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Commonwealth Year of Youth

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

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Executive Secretary



Jill Iliffe

from the PRESIDENT



Professor Kathleen McCourt CBE FRCN
CNMF President

This edition of the Commonwealth Nurse provides a report of the 2023 Commonwealth Civil Society Policy Forum (CCSPF), an annual event hosted by the Commonwealth Health Professions and Partners Alliance (CHPA), of which the CNMF is a founding member. One of the key purposes of the CCSPF is to provide recommendations to the annual Commonwealth Health Ministers' meeting.

The title of the 2023 CCSPF was: *Supporting young people for a safe, secure, happy and healthy future*. In recognition that 2023 had been declared Commonwealth Year of Youth, the CCSPF was dedicated to exploring issues of concern to young people and recommending actions to provide them with a safe, secure, happy and healthy future.

The key messages from the CCSPF are outlined as well as the recommendations which were presented to Commonwealth Health Ministers.

The engagement of young people with nursing and midwifery as a career is critically important for the future health of both professions and ultimately, the future health and wellbeing of citizens of the Commonwealth. The COVID-19 pandemic clearly demonstrated the dependence of health systems and populations on the contribution of nurses and midwives.

We need young people to embrace nursing and midwifery as a lifelong career with unlimited potential and opportunities. The way student nurses and midwives are recruited; the way nurses and midwives are educated; and the way they are welcomed and supported as new graduates into the professions, all need to be carefully examined to make sure they are still fit for purpose and attractive to young people.

Across the Commonwealth 60% (one third) of Commonwealth peoples are aged between 15 to 29. The health, wellbeing, and involvement of young people is essential, not only to the future of the Commonwealth, but indeed, the future of our planet Earth.

This issue of the Commonwealth Nurses also reports on the Kigali Declaration on Child Care and Protection Reform adopted at the Commonwealth Heads of Government Meeting in June 2022.

On 6 February 2023, the Commonwealth released an updated Youth Development Index with some surprising results which you can read about in the following pages.

2023 will be a year of rebuilding and renewal, for the CNMF and for many others as well. It was very disappointing not to be able to host a face-to-face Biennial Meeting of Members in 2022 or hold the 6th Commonwealth Nurses and Midwives Conference. These are now planned for 2024. While we had a very good online attendance at the Biennial, it was not possible to recreate the collegiate atmosphere that we enjoy during face-to-face meetings.

The CNMF has been able to continue to progress several projects using Zoom online technology while in-country visits were not possible. A new project on oral health has begun, funded by Colgate, in partnership with C3 Collaborating for Health. C3 was founded by Christine Hancock, who CNMF members and friends will remember as the Chief Executive Officer of the Royal College of Nursing and later President of the International Council of Nurses. C3's focus is on non-communicable disease. There is increasing evidence that oral diseases, such as periodontitis, are directly linked to diabetes, cardiac diseases, respiratory diseases, and neurodegenerative diseases such as dementia. The CNMF is very pleased to be working so closely with C3 on this project.

I would encourage every nurse or midwife to continue to observe strict infection prevention and control processes as COVID-19 is far from over, even though countries have opened their borders and removed strict restrictions on their populations such as wearing masks. We must all remain vigilant to protect our own health and those of our family and friends.

Commonwealth Year of Youth



The 2022 Commonwealth Heads of Government meeting (CHOGM), declared 2023 as the *Commonwealth Year of Youth*: a year dedicated to youth-led action for sustainable and inclusive development. Prince Edward, Duke of Edinburgh, will act as a Year of Youth Champion, responsible for promoting and raising the profile of issues facing young people across the Commonwealth.

The Commonwealth defines a young person as one between the ages of 15 and 29 years of age. The Commonwealth's 56 member countries have a combined population of 2.5 billion people of which more than 60% are aged 29 or younger: 1.5 billion young people live in the Commonwealth; that means one in three people in the Commonwealth is a young person.

The Year of Youth has four major aims:

1. **Energise:** the inclusive participation of young people and youth partners throughout the Commonwealth to celebrate their contributions and deliver a wide-ranging program of activities.
2. **Engage:** decision makers and partners to increase investment in creating an enabling environment for youth empowerment through a revitalised Commonwealth Youth program and youth led networks and initiatives.
3. **Empower:** Commonwealth youth by building their capacities for leadership, collaboration and co-creation of inclusive solutions to address challenges in development, democracy, diversity and peace.
4. **Envision:** a renewed Commonwealth that is championed by young people of all backgrounds from the 56 Commonwealth member countries, working together to create a common agenda.

