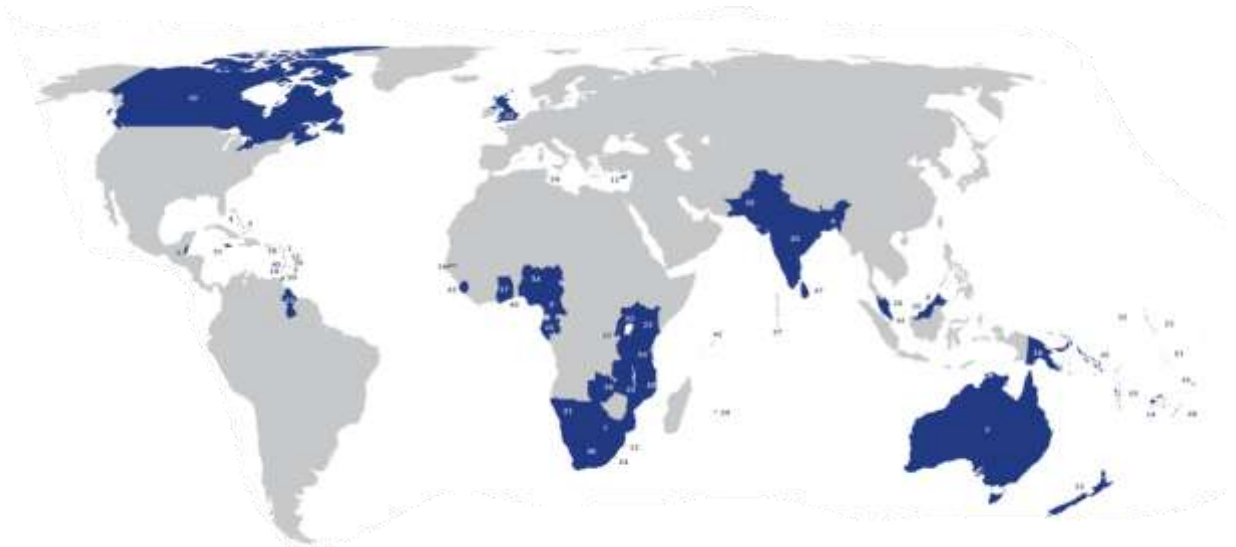


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**Building Resilience in Health Care Across the Commonwealth**

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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

The 26<sup>th</sup> Biennial Meeting of Members is being held on 26<sup>th</sup> September 2025, hosted by the Malta Union of Midwives and Nurses. This will be our first face to face meeting since the COVID-19 pandemic. I know all CNMF members and friends are looking forward to being able to meet again in person, and I hope your plans are well underway to be with us in Malta. The agenda for the Biennial Meeting and all the papers will be available on the CNMF website.

The Biennial Meeting of Members is the decision making body of the CNMF. The CNMF Board has not recommended any changes to the CNMF Constitution, however the draft CNMF Strategic Directions will be presented for endorsement. This document guides CNMF activities for the next two years.

The CNMF has also announced that the 6<sup>th</sup> Commonwealth Nurses and Midwives Conference will also be held in Malta 27-28<sup>th</sup> September 2025 and the Call for Abstracts can be found on page 15. Abstracts close on 31 May so it is important if you are submitting an abstract that you do so by 31 May.

This conference will be the first we have held outside of London, UK. CNMF members gave us a clear direction in their evaluation of previous conferences that they would like the conferences to rotate around CNMF regions. The Malta Union of Midwives and Nurses (MUMN) have very generously offered to co-host this conference in Malta, so our first rotating conference will be held in the CNMF Europe region. We hope co-hosting will serve as a model for future conferences and we are very grateful to MUMN for the wonderful support they are providing with such enthusiasm and good humour.

The theme for the conference is *Health for All ... nurses and midwives, meeting the challenge, showing the way*. We all face many challenges on a daily basis, not just as nurses and midwives but in our personal life also, and in our lives as global citizens. The COVID-19 pandemic is behind us, however the uncertainty of climate change and more frequent extreme weather events combined with internal and external conflicts and wars remain very stressful. Nurses and midwives are frequently first responders in emergencies and disasters which is another challenge. Our thoughts are with all nurses and midwives who are exposed to emergencies, or disasters, or conflicts that you remain safe. We are proud of and grateful for what you do.

In this issue is an update report about the major oral health project the CNMF has been involved in since late 2022, partnering with C3 Collaborating for Health and the World Continuing Education Alliance. This project, funded by Colgate Africa, has been amazingly successful and has demonstrated the need for better oral health education for nurses and midwives; their eagerness to embrace online learning; and their enthusiasm for the oral health course. It is to be hoped that the learning will translate into changes in practice so that oral health promotion and practice becomes an integral part of daily care.

