**

**24<sup>th</sup> Commonwealth Nurses and Midwives Federation  
Biennial Meeting  
London UK Thursday 5 March 2020**

The CNMF Biennial Meeting of Members is the governing and decision making body of the federation, setting the strategic objectives for the ensuing two years and giving direction to the CNMF Board and the Executive Secretary. The other governance instruments are our constitution which is reviewed each two years before the Biennial Meeting of Members and our Policy Statements all of which are publicly available on our website. In 2014, the constitution was amended to change the name of the federation from Commonwealth Nurses Federation to Commonwealth Nurses and Midwives Federation. The Executive Secretary provides a quarterly report to CNMF Board Members and an Annual Report is also produced and uploaded to the website. The Annual Report includes the audited financial statements for the reporting period.



## **MEMBERSHIP**

- **Full membership:** National nursing and/or midwifery associations in Commonwealth countries. Voting member. Two votes each country.
- **Affiliate membership:** National nursing and midwifery regulatory authorities, nursing and midwifery educational institutions, or specialist national nursing or midwifery associations (non voting).
- **Associate membership:** International or regional nursing or midwifery organisations or international, regional or national health related organisations (non voting).
- **Individual membership:** Individual nurses or midwives who subscribe to the objects of the CNMF (non voting).

CNMF Membership categories were expanded by the Biennial Meeting of Members in 2014, firstly to be more inclusive across the Commonwealth, and secondly to be able to attract membership revenue without charging excessive membership fees. Ideally your membership fees should fund your paid positions to give you a stable working environment. That is not yet the case for the CNMF however I think the future viability of the federation lies in increasing membership within the expanded categories.



### MEMBERSHIP FEES

Membership fees are kept as low as possible, however countries still struggle to meet them. Fees have not been increased since 2014. One issue is that the executive of associations changes each two years with a change of contact details and very poor handover between one executive and another.

▶ Up to 500 members	£100
▶ 501-1000 members	£150
▶ 1,001-5,000 members	£200
▶ 5,001-10,000 members	£250
▶ 10,001-20,000 members	£500
▶ 20,001-50,000 members	£800
▶ 50,001-75,000 members	£1,000
▶ 75,001-100,000 members	£1,500
▶ 100,001-150,000 members	£2,000
▶ 150,001-200,000 members	£2,500
▶ 200,001 +	£3,000

Membership fees are structured according to the number of fee paying members of an organisation. I am quite sure member countries can afford the annual membership fee or fund raise to cover it. It is very time consuming chasing up members who have not paid invoices. Some of the late payment reflects an administration system within the majority of Commonwealth national nursing and midwifery associations that relies on volunteers who are busy people. However having an efficient administrative system which pays invoices promptly is a feature of good governance.



### COMMUNICATION: CNMF MONTHLY e-NEWS

I started the monthly CNMF e-News in 2008 so we are now up to Volume 13. One of the biggest criticisms of the CNMF when I started was the poor communication with some members only being contacted once every two years to organise the Biennial Meeting. There are nearly 2,500 subscribers to the CNMF monthly e-News. Subscription is free. The monthly e-News has been a very effective tool to keep members up to date with CNMF activities and also other important news and information from across the Commonwealth. It is only two pages of short form articles with links to further information.



Website: <http://www.commonwealthnurses.org>

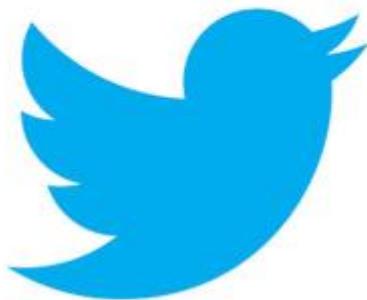


When I started with the CNMF we had an unsophisticated website. But as technology has expanded and improved, so has the CNMF website. The website is the public face of the CNMF and an effective way to maintain the profile of the federation and to publicly share activities, news and information. The website is managed in-house which not only saves money but allows for prompt and flexible responses.