On 6 February 2023, the Commonwealth released the 2020 Youth Development Index (YDI). The global index monitors changes in the situation for young people over the period 2011 to 2018 in six areas:

- education;
- employment and opportunity;
- health and wellbeing;
- equality and inclusion;
- political and civic participation; and
- peace and security.

One hundred and eighty-one countries were scored based on the progress made in those six areas.

The YDI score is a number between 0 and 1, with 1 representing the highest possible level of youth development attainable across all indicators, and 0 representing little to no youth development. Countries have been grouped into categories of 'very high', 'high', 'medium', and 'low' levels of youth development.

YDI CATEGORY	SCORE RANGE
Low	0.000 – 0.595
Medium	0.595 – 0.691
High	0.691 – 0.780
Very high	0.780 – 1.000

In relation to the Commonwealth, more than 60% of the Commonwealth's population of over 2 billion, are under the age of 30, underscoring the importance of the Commonwealth countries having high levels of youth development.

The Commonwealth however, showed less progress over the period than the world at large. Over the eight-year period from 2010 to 2018, the Commonwealth recorded an average improvement in youth development of 2.8 per cent, compared with a 3.1 per cent improvement in the global average.

Of the 48 Commonwealth countries included in the 2020 YDI, 83 per cent, improved their YDI score. Seven countries deteriorated, while one country stayed the same. On average, the Commonwealth has made progress in all six YDI domains, with the largest improvement seen in the Health and Wellbeing and Peace and Security domains.

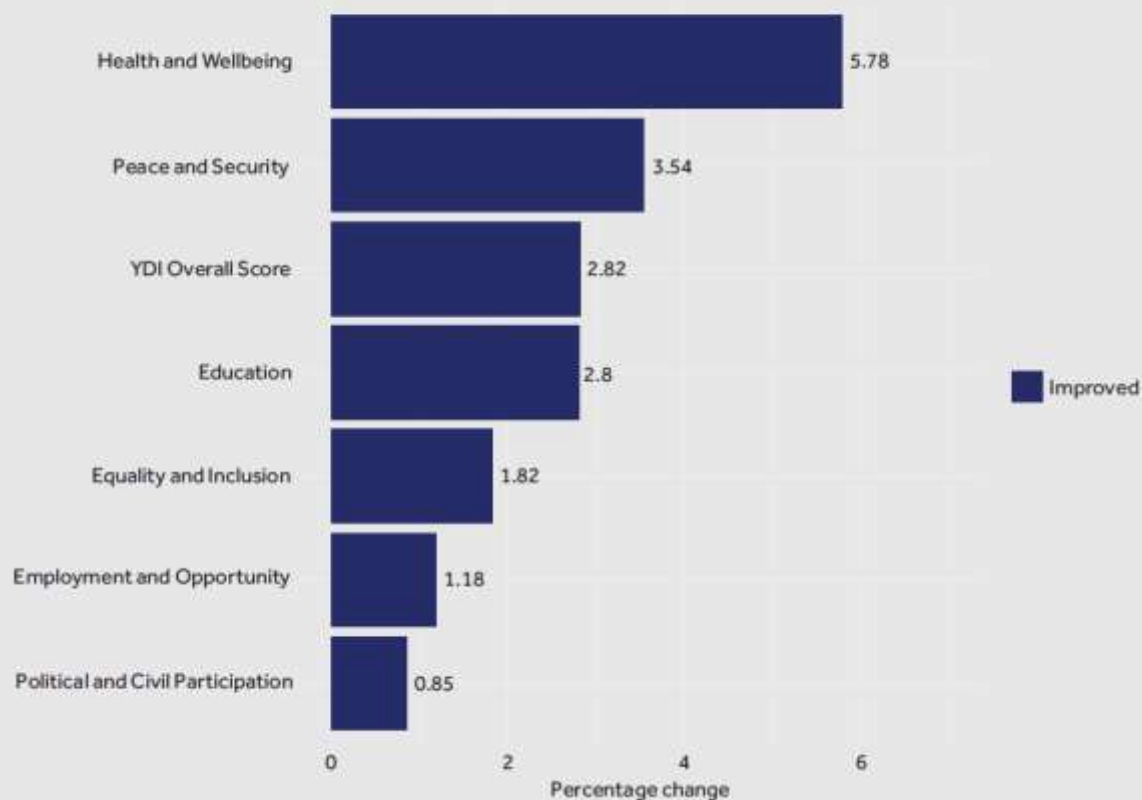
<https://thecommonwealth.org/innovation/youth-development-index#results> (p.32)