Also in this edition, we bring you a report of the 2024 Commonwealth Civil Society Policy Forum (CCSPF) which was held online in March. The CCSPF each year addresses a particular theme from a civil society perspective and generates recommendations to be presented to Commonwealth Health Ministers at their annual meeting in Geneva on the eve of the World Health Assembly. The Commonwealth Health Ministers meeting is an important opportunity for issues of concern for Commonwealth civil society to be raised.

The CCSPF is hosted by the Commonwealth Health Professions and Partners Alliance (CHPA) which is an alliance of Commonwealth accredited health and wellbeing organisations. The CNMF is a founding member of the CHPA and serves on its Executive Committee.

## Oral Health for Nurses and Midwives Progress Report March 2024

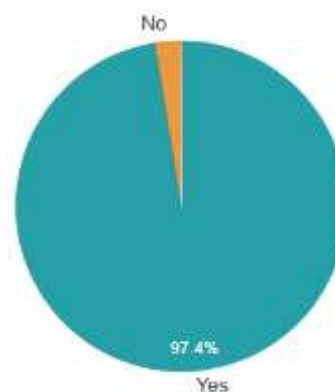


In late 2022, Colgate partnered with C3 Collaborating for Health (C3), the Commonwealth Nurses and Midwives Federation (CNMF), and the World Continuing Education Alliance (WCEA) to provide a continuing professional development module on oral health for nurses and midwives. The initiative was part of Colgate's *Bright Smiles, Bright Futures* Program.

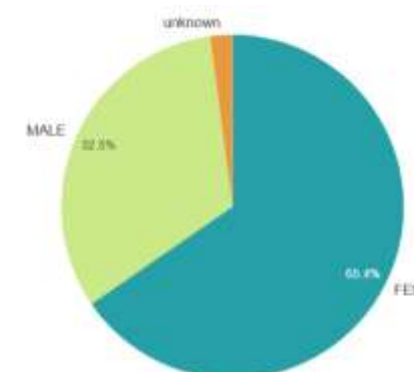
The development of the CPD module for nurses and midwives links directly to the World Health Organisation initiatives on oral health. The World Health Assembly at their 74<sup>th</sup> session in 2021, approved a resolution on oral health<sup>1</sup> which recommends a shift from the traditional curative approach toward a preventive approach and the inclusion of oral health promotion and prevention interventions in universal health coverage programs and essential health packages.

At the 2022 World Health Assembly, WHO member states endorsed the following vision for oral health: *To achieve universal health coverage for oral health for all individuals and communities by 2030*. A global oral health strategy was approved by the WHA<sup>2</sup> and a draft Global Oral Health Action Plan<sup>3</sup> released in January 2023.

The CPD module, *Oral Health for Nurses and Midwives* was launched 23 April 2023 in Africa. By 10 March 2024, there were 7,339 course completions: 6,976 pass and 363 fail, a 95% completion rate. There was a 19.26% improvement rate between pre- and post-test results, while 97.4% of the 6,976 participants who had passed the course stated they would be able to use their learning in their daily practice (see diagram below).



Of those who successfully completed the course, 65.4% (n=4,560) identified as female; 32.5% (n=2,270) as male; and 2.1% (n=146) did not respond to this question.



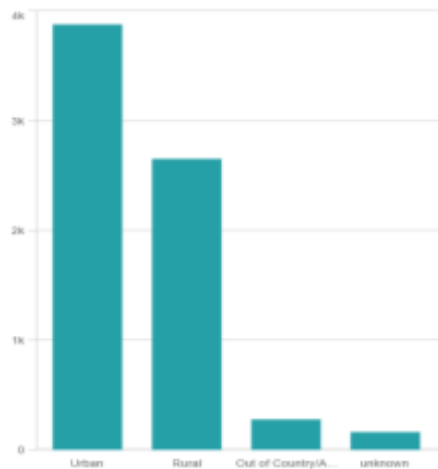
Of those successfully completing the module, 43.5% (n=3,3032) as registered nurses; 17.5% (n=1,223) identified as midwives; 9.3% (n=651) as working in the community; 8.8% (n=617) as specialist nurses; 8.0% (n=560) as administrators or managers; 7.9% (n=555) as enrolled nurses; 3.6% (n=249) as nurse practitioners; 1.0% as nurse educators or researchers; and 0.4% as students.