## SOCIAL MEDIA

The CNMF also has a presence on some social media platforms



The CNMF also has a presence on some social media platforms. These are perhaps not used as effectively as they could be.



## **LIAISON: Representation**

- \* Commonwealth Civil Society Consultations
- \* Commonwealth Advisory Committee on Health
- \* Commonwealth Health Ministers' meetings
- \* Commonwealth Heads of Government meetings
- \* Commonwealth People's Forums

<http://www.commonwealthnurses.org>

The CNMF is also involved in all Commonwealth activities at government level to make sure that the voice of nurses and midwives are heard in those forums.



## **LIAISON: Partnerships**

- \* South Pacific Nurses Forum
- \* Caribbean Nurses Organisation
- \* ECSA College of Nursing
- \* West African College of Nursing
- \* Commonwealth Health Professions Alliance

The CNMF works closely and harmoniously with national, regional, and global partners to ensure that the voices of nurses and midwives are heard in all relevant health and social development forums. We have a positive relationship with the International Council of Nurses and the International Confederation of Midwives. CNMF Board Members are encouraged to participate in their regional forums on behalf of the CNMF. One of the most important partnerships for the CNMF has been the Commonwealth Health Professions Alliance: an alliance of commonwealth accredited health organisations representing doctors, nurses, midwives, pharmacists, dentists, community health workers and specialist health workers.



COMMONWEALTH CIVIL SOCIETY POLICY FORUMS



2018



2019

<http://www.chpa.co>

The major activity of the CHPA has been hosting an annual Commonwealth Civil Society Policy Forums in conjunction with the annual Commonwealth Health Ministers meeting. The CNMF is a founding member of the CHPA and a member of the executive.



ECSACON CONFERENCE KENYA



This is a meeting of the East, Central and Southern Africa College of Nursing. The CNMF makes sure it is represented at all the regional nursing and midwifery forums, usually by the Regional Board Member.



## WACN CONFERENCE

SIERRA LEONE



The West African College of Nursing conference is also held every two years and these regional forums are an effective way for the to keep in contact with members in the regions.



## PROJECTS: Capacity building for member associations



BAHAMAS CONSULTATION FORUM

Project work has focused on three main areas usually in response to requests from members or taking advantage of an opportunity which presents itself. Project work is funded through grants for a specific project, or through consultancy income. Capacity building for members has been a major focus: Leadership training; supporting the development of nursing and midwifery practice and education standards; facilitating the development of nursing and midwifery scopes of practice; review of nursing and midwifery regulation and legislation for countries; developing national continuing professional development frameworks; setting strategic directions; and workshops on a range of practical issues such as patient safety; infection prevention and control; and occupational health and safety.



## PROJECTS: Mental health legislation



**SEYCHELLES**



**BOTSWANA**



**BAHAMAS**

Another focus area has been on working with countries to review their mental health legislation and amend or write new legislation. The CNMF has worked successfully with the Seychelles and Botswana and is now working with the Bahamas. In the next phase we hope to be working with Barbados, Guyana, and Sierra Leone.



## PROJECTS: Maternal health education for nurses and midwives



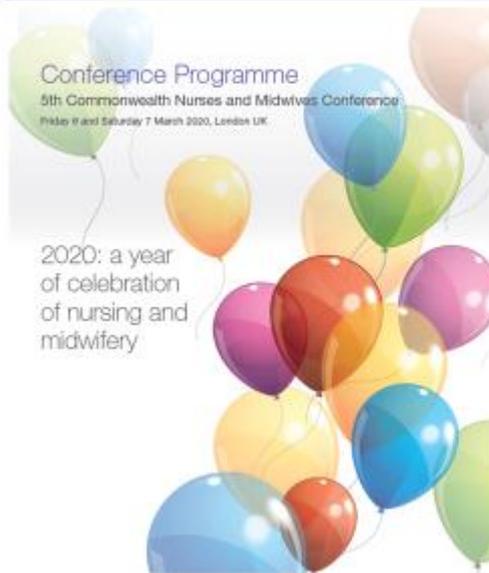
**Bo and Makeni**

The third major area of focus for the past five years has been in providing maternal health education updates for midwives. These week long programs have been very well received and evaluated highly. Most of them have been funded by The Burdett Trust for Nursing. These are the last two programs conducted in two rural areas of Sierra Leone.