COMMONWEALTH YOUTH DEVELOPMENT INDEX

<https://thecommonwealth.org/innovation/youth-development-index#results>

COUNTRY	SCORE	COUNTRY	SCORE
Singapore	0.875	Kiribati	0.635
Malta	0.859	Namibia	0.632
Cyprus	0.825	Vanuatu	0.628
New Zealand	0.824	India	0.626
Australia	0.807	Belize	0.619
Canada	0.798	Guyana	0.617
Maldives	0.794	Bangladesh	0.616
United Kingdom	0.793	South Africa	0.608
Barbados	0.779	Ghana	0.608
Brunei Darussalam	0.777	Sierra Leone	0.580
Malaysia	0.775	Gambia	0.577
Mauritius	0.766	Kenya	0.577
Fiji	0.748	Togo	0.575
Sri Lanka	0.747	Rwanda	0.574
Grenada	0.736	Papua New Guinea	0.572
Samoa	0.728	Tanzania	0.559
Seychelles	0.725	Swaziland	0.553
Jamaica	0.724	Zambia	0.548
Tonga	0.724	Uganda	0.534
St Lucia	0.716	Zimbabwe	0.528
Trinidad and Tobago	0.674	Cameroon	0.527
Bahamas	0.670	Nigeria	0.520
Botswana	0.659	Pakistan	0.517
Solomon Islands	0.656	Lesotho	0.511
Gabon	0.645		

Figure 2.13 Change in the Commonwealth's average YDI score and domain scores, 2010–2018



KIGALI DECLARATION on child care and protection reform

CHOGM 2022 – Rwanda



The Kigali Declaration on Child Care and Protection Reform was adopted in June 2022 at the Commonwealth Heads of Government Meeting in Kigali, Rwanda.

The declaration is a commitment by Commonwealth member states to protect children and ensure their rights, especially after the COVID-19 pandemic. According to the Commonwealth Secretariat, the Declaration is an historic agreement among Commonwealth countries that focuses on ensuring and restoring the rights of children.

<https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3fs-public/2023-02/Kigali%20DECLARATION%20on%20Child%20Care%20and%20Protection%20Reform.pdf?VersionId=9wtz6M4XiUnrZqffqjv.1Ur9ZtKBVu>

Key commitments in the Declaration are:

Eliminate orphanages: Phase out orphanages and replace them with community care.

Protect children: Address violence, abuse, discrimination, and neglect, especially for children in vulnerable situations, and establish sustainable and effective safeguarding systems.

Provide alternative care: Offer quality care options, including family and community-based care.

Strengthen health systems: Prepare for future pandemics and respond to the needs of all children.

Reduce poverty: Expand social protection coverage to promote human capital for all children, eliminate child labour in all its forms, including forced labour, trafficking, and sexual exploitation.

Tackle underlying causes: Address the causes that lead to children and parents being separated and children requiring care and protection.

Commonwealth Civil Society Policy Forum 2023

Commonwealth Year of Youth
Wednesday 12 April
Online Forum

"Supporting young people for a safe, secure, happy and healthy future"



The Commonwealth Health Professions and Partners Alliance (CHPA) host a policy forum each year in conjunction with the annual Commonwealth Health Ministers' meeting. The CHPA are committed to optimising civil society interaction with Commonwealth Health Ministers, which is an important forum for influencing health and wellbeing policy and practice on behalf of the practitioners CHPA represents and the citizens of the Commonwealth to whom CHPA members provide care.

Over many years, Commonwealth civil society has actively interacted with Commonwealth Health Ministers at their meeting. Civil society brings a unique perspective to the deliberations of Commonwealth Health Ministers and it is important that their voice is heard.

The theme chosen by the CHPA for the 2023 Commonwealth Civil Society Policy Forum (CCSPF) was *"Supporting young people for a safe, secure, happy and healthy future"*. The CHPA welcomed the Commonwealth Year of Youth 2023 as an opportunity to celebrate the contribution of young people and dedicated the 2023 CCSPF to exploring issues of concern to young people and recommending actions to provide them with a safe, secure, happy and healthy future.

The objectives of the 2023 CCSPF were:

- To raise awareness of identified issue of concern to young people across the Commonwealth which affect their health and wellbeing.
- To highlight effective strategies which promote the health and wellbeing of young people across the Commonwealth.
- To propose actionable recommendations for Commonwealth Health Ministers which will contribute to a safe, secure, happy and healthy future for young people across the Commonwealth.

Two hundred and thirty-six participants from 31 Commonwealth countries and 8 other countries joined the forum online. The video link for the forum is:

<https://youtu.be/nHJAL2OXjPg>.