<sup>1</sup> <https://www.who.int/news/item/27-05-2021-world-health-assembly-resolution-paves-the-way-for-better-oral-health-care>

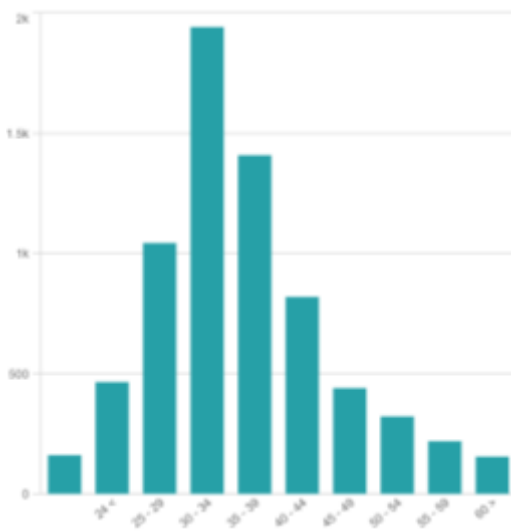
<sup>2</sup> WHO 2022 Global Oral Health Strategy available from [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_10Add1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf)

<sup>3</sup> WHO 2023 Global Oral Health Action Plan available from <https://cdn.who.int/media/docs/default-source/ncds/mnd/oral-health/eb152-draft-global-oral-health-action-plan-2023-2030-en.pdf>; [https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-\(2023-2030\)](https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-(2023-2030))

Of those successfully completing the module, 55.6% (n=3,880) worked in urban areas; 38.0% (n=2,650) worked in rural areas; 4.0% were from outside Africa; and 2.4% (n=167) did not respond to this question.



The majority of participants who successfully completed the module were in the 30-39 year aged group (48.0% n=3,351), followed by those <24-29 (21.6% n=1,505); 40-49 (18% n=1,259); 50-59 (7.8% n=542); and >60 (2.2% n=155), with 2.4% (n=164) not responding to this question.



The majority of participants who successfully completed the module were from the public sector (55.5% n=3,870). The remainder were from the private sector (11.3% n=785); academia (9.5% n=661); faith based sector (4.7% n=331); non-government sector (2.8% n=199); profession association (1.5% n=108); military sector (1.1% n=74); with 11.0% (n=765) nominating 'other', and 2.6% (n=183) not responding to this question.

Successful completions were spread right across Africa. Botswana had the highest number of successful completions (n=1560), followed by Ghana (n=1,470); Kenya (n=1,110); Nigeria (n=972); Ethiopia (n=785); Rwanda (n=522); and Tanzania (n=173). Of the remainder, Malawi (n=94); Mauritius (n=51); Uganda (n=40); Zambia (n=35); Lesotho (n=32); Seychelles (n=10); Zimbabwe (n=15); Sierra Leone (n=8); South Africa (n=8); eSwatini (n=7); and Namibia (n=4); with 80 successful completions from outside of Africa.

The module is evaluated over eight criteria by participants who have successfully completed. The evaluation of those who agreed or strongly agreed was 98.05%.

Some participant comments appear below:

- *The module was well presented with appropriate pictures and examples.*
- *I have learned a lot about oral health and it has impacted positively on my attitude to oral health. Kudos to the team that put this together.*
- *The module was user friendly and very comprehensive.*
- *Five stars.*
- *Really impressed with the module: background, illustrated pictures, diagrams and tables. Good work. Truly appreciated.*
- *The module is rich in its content and the diagrams were very helpful in understanding the course.*
- *This is by far the most informative text I have read on oral health.*
- *Excellent educational resource.*
- *Beautiful presentation. I like the way of teaching.*
- *Impressive. The content is rich and up to date and presented in a way that is amazingly easy to understand and follow.*
- *The short quiz under each module is very useful in testing one's understanding of the module before moving to the next. Excellent.*



## The Link between Oral Health and General Health

### - what is the evidence –

#### OUR MOUTH IS THE DOORWAY TO OUR BODY

One of the ways bacteria, both harmful and harmless, enter our body is through our mouth: when we breathe; when we eat; or when we touch our mouth with our hands or other objects. The oral cavity has the second largest number of bacteria of any area of our bodies. The temperature inside our mouths, the neutral nature of our saliva, and the constant supply of nutrients from the food we eat provides the ideal environment for bacteria to thrive.

If we do not clean our teeth after eating and drinking, particularly after sugary food and drink, the bacteria in our mouth feed on the food particles and turn them into acids which can damage our teeth and gums. Over time, if left untreated, this leads to dental caries and gum disease.

Early dental caries and gum disease (gingivitis) can be prevented or successfully treated. If not treated however, it can develop into periodontitis and become much more serious. Periodontitis is a major disease and requires treatment. The inflammation of periodontitis has been linked to the development of other systemic diseases such as type 2 diabetes, cardiovascular disease, respiratory disease, neurological diseases such as dementia, and adverse pregnancy outcomes.



Most oral diseases can be prevented with a simple but effective daily oral hygiene routine – cleaning teeth twice daily for two minutes with a fluoride toothpaste if available. Severe oral diseases however are more difficult and costly to treat.