## Commonwealth Nurses and Midwives Federation

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### 5<sup>th</sup> Commonwealth Nurses and Midwives Conference

London UK 6-7 March 2020

<https://www.commonwealthnurses.org/conference2020>

And finally, each two years following the CNMF Biennial Meeting of Members the CNMF has hosted a nursing and midwifery conference. The conference in 2020 is our 5<sup>th</sup> and most successful to date. The conference is celebrating the contribution: past, present and future, of nurses and midwives to the health and wellbeing of citizens of the Commonwealth. This is a very timely celebration in the International Year of the Nurse and the Midwife. I hope all of you will be joining us.



## Commonwealth Nurses and Midwives Federation

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So, in summary, it has been a wonderful 12 years. I feel I have been able to make a positive impact on the federation and will be leaving it in a positive position with a raised profile and sound administrative and governance processes. It has been a lot of hard work. The existing demands are so high that it leaves no time or energy for additional activities. Overall, it has been a great experience and a lot of fun. I feel very privileged to have had this opportunity. I feel we have made a really positive contribution to fulfilling our purpose and I wish the federation and its many members even greater success in the years to come.



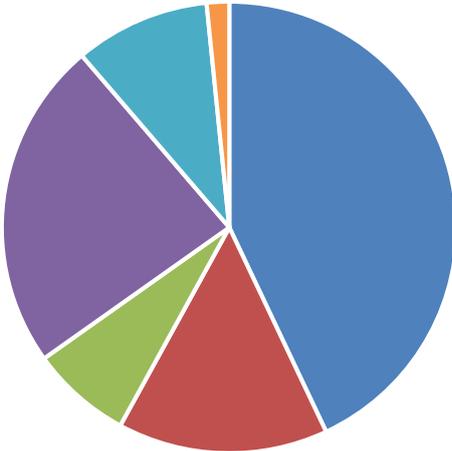
# HONORARY TREASURER'S REPORT

Brian CHRISTOPHER



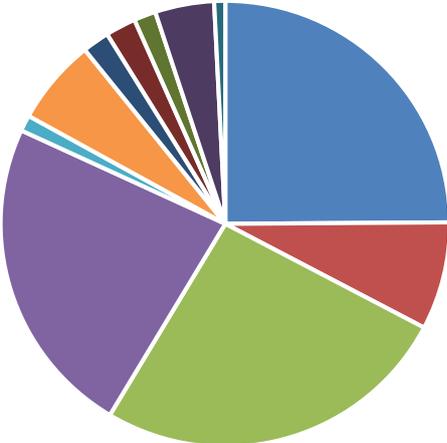
The Treasurer's report covers the financial years 2017-2018 and 2018-2019. The notes to the accounts are structured under the major items in the graphs below.

## INCOME 2017-2019



- Grants
- Membership Fees
- Consultancy
- Conference
- Civil Society Forum
- Miscellaneous

## EXPENDITURE 2017-2019



- Projects
- Member activities
- Consultant fees
- Conference
- Meetings
- Civil Society Forum
- Office services
- Governance
- Communication
- Currency loss
- Miscellaneous

## NOTES TO 2017-2019 ACCOUNTS

### INCOME

The CNMF income is generated from membership fees, project grants, consultancies, donations, and fundraising activities.