The overriding message from the 2023 CCSPF was the capacity of young people to identify the issues of concern to them and to develop, with support, innovative solutions to address those issues. The young people of the Commonwealth are the future of the Commonwealth. They need and deserve our active support, physically and financially.

The CCSPF made a number of recommendations which were presented to Commonwealth Health Ministers at their May 2023 meeting in Geneva and circulated widely within Commonwealth civil society.

RECOMMENDATION 1

That Commonwealth governments commemorate the Commonwealth Year of Youth 2023 by actively partnering with the young people of their country, and the organisations that represent young people, to:

- establish a program of work led by young people for young people, and
- address issues identified by young people of concern to them, and
- work with the young people to develop innovative solutions, and
- support them physically and financially to implement, evaluate and replicate the innovations.

RECOMMENDATION 2

That Commonwealth governments adopt the Commonwealth Young Carer's Charter, recognizing that young carers with the additional responsibility of caring for a family member or household, are children and young people first, and should be supported to develop emotionally and physically and to take full advantage of opportunities for educational achievement and life success.

Young Carers Charter

<https://cosw.info/young-cares/>

RECOMMENDATION 3

Commonwealth governments act on the Briefing Paper from the Commonwealth Pharmacists Association on substandard and falsified medicines and the paper's recommendations for national action plans to be developed, regulation and policy to be strengthened, awareness and education of the impact of substandard and falsified medicines to be increased, particularly in relation to their effects on young people, and join the MediCrime Convention if not already a member.

RECOMMENDATION 4

That Commonwealth governments, given the increase in mental health issues for young people identified by the World Health Organisation since the COVID-19 pandemic, re-evaluate mental health service delivery to young people and, given the generally inadequate mental health workforce skilled in providing mental health care to children and young people in most countries, explore different models of service provision, using existing community based youth services, providing them with education on specific interventions, directly supported and supervised by mental health professionals. Further, that Commonwealth governments explore the option of online assessment and consultation for young people to increase access to services.

RECOMMENDATION 5

- That Commonwealth governments formally engage young people in developing communication messages, education programs, and preventive activities to mitigate the effect of climate change.

RECOMMENDATION 6

That Commonwealth governments partner with civil society to collect evidence on the effects, both positive and negative, of commercial entities on the nutrition of children and young people, given the vulnerability of children and young people to advertising, and identify and implement strategies that minimize the negative impacts of Commercial Determinants of Health and which foster health promoting commercial practices.

Three of the presentations at the CCSPF were from young people themselves who shared inspiring stories.



Oritsé Williams is a musician, poet and founding member of the Band JLS.

As a 12 year old, Oritsé was a young carer for his mother who has Multiple Sclerosis, and supporting younger siblings. Oritsé is a Commonwealth Young Carer Champion working to promote the Young Carers Charter developed by the Commonwealth Organisation for Social Work.

Oritsé spoke about the effect of the COVID-19 pandemic on young people and particularly young carers. He said the effect was devastating.

In addition to their caring responsibilities, they couldn't leave the house for basic necessities or amenities and when they did leave the house, they were afraid of bringing infection into the house and complicating the ill health of the person they were caring for.

There was next to no support for young carers: they felt isolated; they felt they were carrying an additional heavy load; they could not do any part-time work to supplement a limited income when the person they were caring for couldn't work; they had to be careful; they had to cope with home schooling as well as home caring; confined to the house there was no way to be children or to be carefree, so the mental and emotional impact was intense.

While he was pursuing his music career, Oritsé worked as a carer for children with disabilities so he has had quite a career journey.

His appearances on X-Factor led to a successful music career, however even then he felt guilty that he was not around and support his younger siblings with their career responsibilities.

Oritsé felt that his experience as a young carer gave him the resilience, life skills and built his character to overcome adversities such grief, loss, pain, failure, fear of failure for example as a young adult. He has since founded a Young Carer's Charity to give young carers hope and encouragement. He would like to see legislation enacted around the Commonwealth to specifically support young carers.

The Young Carers Charter:
<https://cosw.info/young-cares/>



Ogwen Stephen is the founder and CEO of the Stowelink Foundation based in Kenya. Stephen is a multi-award-winning global health practitioner and a non-communicable diseases advocate.

Stowelink Inc develops and implements programs and innovations aimed at improving health literacy for young people and access to care for chronic diseases ten other countries in Africa.

Stephen's presentation focused on *Youth engagement and leveraging technology to reach young people with health messages*.

Stowelink Inc was founded by Stephen in 2016 in Kenya. It is a registered youth-led organisation whose primary ethos and vision is to inspire healthier communities through innovative community health projects that embrace people at the core of its processes. Their focus is on non-communicable disease, specifically mental health, drugs and substance abuse and nutrition and social behaviour change through health messaging, information and education.