#### IMPACT OF ORAL DISEASES ON OTHER PARTS OF OUR BODY

If oral diseases such as periodontitis are left untreated, the chemicals from the local inflammation can spread through our blood stream to other parts of our body. This is called systemic inflammation which means inflammation affecting other body systems such as our pancreas, heart, lungs and brain.

Additionally, the multiplying harmful bacteria in our mouth can also spread through our blood stream to other parts of our body. This is called systemic bacteraemia which means excessive harmful bacteria in our body. Systemic inflammation and systemic bacteraemia can not only cause disease in other parts of our body, but can exacerbate (make worse) diseases which are already present.

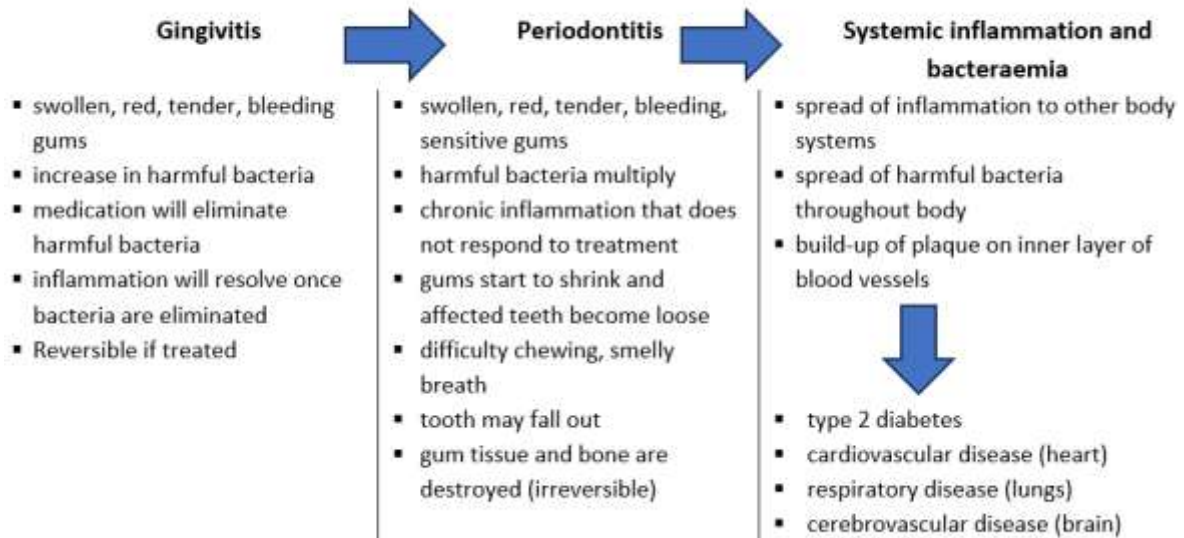
#### THE LINK BETWEEN ORAL DISEASES AND OTHER DISEASES

There has been a lot of research over many years which link oral diseases such as periodontitis with serious diseases such as diabetes, cardiovascular disease (heart), respiratory disease (lungs) and cerebrovascular disease (brain). The way that oral diseases such as periodontitis link to diseases in other parts of our body is shown in the diagram from King et al (2022) and on the following page.

The chemicals from local inflammation released when our body responds to local disease in our mouth, enter our blood stream and affect other body systems such as our pancreas, heart, lungs and brain. The multiplying harmful bacteria from local disease in our mouth also enter our blood stream and spread throughout our bodies. Some of the disease that are linked to periodontitis, such as diabetes, cardiovascular disease, respiratory diseases, cerebrovascular diseases, and gestational diabetes are briefly explained further below.

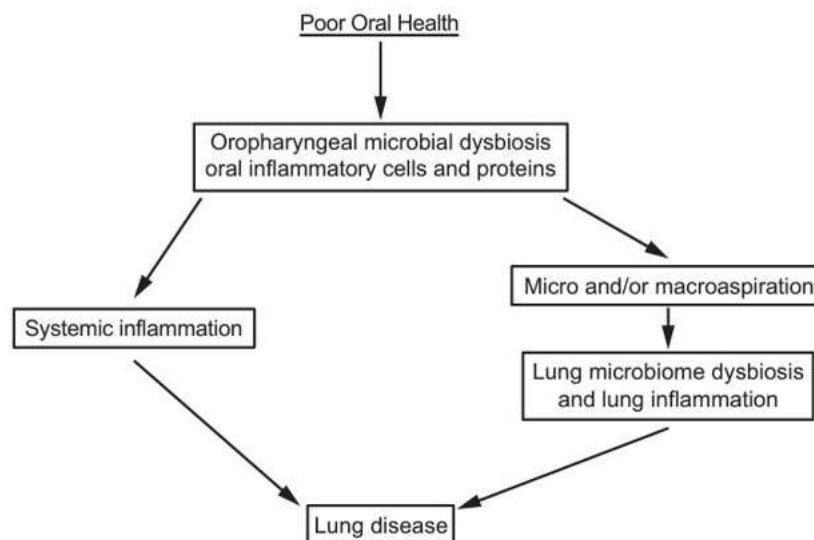
The underlying message is the role nurses and midwives can play in promoting oral health care to prevent the development of periodontitis and exacerbating other debilitating and preventable general health conditions.

