



# COMMONWEALTH NURSES AND MIDWIVES FEDERATION

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## VALE MISS MARGARET BRAYTON

Miss Margaret Brayton was the first Executive Secretary of the then Commonwealth Nurses Federation, a position she held for twenty years. Margaret took the position with the CNF after a long and distinguished career in the United Kingdom, including 13 years as Regional Nursing Officer of the South Eastern Regional Hospital Board in Scotland.

Margaret died on 30 April 2016 just a few months before her 97<sup>th</sup> birthday. Margaret's funeral was held on 23 May 2016 and was well attended by many of her nursing colleagues, particularly from expatriate nursing organisations from the Caribbean who had been close to and supported Miss Brayton in her later years. Jill Iliffe (CNMF Executive Secretary) and Professor Kathleen McCourt (CNMF Vice President) attended the funeral. Also, in attendance was Ms Patricia Larby, the second Executive Secretary of the CNF.



Miss Brayton's funeral.



Margaret as a young nurse; Margaret receiving her OBE; Margaret at her 90<sup>th</sup> birthday celebrations.

Thank you so much to so many members who sent tributes following the death of Miss Brayton. These were forwarded to Miss Brayton's closest relative, her niece who found them very comforting to know that her aunt was held in such high regard by her nursing colleagues.

## TRIBUTE TO MARGARET BRAYTON

7 July 1919 to 29 April 2016  
on the occasion of her funeral service Monday 23  
May 2016

My name is Jill Iliffe and I am the Executive Secretary of the CNMF, formerly the CNF. I am the 4<sup>th</sup> Executive Secretary of the CNMF. Margaret Brayton was the first, holding the position for 20 years from 1973 to 1993. I was privileged to meet Margaret on many occasions when we shared our reflections on working for the CNF, particularly once she took up residence at St Johns Wood. I also came to know Margaret through the letters she wrote as Executive Secretary of the CNF to NNAs across the Commonwealth, many of whom came into being as a direct result of Margaret's encouragement.

On learning of Margaret's death, tributes from NNAs across the Commonwealth were sent to the CNMF from the United Kingdom, Cyprus, Malta, Uganda, Tanzania, Namibia, Guyana, Sri Lanka, Brunei Darussalam, Australia, Solomon Islands, Barbados, Bahamas, and Trinidad and Tobago. I would like to share some comments from those tributes.

*Miss Brayton represented the best ambassador the CNMF could have had at that time. She always demonstrated concern for developing states and used her diplomatic and political skills to secure much needed assistance. Margaret's warmth and generosity and genuine concern for others were demonstrated throughout her life.*

*Through the CNF, Margaret pioneered an important professional association for nurses in the Commonwealth. We enjoyed many years of Margaret's warm friendship, wise advice, and professional support.*

*Despite a sense of loss, we are grateful and give thanks for the life of Miss Brayton. Her contributions and legacy to nursing and the Commonwealth will live on in the lives she has touched and the nursing leaders she has mentored as the baton is passed on.*

Margaret led a full and productive life of service to the nursing profession and the Commonwealth. What we will remember most is her warm and friendly disposition and her complete devotion to the causes she held dear. Margaret lived a long and adventurous life and she will be remembered with love and respect.



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## TANZANIA TO DEVELOP A GENERIC CPD FRAMEWORK

The Tanzania Ministry of Health, in partnership with I-TECH has begun an ambitious project to develop a generic CPD Framework for all their health care providers, both licensed and not licensed. The CNMF is providing consultancy support. A meeting of a technical working group was held in April to begin development of the Framework. While CPD programs and activities are often formalised and available for licensed health care providers, the Tanzania Framework is designed to provide a formal requirement and process for all health care providers equally.



## BECOME A CNMF MEMBER

Membership of the CNMF is open to national nursing associations; national midwifery associations; specialist nursing associations (such as mental health, critical care, paediatrics, operating theatre etc); regional and international nursing, midwifery and health associations; regulatory bodies, universities, and individuals. By becoming a member of the CNMF, you can support the work of the CNMF and become involved in that work. Members can promote their own work through the monthly e-News, the CNMF website or the extensive CNMF network. You can join online through the CNMF website:

<http://www.commonwealthnurses.org/membership.html>.

## 2016 COMMONWEALTH CIVIL SOCIETY FORUM

The CNMF, in partnership with the Commonwealth Foundation and McKinsey and Company hosted a civil society forum in Geneva Saturday 21 May on the eve of the 28<sup>th</sup> Commonwealth Health Ministers' meeting. The title of the forum was: *Health security and universal health coverage*. Speakers discussed threats to health security and their impact on achieving universal health coverage. Speakers included:

- Ms Lena Mangheney from Médecins Sans Frontières Access Campaign India who discussed the potential threat to universal health coverage of free trade agreements.
- Ms Christine Hancock from C3 Collaborating for Health who discussed the threat of NCDs to universal health coverage.
- Dr Penny Dash from McKinsey and Company who discussed natural and man-made disasters and the threat to health security from migration and refugees.



Keynote speaker, Dr Ravindra Rannan-Eliya, Director of the Health Policy Institute Sri Lanka released a paper commissioned by the Commonwealth Health Professionals Alliance titled: *Universal health coverage: the potential contribution of hybrid funding strategies. A review of Commonwealth mixed public/private funding models* (available from <http://www.chpa.co>).

The paper explores the experience of several Commonwealth countries in making substantial progress toward universal health coverage (UHC) despite spending considerably less than other countries. The paper argues that there are lessons to be learned for the global community about alternative routes to achieving UHC for resource constrained nations.

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