The four steps include:

1. Communication - simplify health messages and constantly adapt to and capitalise on changing technology.
2. Engagement - which uses diverse modes and is creative and interesting such as:
Online via social media – short, creative, captivating;
 - Community in person to create a connection; and
 - Online courses and apps to consolidate understanding using boardgames and anthologies (short stories, essays, poems, plays).
3. Research and Innovation - preparation of research papers, policy briefs and quarterly reports and innovative strategies such as the NCD365 app; boardgames; NCD training module for schools and communities; Africa NCD Podcast.
4. Impact
 - 2,019+ train the trainer online courses,
 - 28 medical camps reaching 232,612 people,
 - 1,360 books on NCDs distributed to schools,
 - 67 schools and colleges engaged,
 - 10 other African countries involved together with 56 partners.

Stephen concluded that young people are doing innovative and creative work and the Commonwealth governments should reach out to them to empower and support the organisations that young people are involved in.



Dorcas Gwata is a globally recognised, innovative mental health and public health nurse clinician, researcher, advisor and leader.

Dorcas has the lived experiences of a hospital cleaner who became an award-winning nurse, a global health consultant, and climate change advocate.

Dorcas' presentation was about innovation in tackling youth violence. Dorcas said that innovation can come from the most unlikely places. She learned through her work with youth gangs in Westminster, London, that health and wellbeing professionals need to be open to, and become, more innovative to engage constructively with young people, particularly young people coming from a background of deep inequalities.

Dorcas said when working in HIV services, they had to learn to work with what they had and not what they did not have. In the absence of psychiatrist, psychologists, doctors and nurses, the Friendship Bench project used grandmothers as trained lay workers, working with and supervised by scarce professionals to successfully deliver moderately complex mental health interventions. Another innovation was the establishment of Global Health Cafés where young people could come together in a space of their own to discuss health and wellbeing issues of concern to them.

Dorcas also shared the success of health partnerships where there can be bidirectional cultural learning and a reciprocal exchange of skills, knowledge and experience on an equal footing.

Governments and health and wellbeing professionals, Dorcas said, needed to be aware of, and unpack unconscious bias about who owns knowledge, power and finances. Issues of engagement with young people need to empower young people to be involved in their own solutions, to take ownership. It is exciting, Dorcas said, to see what innovation looks like when young people lead and take care of their own vulnerabilities.

WHO 75th ANNIVERSARY

7 April 2023



On 7 April 2023 – World Health Day – the World Health Organisation celebrated its 75th anniversary. In 1948, countries of the world came together and founded WHO to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health and well-being.

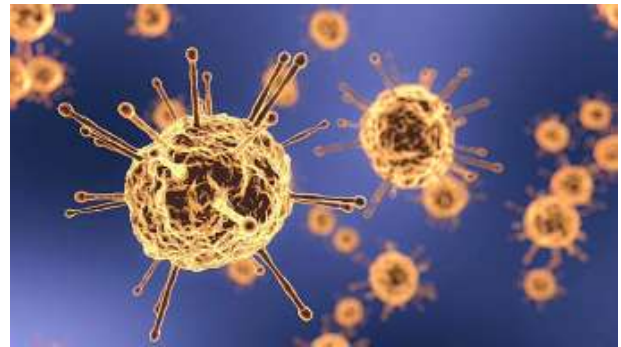
WHO's 75th anniversary year is an opportunity for the world to look back at the public health successes of WHO and its partners, that have improved quality of life during the last seven decades. It is also an opportunity to motivate action to tackle current health challenges.

The WHO theme for its 75th anniversary is *Health for All*. The WHO state that the right to health is a basic human right. Everyone must have access to the health services they need when and where they need them without financial hardship. COVID-19 and other health emergencies, overlapping humanitarian and climate crises, economic constraints, and war, have made every country's journey to Health For All more urgent. Now, WHO say, is the time for leaders to take action to meet their universal health coverage commitments and for civil society to hold leaders accountable.

<https://www.who.int/campaigns/75-years-of-improving-public-health>

WHO PANDEMIC DECLARATION

5 May 2023



The World Health Organisation (WHO) declared a public health emergency on 30 January 2020 in response to an increasing number of COVID-19 infections across the world. Over three years later, on 5 May 2023, the WHO declared the public health emergency over, pointing out however that COVID-19 is still a global health threat with COVID-19 causing the death of one person every three minutes in the week prior to the declaration.

The declaration means countries can transition from an emergency response to COVID-19 to managing the disease in the same manner as other infectious diseases. In making the declaration, the WHO Director-General warned that the COVID-19 virus is here to stay and that the risk remains of new variants emerging that cause new surges in cases and deaths.