## HOW LOCAL DISEASE CAN SPREAD



King et al 2022 p.200

## THE IMPACT OF ORAL HEALTH ON LUNG HEALTH



Gaeckle et al 2020

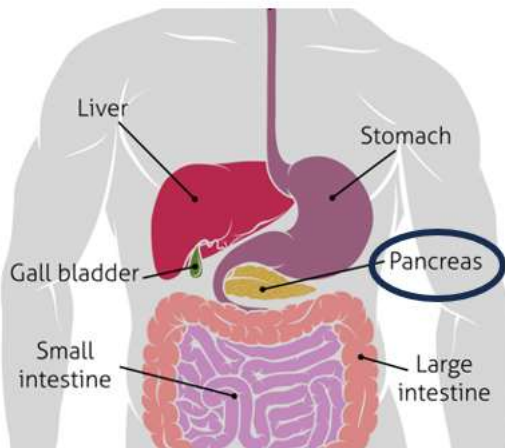
### (a) Diabetes

Diabetes is a disease where the glucose (sugar) in our blood is too high. There are different types of diabetes:

- Type 1 diabetes is when your pancreas does not produce insulin, or not enough insulin, to break down the glucose (sugar) in your blood for use as energy.
- In type 2 diabetes, our body stops using the insulin produced by our pancreas properly, which can lead to high levels of blood sugar. Over time, type 2 diabetes can cause serious damage to our body, especially to nerves and blood vessels.

- When pregnant women develop high levels of glucose in their blood during their pregnancy it is called gestational diabetes.
- Pre-diabetes is when our blood sugar is higher than it should be, but not high enough for a diagnosis of type 2 diabetes.

Our pancreas has two roles: it produces enzymes which help to digest our food, particularly protein; and it produces the hormone insulin which helps to control blood sugar.



Research has demonstrated from many studies that if inflammation and bacteria from oral diseases spread throughout our bodies, we are more likely to develop type 2 diabetes than someone who does not have inflammation and bacteria spread from oral diseases. Research has also shown that people with periodontitis are more likely to have type 2 diabetes, and also that people with type 2 diabetes are more likely to have periodontitis.

Type 2 diabetes is a chronic illness that can have very serious consequences such as problems with vision (retinopathy); reduced blood supply to our feet which can lead to amputation if not treated; heart attack and stroke; problems with our kidneys (nephropathy); nerve damage (neuropathy); and mental health issues.

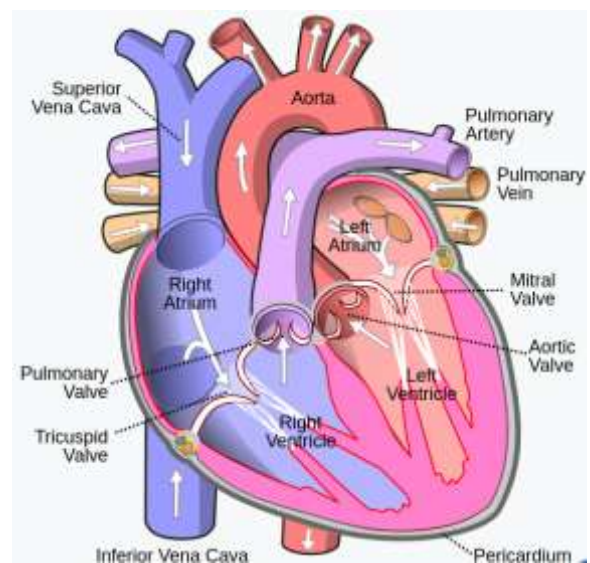
### (b) Cerebrovascular diseases

Recent research studies have linked the oral disease periodontitis to the development of dementia and Alzheimer's disease. The studies found that older people with periodontitis were more likely to develop dementia and Alzheimer's disease than those people who did not have periodontitis.

The studies also found that older people with dementia and Alzheimer's disease were more likely to have periodontitis than older people who did not have either disease. The way that periodontitis is thought to be linked to the development of dementia and Alzheimer's disease is through systemic inflammation and systemic bacteraemia. Older people, particularly those in institutions and those with dementia, have a very high incidence of oral hygiene neglect.

### (c) Cardiovascular diseases

The systemic inflammation and systemic bacteraemia from severe gum disease (periodontitis) can affect the valves in our heart which regulate the flow of blood between the upper chambers in our heart (atrium) and the lower chambers (ventricles). When the valves of our heart are not healthy, blood flow from our hearts to our lungs and to the rest of our bodies is affected. Systemic inflammation and systemic bacteraemia from severe gum disease can also cause plaque to build up on the inside walls of our blood vessels reducing blood flow through the blood vessels which can cause a blockage in the blood vessels.