#### (a) GRANTS

During the reporting period, the CNMF had a number of grants both short term and long term. For the two years under review grants constituted £115,000 (or 43%) of total income. The Commonwealth Foundation mental health legislation project has now been completed. The Burdett Trust grant was for two projects: maternal health updates for midwives in Sierra Leone which has been completed; and a nurses' and midwives' health project in the South Pacific which is ongoing due to various unavoidable delays but which will be completed in the 2019-2020 financial year.

#### (b) MEMBERSHIP

Membership fees are quite small compared with other international organisations. There has been a significant improvement in income from membership fees over the last two years, averaging £20,000 per annum, or 15% of total revenue which compares favourably with 4% of total revenue in the previous two years. Membership fees for national and midwifery organisations are structured according to the number of financial members belonging to that organisation (see table below). Associations are asked to be honest in declaring their membership numbers. The CNMF membership year runs from 1 January to 31 December. The CNMF Board has not increased membership fees since 2014. Despite the small fees, very few countries pay their invoices on time and it is very time consuming sending reminders and chasing subscriptions. Of the current CNMF financial members, 65% pay the lowest fee. There is no recommendation to increase membership fees for 2020-2022. Membership fees accounted for 15% of total income.

##### Full members

▶ Up to 500 members	£100
▶ 501-1000 members	£150
▶ 1,001-5,000 members	£200
▶ 5,001-10,000 members	£250
▶ 10,001-20,000 members	£500
▶ 20,001-50,000 members	£800
▶ 50,001-75,000 members	£1,000
▶ 75,001-100,000 members	£1,500
▶ 100,001-150,000 members	£2,000
▶ 150,001-200,000 members	£2,500
▶ 200,001 +	£3,000

#### (c) CONSULTANCY

This is income generated by consultancy services to funding bodies or technical assistance to countries. Considerable consultancy income was generated by the African Regulatory Collaborative initiative however this initiative has now ceased. A consultancy was negotiated with the University of Washington which was due to be completed by January 2019 however delays by the funder meant that the consultancy did not commence until outside the reporting period. This created some short term cash flow issues for the CNMF. Over the two year reporting period, income from consultancy services provided 7% of total income which is half that of the preceding two years.

#### (d) CONFERENCES

This relates to income generated by the 4<sup>th</sup> Commonwealth Nurses and Midwives Conference in March 2018. Income is 23.5% of total income although conference income is offset by conference expenditure. The CNMF has not used the conferences to generate income, preferring to keep conference fees as low as possible to enable nurses and midwives from developing countries to attend. Unfortunately it has been very difficult to obtain any substantial external sponsorship for the conferences. The registration fees for the conference are graded according to World Bank country income groups so participants from high income countries pay more than participants from low income countries.

#### **(e) COMMONWEALTH CIVIL SOCIETY FORUMS**

The CNMF is the secretariat for the Commonwealth Health Professions Alliance (CHPA). The CHPA puts in a funding proposal to the Commonwealth Foundation each year to host a Commonwealth Civil Society Policy Forum (CCSPF) in conjunction with the Commonwealth Health Ministers' meeting. The CNMF acts as the budget holder for the CCSPF. The income for the CCSPF is offset by the expenditure. Any unspent funds are returned to the Commonwealth Foundation. Income over the last two years has totalled £25,754, with expenses of £17,354. Percentage of income over the reporting period is 9.5%.

#### **(f) MISCELLANEOUS**

This line generally relates to miscellaneous reimbursements (2% of total income).

### **EXPENDITURE**

The CNMF expenditure reflects the costs associated with the day to day running of the organisation, effective governance, maintaining communication, responding to member requests, liaising with relevant national, regional and international bodies, and conducting projects and consultancies to generate income.

#### **(a) PROJECTS**

These items represent costs incurred in managing and delivering grant projects. The difference between the income and expenditure is attributable to income being received in one financial year but expenses not being paid until a difference financial year. Income also includes a small project management fee for each project which means that income should always be slightly in excess of expenditure. Overall project costs were £69,581 over the two year period (25% of total expenditure).