The Director-General said being able to make the declaration was a time of celebration but also of reflection. Celebration due to the skill and selfless dedication of health and care workers; the innovation of vaccine researchers and developers; the difficult decisions governments have had to make; and the sacrifices that people across the world have made as individuals, families and communities to keep each other safe. And reflection, because COVID-19 has left, and continues to leave deep scars on our world, where a lack of coordination, equity and solidarity led to unnecessary deaths and suffering.

Another pandemic seems inevitable. Whether the world has learned anything from COVID-19 remains to be seen.

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing---5-may-2023>

COVID-19 ACROSS THE COMMONWEALTH

11 March 2023

Johns Hopkins University

<https://www.arcgis.com/apps/dashboards/bda7594740fd40299423467b48e9ecf6>

Country	Cases	Deaths	Case Fatality Ratio %
Tuvulu	2,805	0	0.00
Nauru	5,393	1	0.02
Singapore	2,235,294	1,722	0.08
Tonga	16,810	13	0.08
Brunei Darussalam	279,661	225	0.08
New Zealand	2,236,114	2,550	0.11
Vanuatu	12,014	14	0.12
Maldives	185,738	311	0.17
Australia	11,401,996	19,578	0.17
Samoa	16,607	29	0.17
Cyprus	650,685	1,330	0.20
Seychelles	50,665	172	0.34
Mauritius	296,042	1,044	0.35
Kiribati	5,014	18	0.36
Dominica	15,760	74	0.47
Barbados	106,798	579	0.54
Solomon Islands	24,575	153	0.62
Gabon	48,981	306	0.62
Malta	117,610	828	0.7
St Kitts and Nevis	6,597	47	0.71
Malaysia	5,044,718	36,967	0.73
Botswana	329,758	2,801	0.85
Togo	39,396	290	0.74
Ghana	177,229	1,462	0.85
United Kingdom	24,658,705	220,721	0.90
Mozambique	233,214	2,242	0.96
Belize	70,757	688	0.97
Rwanda	133,194	1,468	1.1

Country	Cases	Deaths	Case Fatality Ratio %
Canada	4,617,095	51,720	1.12
Zambia	343,135	4,057	1.18
Nigeria	266,598	3,155	1.18
India	44,690,738	530,779	1.19
Grenada	19,680	238	1.21
Fiji	68,898	883	1.28
St Vincent & Grenadines	9,589	123	1.28
St Lucia	30,004	409	1.36
Papua New Guinea	46,825	670	1.43
Bangladesh	2,037,871	29,445	1.44
Cameroon	124,392	1,965	1.58
Antigua and Barbuda	9,106	146	1.6
Sierra Leone	7,760	126	1.62
Kenya	342,937	5,688	1.66
Guyana	171,229	1,298	1.78
eSwatini	74,267	1,425	1.92
Pakistan	1,577,411	30,644	1.94
Tanzania	42,906	846	1.97
Lesotho	34,796	723	2.08
Uganda	170,544	3,630	2.13
Bahamas	37,491	833	2.22
Jamaica	154,416	3,514	2.28
Trinidad & Tobago	189,918	4,355	2.29
Namibia	171,156	4,090	2.39
Sri Lanka	672,039	16,830	2.50
South Africa	4,067,067	102,595	2.52
Gambia	12,598	372	2.95
Malawi	88,707	2,686	3.03

The table above, from Johns Hopkins University, orders the countries of the Commonwealth by case fatality rate. Johns Hopkins stopped collecting and reporting on data 11 March 2023. According to the data, Malawi had the highest case fatality rate across the Commonwealth, with Tuvalu having the lowest. Case fatality can be influenced by many factors, such as: geographic spread and age of population; availability, spread and sophistication of health services; number of health personnel; and general health of the population. Another important factor is the accuracy of the data. The WHO Director General in his statement declaring the pandemic no longer a global emergency, said that while almost 7 million deaths had been reported, the real toll is likely to be at least 20 million. So, a lot of unreported data which might tell a very different story.

The *Lancet* Commission on lessons for the future from the COVID-19 pandemic

The *Lancet* Commission has published a comprehensive investigation, analysis and response to COVID-19 which should be compulsory reading for all governments and health care professionals.

The Executive Summary states: "The staggering death toll is both a profound tragedy and a massive global failure at multiple levels. Too many governments have failed to adhere to basic norms of institutional rationality and transparency; too many people, often influenced by misinformation, have disrespected and protested against basic public health precautions; and the world's major powers have failed to collaborate to control the pandemic.