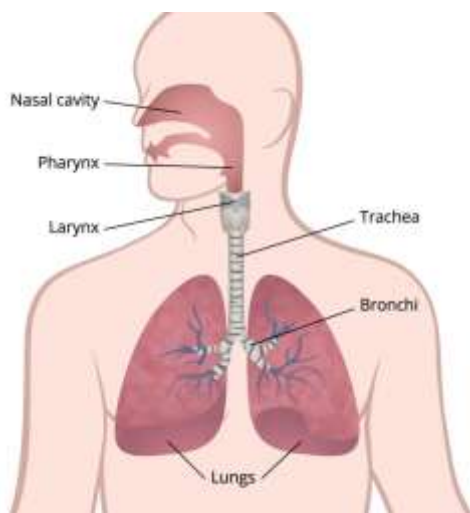


### (d) Oral cancer

Poor oral hygiene, a high sugar intake, all forms of tobacco use, and harmful intake of alcohol are all risk factors for oral cancer as they can lead to the development of local inflammation and high levels of bacteria in our mouth. In many countries, there are not many oral health professionals or oral health services so access is difficult and costly. Oral cancers have a high morbidity and mortality. Death rates for men are more than double those for women, linked to the higher rates of tobacco use among men. A healthy daily oral hygiene routine, having a dental or health professional check inside your mouth for any sign of disease is also important, as well as eliminating or reducing risk factors such as a high sugar intake, all forms of tobacco use, and harmful intake of alcohol.

### (e) Respiratory diseases

Research studies have linked severe gum disease with lung diseases such as pneumonia. You can see from this picture that the air we breathe through our nose and mouth can travel directly to our lungs. Bacteria from infections in our nose or mouth can cause infection in our lungs. Our lungs can also be affected by local inflammation and local bacteria travelling through our blood stream and affecting other parts of our body, including our lungs. The diagram by Gaeckl et al (2020) on the preceding page shows how systemic inflammation can directly affect our lungs but lungs can also be affected by micro and macro aspiration of bacteria through our nose and mouth (Gaeckle et al 2020).



### (f) Pregnancy

Oral health is particularly important during pregnancy. Pregnant women should be encouraged to adopt a daily oral hygiene routine. This protects them from developing oral diseases such as gingivitis or periodontitis. For women planning a pregnancy, a dental checkup before conception or very early in the pregnancy is recommended. Any dental issues can then be dealt with before they become more serious. During pregnancy, changes in hormone levels can make gums more sensitive to the bacteria in the mouth, making it easier for gums to become inflamed and infected. Gingivitis if left untreated can quickly develop into periodontitis which is associated with adverse pregnancy outcomes such as preeclampsia, preterm birth, and gestational diabetes, as well as poor outcomes for the neonate.

Research has found that:

- Pregnant women with periodontal disease are at increased risk of developing preeclampsia and delivering a preterm and/or a low birthweight baby.
- Treatment of periodontitis has a 'reducing impact' on adverse pregnancy outcomes.
- The association between adverse pregnancy outcomes and periodontitis was due to the transport of biofilm bacteria into the bloodstream and subsequently the placental tissue and that the most frequent consequences of periodontitis in pregnant women were preterm birth, low birthweight, preeclampsia, and perinatal mortality.
- Periodontitis is associated with a statistically significant increased risk for gestational diabetes mellitus (GDM) compared with women without periodontitis.
- Bacteria in the mouths of pregnant women with GDM is unique from that of healthy pregnant women with the majority of the alterations found pointing to a pro-inflammatory environment with high levels of bacteria associated with periodontitis.

### IMPACTS OF ORAL DISEASE

Untreated oral disease can result in social and mental consequences also. Dental caries, gingivitis, periodontitis and tooth loss can be unsightly which impacts on self-confidence and self-esteem, often leading to reduced social interaction, isolation or even stigmatization. Severe untreated oral diseases can have a negative impact on school attendance; educational achievements; employment opportunities; and reduced productivity at work.

There are many reasons to keep our mouths healthy: our teeth can last us all our lives if we look after them; having all our teeth helps to maintain the shape of our face; we can eat and chew our food comfortably; we can talk comfortably; we can smile and laugh confidently; we do not have smelly breath; we do not have pain or discomfort that disturbs our sleep; we do not lose time at school or work because of toothache; disease in our mouth will not cause disease elsewhere in our bodies; and a healthy mouth costs less money to look after than an unhealthy one.