#### **(b) MEMBER ACTIVITIES**

This line relates to costs associated with the CNMF Board the majority of which is accommodation costs for the biennial meeting and conference. Board members pay their own travel costs. Members of the Board, including the President and Deputy President, also represent the CNMF at various activities in their regions. The line also covers specific activities undertaken by the CNMF on behalf of members (eg: conducting workshops). Member activities accounted for 8% of total expenditure.

#### **(c) CONSULTANT FEES**

The bulk of the expenditure in this line is the consultant fee for the Executive Secretary. The Executive Secretary is employed for 36 hours at £25.00 an hour (from 1 April 2017). The consultant fee line also includes consultancy fees paid to the CNMF Educator; small amounts paid to support in-country facilitators for the maternal health education and training program; and the honorarium for the Honorary Treasurer. Consultant Fees account for 26% of total expenditure. The responsibilities of the Executive Secretary includes (but is not limited to):

- project generation, management and reporting;
- general administration, including maintaining digital files and maintaining currency of data base;
- generating and maintaining membership;
- maintaining financial accounts and preparing for annual audit, invoicing and receipting;
- governance processes associated with constitutional review, company registration and reporting requirements, taxation returns, quarterly reports to Board, and CNMF Board elections;
- organising the CNMF Biennial Meeting of Members;
- organising the biennial Conference;
- maintaining communication media such as the e-news, the website, and social media;
- liaison with members and other Commonwealth, regional, and international organisations; and
- responding to member requests for workshops or other support.

**(d) CONFERENCES**

This relates to conference expenditure such as venue and delegate packages; design and updating of the conference website, call for abstracts, registration brochure, book of abstracts, and similar items. These costs are mostly defrayed by conference income. It also includes any support that the CNMF provides to presenters from low income countries to present at the conference. On average the CNMF supports 4-6 presenters from low income countries to attend and present at the conference. Conference costs are 23% of total income.

**(e) MEETINGS**

This line relates to meetings which cannot be piggy-backed with other activities or reimbursed by a third party. The majority of meetings are done by Skype or other like media. This line accounts for 1% of total expenditure.

**(f) COMMONWEALTH CIVIL SOCIETY FORUMS**

This relates to expenditure associated with the Commonwealth Civil Society Policy Forums: venue, flights, accommodation, speaker costs etc. Most of these costs are covered by funding from the Commonwealth Foundation which also funds executive members of the Commonwealth Health Professions Alliance to attend which includes the CNMF representation. There is usually a small management fee gain for the CNMF. This line accounts for 6% of total expenditure

**(g) OFFICE SERVICES**

The registered office of the CNMF is at the RCN UK. The costs in this line relate to office attendance by the Executive Secretary, paper, printing, telephone, capital expenses etc. Streamlining and reorganising office and publication arrangements have significantly reduced costs. Skype, text and email are predominantly used for communication keeping telephone costs very low. There is minimal cost for postage. Overall such costs make up 2% of total expenditure.

**(h) GOVERNANCE**

This includes bank fees, the auditor's fees, and costs associated with CNMF registration as a private limited company in the UK and registration for Corporation Tax with HM Revenue and Customs. Overall this line makes up 2% of total expenditure.

**(i) COMMUNICATION**

This line includes costs associated with maintenance and updating of the CNMF website, email, social media accounts, and publication and limited printing of the CNMF Annual Report. It also includes products such as CNMF badges. This line accounts for 2% of total expenditure which is minimal compared with its relative value for the organisation.

**(j) CURRENCY EXCHANGE LOSS**

The CNMF operates three accounts: a UK £ account; an Australian \$ account; and a PayPal account which includes UK£, US\$ and AU\$. The PayPal account is particularly useful so presenters and participants at the conference can pay by credit card. PayPal has agreements with most countries, their security is excellent, refunds are easy to process; and disputes readily resolved. At the end of the financial year an adjustment needs to be made for currency fluctuations. Sometimes this results in a gain and sometimes in a loss. The currency loss over the two year reporting period was £11,880. The currency loss in the 2017-2018 financial year was an aberration as a result of the uncertainty surrounding the UK £ as a result of Brexit. Fortunately in the 2018-2019 financial year the currency gain/loss situation returned to expectations. As a result of the large currency loss in 2017-2018, currency exchange losses were 4% of total expenditure.