The Commission lists the following ten failures:

1. the lack of timely notification of the initial outbreak of COVID-19;
2. costly delays in acknowledging the crucial airborne exposure pathway of the virus, and in implementing appropriate measures to slow the spread of the virus;
3. lack of coordination among countries regarding suppression strategies and border closures;
4. the failure of governments to adopt best practices for controlling the pandemic;
5. the shortfall of global funding for low-income and middle-income countries;
6. the failure to ensure adequate global supplies and equitable distribution of key commodities, such as protective gear, diagnostics, medicines, medical devices, and vaccines, particularly for low-income and middle income countries;
7. the lack of timely, accurate, and systematic data on infections and deaths;
8. the poor enforcement of appropriate levels of biosafety regulations in the lead-up to the pandemic;
9. the failure to combat systematic disinformation; and
10. the lack of global and national safety nets to protect populations experiencing vulnerability.



The Commission found that countries with universal health coverage and health systems centred around primary health care, were able to scale up emergency services for patients with COVID-19, while continuing to ensure quality health care for health needs unrelated to the pandemic.

The Commission makes a number of recommendations to finally control and understand the COVID-19 pandemic and for countries to make the necessary investments to strengthen the first line of defence against emerging infectious agents by strengthening health systems and widening universal health coverage.

Their concluding paragraph is sobering reading. They say that the "COVID-19 crisis has exposed major weaknesses in the UN-based multilateral system, resulting from excessive nationalism; tensions among the major powers; chronic underfinancing of global public goods, including the UN system itself; lack of flexibility of intellectual property regimes to ensure that global public goods are available to all; lack of adequate sustainable development financing for LMICs; and the erosion of political support for multilateral solutions by the major powers.

"Despite major efforts to stimulate recovery and a just transition to sustainable development, the lack of ambition in the global response to COVID-19 is like that of other pressing global challenges, such as the climate emergency; the loss of global biodiversity; the pollution of air, land, and water; the persistence of extreme poverty in the midst of plenty; and the large-scale displacement of people as a result of conflicts, poverty, and environmental stress."

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01585-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01585-9/fulltext)

DEVELOPING STANDARDS AND SCOPES OF PRACTICE

The CNMF has just concluded a five year project supporting five health professional regulatory Councils in Cambodia to develop standards of practice and a scope of practice for each of the regulated professions: midwives, nurses, pharmacists, dentists and medical practitioners. The project came about as a result of similar work the CNMF had undertaken with nursing and midwifery regulatory bodies in Africa.



Midwives were the focus of the first year of the project with a midwifery reference group developing and endorsing a framework for the standards and scope of practice. The framework, which was developed following broad consultation, and an examination of the global literature, had six domains:

- Clinical
- Legal, Ethical and Professional
- Leadership, management and administration
- Communication, collaboration and advocacy
- Teaching and learning
- Research, innovation and quality improvement.

Each domain had several subdomains. Standards and a scope of practice were written, modified by the midwifery reference group to ensure they reflected current practice in Cambodia, and endorsed by the profession.

The development of standards of practice and a scope of practice for nurses occupied the second year of the project. At a two day workshop, the nursing reference group were provided with a range of existing regional and international frameworks and tasked with developing a framework which reflected nursing practice in Cambodia. The domains they agreed on for framework they chose was that of the midwives.

The nursing profession in Cambodia already had a set of standards which, being over five years old, no longer fully reflected nursing work in Cambodia. These standards were reviewed and incorporated into the revised standards where appropriate. Before the nursing project could be completed, the world was engulfed with COVID-19 and country lockdowns prevented in-country consultation.

If there was one benefit from the pandemic and country lockdowns, it was learning to effectively use digital technology for communication and to continue working. Work continued on the nursing standards and scope of practice using Zoom technology. Once the standards and scope of practice for midwives and for nurses was endorsed by the profession they were submitted to the Ministry of Health for approval and broader dissemination.



The successful completion of the project for midwives and nurses, led to a request from the other three regulatory Councils for support to develop similar documents for pharmacists, dentists and medical practitioners.

Each of the three health professional Councils agreed to use the same domains with some variation in the subdomains. There was recognition across the Councils that, apart from the Clinical domain, there were certain standards that all health professionals needed to be aware of and adhere to.

The Scope of Practice documents outlined the scope of practice for each subset or class of practitioners in the particular profession from beginner to expert, generally based on level of qualification: for midwifery and nursing the differentiation was between certificate, diploma and degree midwives and nurses. The Clinical Domain showed the greatest differentiation reflecting the different roles of the various professions.