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## 2024 Commonwealth Civil Society Policy Forum

*Actionable Solutions to building resilience in health care systems within the Commonwealth, with an emphasis on small and vulnerable states.*



The 2024 Commonwealth Civil Society Policy Forum (CCSPF) was held online on Thursday 7 March 2024. Each year, the Commonwealth Health Professions and Partners Alliance (CHPA) hosts the CCSPF, which is an important opportunity for influencing health and wellbeing policy and practice on behalf of the practitioners the CHPA represents, and the citizens of the Commonwealth to whom CHPA members provide care.

Recommendations from the CCSPF are directly presented to the annual Commonwealth Health Ministers meeting which takes place prior to the World Health Assembly. Commonwealth civil society organisations bring a unique perspective to the deliberations of Commonwealth Health Ministers, and it is important their voice is heard.

The CCSPF is hosted by the CHPA, an alliance of Commonwealth accredited associations representing health and social service workers. Members of the CHPA work together to amplify the voice of Civil Society on issues relating to the health and wellbeing of the people of the Commonwealth. They aim to efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of practice and equity in access to health and social care for the people of the Commonwealth.

The theme of the CCSPF 2024 was 'Actionable Solutions to Building Resilience in Healthcare Systems within the Commonwealth, with an Emphasis on Small and Vulnerable States'. The objectives of the CCSPF 2024 were to:

- Raise awareness of the impact of climate change and natural disasters on health, and of current health workforce challenges across the Commonwealth, particularly in small and vulnerable states.
- Create dialogue within Civil Society around these challenges, share best practices, and agree on potential ways to address priorities by leveraging the Commonwealth network.
- Develop actionable recommendations to address these issues for presentation at the 2024 Commonwealth Health Ministers Meeting, to support building resilience in healthcare systems throughout the Commonwealth.

An online survey was conducted prior to the CCSPF. The main purpose of the survey was to gather views and opinions on the draft recommendations to inform the 2024 policy report to Commonwealth Health Ministers. A total of 94 responses were received. The majority of respondents agreed with all the key challenges identified and proposed recommendations (over 98% across all recommendations).

In keeping with the theme, and the objectives of the forum, speakers placed an emphasis on the need for actionable solutions to build resilience in healthcare systems, address the impact of climate change and natural disasters on health, and the current health workforce challenges across the Commonwealth, particularly those affecting small and vulnerable states.

The Forum opened with welcome remarks from Rt Hon Baroness Patricia Scotland KC, Secretary General of the Commonwealth, and Dr Anne Gallagher AO, Director-General of Commonwealth Foundation. The welcoming address emphasized the importance of civil society's role in strengthening health systems, acting as a catalyst for change and to consider health care resilience as a global issue with global solutions through collective actions. The Forum was chaired by Professor Vajira Dissanayake, Chair of the Commonwealth Health Professions and Partners Alliance and nine invited speakers who responded to the forum objectives through presentations and panel discussions.

Together, the speakers explored these challenges with Civil Society members and agreed on potential ways to address priorities by leveraging the Commonwealth network. Health workforce challenges were a shared priority amongst all speakers, emphasizing the long-standing global shortage of healthcare workers but also a need to ensure ethical recruitment.

Four key areas were highlighted: planetary health; global health security in the world recovering from COVID-19; increasing migration of healthcare workforce; and increasing importance of equality, diversity and inclusion within the workforce. These four key areas will likely continue to have an impact on healthcare over the next generation. Civil societies need to work together to share knowledge including gathering health workforce data to monitor and understand the depth and breadth of the problem.

Task-shifting and sharing, community engagement, and innovations in technology were recognized as key principles to ensure sustainability of our health workforce and responsiveness to changing global health emergencies to ensure timely access to medicines and healthcare, particularly in relation to vulnerable populations. These principles need to be adopted and form the foundation of health systems prior to any health emergency or disaster. Health security, resilience and health efficiency for the population can only be improved when these elements are in place.

Six key recommendations were made and agreed upon at the policy forum. These recommendations from the Commonwealth form the backbone of our final recommendations to Commonwealth Health Ministers. The six actionable recommendations address the highest priority issues identified by Commonwealth civil societies for building resilience in healthcare systems throughout the Commonwealth.



## RECOMMENDATIONS

With the effect of climate change on health and the health workforce crisis being at the top of the global agenda, never has there been a more important time to come together and address these issues to help build more resilient healthcare systems for the people of the Commonwealth. The following recommendations were discussed:

### **Recommendation 1: Addressing the effects of climate change on health**

#### ***The challenge***

Climate change has resulted in disasters such as rising sea levels, an increased incidence of extreme weather and other major incidents which disproportionately affect vulnerable populations, in particular, women, children and those with disabilities. Poor air quality and heat stress, for example, have profound effects on physical and mental health, worsening non-communicable diseases such as asthma and heart conditions.