**(k) MISCELLANEOUS**

This line relates to miscellaneous expenditure that does not logically belong in any other line. Miscellaneous costs are less than 1% of total expenditure.

## SUMMARY

The end of year results in both financial years showed a total deficit of £12,048 over the two years. The majority of the deficit was a currency exchange loss in the 2017-2018 financial year of £10,203. The other contributing factor was the reduction in anticipated consultancy income with the abrupt cancellation of the African Regulatory Collaborative initiative as a result of reduced funding to PEPFAR by the USA government following the election of November 2016. There was also a delay in a consultancy project scheduled for January 2019, which did not eventuate until August and September 2019.

I would like to record the thanks of the CNMF to our auditor, Mr Peter Westley, who has been our auditor now for a very long time. Despite vastly different and more complicated amounts now passing through the CNMF accounts, Peter's fee has remained modest and he has always been exceedingly generous with his time and helpful with his advice. In addition to the annual audit, Peter assists the CNMF with the Annual Return to Companies House and the filing of our taxation returns with HM Revenue and Customs and payment of Corporation Tax.

The CNMF achieves a great deal with very little funding and is held in high regard for the quality, scope and cost-effectiveness of the activities it provides. A future focus on applying for larger grants, perhaps in partnership with other organisations, and increasing membership through the different membership categories, could see a great deal more achieved.

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24<sup>th</sup> CNMF Biennial Meeting of Members  
Group Work – establishing CNMF priorities 2020-2022

**GROUP A**

1. Recruitment and retention strategies and processes
2. Disaster management and preparedness training program (For Safety Leadership Program)
3. Policy statement in support of advance practice nursing.

**GROUP B**

1. Ethical recruitment: development and agreement of a policy on ethical recruitment to protect smaller countries.
2. Safe practice: acceptable nurse and midwife to patient and client ratios across Commonwealth countries to ensure safe practice.
3. Violence against nurses and midwives: how do we address this issue?

**GROUP C**

1. Continuing professional development for nurses and midwives.
2. Disaster preparedness (whether man made or natural) for all countries with a single focal point in each country.
3. Keep working on gender equity.

**GROUP D**

1. Capacity building of nurses and midwives on climate change focusing on disaster prevention and management.
2. Mainstreaming gender equality into the health professions globally.
3. Addressing migration and ethical recruitment policy and practice.

**GROUP E**

1. Repositioning nursing and midwifery education and practice for empowerment.
2. Strengthening nursing and midwifery regulatory bodies to regularise standards in education and practice.
3. Support post basic training in specialised nursing and midwifery areas.
4. Strengthen regional integration and cohesion of nursing and midwifery organisations.

**GROUP F**

1. Improve quality education and standards of practice. CNMF should promote north-south NNA partnerships for exchange of experience and learning.
2. Increase visibility of CNMF and our NNAs.
3. Develop and implement policies on climate change and gender equity within our respective NNAs.

**GROUP G**

1. Include disaster preparedness education in pre-registration programs and introduce a post basic program in climate and disaster preparedness.
2. Commonwealth regulatory bodies including implementation of re-validation for re-licensure.
3. Establish a register for approved nursing recruitment agencies.

**GROUP H**

1. Ethical recruitment, migration and re-integration in Commonwealth nations.
2. Improving gender quality in Commonwealth nations through ratification of ILO Conventions 100 (Equal pay for equal value of work); 111 (Non-discrimination at the work place); and 190 (Gender based violence).
3. Increased investments in health, especially in nurses and midwives as the front line staff for the achievement of universal health coverage.