Midwifery Clinical Subdomains

- Preconception care and care in the community
- Antenatal care
- Labour and birthing
- Postnatal care
- Neonatal care
- Abortion care
- Documentation and record keeping
- Infection prevention and control
- Emergency preparedness and response
- Health informatics

Nursing Clinical Subdomains

- Assessment
- Diagnosis
- Planning
- Implementation
- Monitoring
- Evaluation
- Health promotion and illness prevention
- Documentation and record keeping
- Infection prevention and control
- Emergency preparedness and response
- Nursing informatics

Pharmacy Clinical Subdomains

- Client centred care and services
- Health screening services
- Provision of prescribed medicine and therapeutic over the counter health products
- Provision of traditional medicine
- Provision of medical devices and equipment
- Provision of healthcare, lifestyle, dietary and food supplements, hygiene and pharmaceutical products
- Compounding medicines
- Provision of first aid
- Pharmacovigilance and reporting
- Documentation and record keeping
- Infection prevention and control
- Emergency preparedness and response.

Dental Clinical Domain Subdomains

- Client and patient centred care
- Assessment
- Diagnosis
- Oral and dental care treatment plan
- Clinical management, monitoring and evaluation
- Documentation and record keeping
- Infection prevention and control
- Emergency preparedness and response

Medical Clinical Subdomains

- Client centred care
- Prevention
- Health screening
- Consultation and assessment
- Diagnosis
- Prescribing
- Care and treatment plans
- Clinical management, monitoring and evaluation
- Care and treatment of individuals with special needs
- Delegation, referral and handover
- Management of risk
- Documentation and record keeping
- Infection prevention and control
- Provision of minor surgery and first aid
- Emergency preparedness and response

There was very little differentiation between the professions for the subdomains of the other domains, reinforcing the commonality between the respective health professions.

Leadership and Management

- Leadership
- Management and administration
- Supervision
- Occupational health and safety

Legal, ethical and professional practice

- Legal practice
- Ethical practice
- Professional practice

Communication, collaboration and advocacy

- Communication
- Collaboration and cooperation
- Advocacy

Teaching and Learning

- Teaching
- Learning

Research, innovation, quality management

- Research
- Innovation
- Quality Management

The Standards of Practice were the same across all practitioners in the profession, although slightly different between professions, with different performance indicators to demonstrate the achievement of the standards for each level of practitioner.

Similar to the Scope of Practice, the Standards of Practice linked to the same domain framework:

Standards of:

- Clinical practice
- Legal, Ethical and Professional practice
- Leadership, management and administration
- Communication, collaboration and advocacy
- Teaching and learning
- Research, innovation and quality improvement.

The five year project had some significant achievements. The Ministry of Health became interested and involved in the development of the Scope and Standards. The five regulatory Councils started to work more closely together, recognising their shared commonality by embracing a common framework.

The methodology of the consultant working closely with a representative technical working group (TWG) from the profession, nominated by the Council and endorsed by the Ministry, worked well, especially when in-country visits became impossible because of COVID-19 country lockdowns. Working with the TWGs using Zoom technology meant working for one to two hours every week or fortnight which allowed the development of a closer relationship and the TWG having a vested interest in and ownership of the work. This was particularly important as the TWG reported back to the broader profession on the progress of the work.

The Scope of Practice and Standards of Practice for each of the five health professions have now been completed and endorsed by the profession and approved by the Ministry of Health. This is a great achievement for the health professions in Cambodia.

The Safe Delivery App

<https://www.maternity.dk/safe-delivery-app/>



The Safe Delivery App is a free smartphone application that provides midwives and other health care workers with instant access to life-saving, evidence-based guidelines on how to handle childbirth and the most common complications related to birth and pregnancy.

The App was developed by the Maternity Foundation, University of Southern Denmark, and the University of Copenhagen and is regularly reviewed and updated.

The App covers the most common pregnancy and childbirth related complications and includes simple animated instruction video guides on how to address problems such as prolonged labour, hypertension and maternal sepsis. It also has step-by-step instructions on the manual removal of placentas, resuscitation of newborns and prevention of infection.

The App's *My Learning* platform allows users to practice and test their knowledge interactively and in their own time and at their own pace. Features include quizzes, descriptions of practical procedures and drug lists.

The App can be downloaded from the Apple App Store or Google Play. Once downloaded, it can be used offline, so midwives and other health workers in even the most remote settings can always refer to it.

The Health Newborn Network which is owned by Save the Children advise that the Safe Delivery App has been downloaded more than 270,000 times and is being used widely across Africa and South Asia.



Commonwealth Nurses
and Midwives Federation

www.commonwealthnurses.org