#### ***Recommendation***

CHPA recommends that the effects of climate change on health are prioritized in the development of all policies and resources, and collaborative education, adaptation and mitigation strategies are considered for building more resilient communities, with particular focus on vulnerable populations such as children, older people and people living with disabilities. Development partners are encouraged to support investment in building resilient healthcare facilities particularly in small island states.



## **Recommendation 2 Strengthening Health Emergency Capacities**

### ***The challenge***

Global events and conflicts have further added to the challenges faced by healthcare systems, the supply chain and the provision of safe and effective healthcare. Global warming is also creating additional opportunities for mosquito borne diseases and resistant pathogens to replicate more rapidly, adding to the burden of antimicrobial resistance and challenging human, animal and environmental health systems on a global scale.

### ***Recommendation***

CHPA recommends that, across the Commonwealth, preparedness plans are developed to ensure that timely, effective and sustainable responses can be successfully deployed in emerging disaster scenarios that might threaten the people of the Commonwealth. WHO benchmarks for Strengthening Health Emergency Capacities can facilitate the planning process. This includes supporting the Commonwealth Heads of Procurement Network, ensuring that policies, processes and procedures are created to support member countries to strengthen the resilience of supply chains for essential medicines and vaccines, and support services, and ensure access is maintained in disaster scenarios.

## **Recommendation 3 Leveraging workforce capability to support health across the whole life course**

### ***The challenge***

Resilient healthcare systems are critical to address the complex needs of a globally aging population, which is estimated to reach 1.4 billion by 2030, and 2.1 billion by 2050. Since 1990, healthcare has shifted toward a global growing burden from non-communicable diseases, which are also increasingly affecting younger people, requiring timely and continuous access to medicines and healthcare.

### ***Recommendation***

CHPA recommends that national action plans are established with a focus on prevention, early detection and effective disease management, to support communities to maintain their mental and physical health. This includes the deployment of health systems for health security approach, to ensure the workforce are capable and sufficient to deliver health service during emergencies; utilizing and maximizing the capability of the entire workforce, through innovation, task shifting and sharing; adequate resourcing to minimize worker migration; reducing the pressures on health and social services; collaborating with other sectors and leveraging on the strengths of all cadres of health workers, whilst keeping communities at the centre.

## **Recommendation 4 Bringing younger and older generations together**

### ***The challenge***

Evidence suggests that intergenerational learning encourages both young and older people to establish positive emotions, attitudes and values, fostering an understanding of learning and helping to narrow the generation gap. Families and communities in all Commonwealth countries survive and thrive thanks to intergenerational relationships, as evidenced in the care commitments of thousands of young carers.

### ***Recommendation***

CHPA recommends the creation of further opportunities for intergenerational interaction and learning across all sectors so that health workers and the communities they serve can learn together and support each other, with the goal of healthy communities throughout the whole life course. In the follow up to the year of the Youth, we commend the Commonwealth Young Carers Charter and suggest that 'One Health: One Commonwealth' could be used to bring generations together and unite them around a shared goal.

## **Recommendation 5**

### **Addressing sustainable availability and employment of healthcare workers**

#### ***The challenge***

Countries across the Commonwealth are experiencing a health workforce crisis. Evidence shows there is an increase in workforce attrition due to many factors including aging, resignations linked to burnout and poor mental health, incapacitation/death as a result of COVID-19, and global migration. Recruitment is also challenged due to a lack of training places, and competency-based programmes that develop the required knowledge and skills to meet current and future needs. Additionally, many health systems lack funds to employ sufficient numbers to meet the increasing demand on services, further exacerbating brain drain and brain waste.

#### ***Recommendation***

CHPA recommends working in collaboration with the civil society to revisit and further develop guidelines and policies around ethical recruitment from low- and middle-income countries, to ensure fairness and mutuality of benefit and minimizing brain waste and brain drain. This includes leveraging the Commonwealth network to create further opportunities to cooperate and strengthen health systems, including health exchange programmes and cross-country partnerships across all professions to boost local capacity and maximize skill sets. This also provides opportunities for bi-directional learning and upskilling, increasing workforce retention.

## **Recommendation 6**

### **Developing a resilient health workforce**

#### ***The challenge***

Evidence shows that up to 62% of health and social service workers experience some form of abuse throughout their career, with trends of increasing violence throughout the pandemic continuing. This has a significant negative impact on the mental and physical wellbeing of the existing workforce, and on the ability to attract people into health and care professions, thus reducing the resilience of health systems.



#### ***Recommendation***

CHPA recommends the establishment of multi-sectoral national and local evidence-based interventions, programmes and policies fostering safe, equitable and transparent work environments that support health and wellbeing, addressing recruitment policy and pay gaps and poor working conditions, and creating jobs that are inclusive and appealing to all generations. New strategies to address the chronic shortage of healthcare workers should be explored particularly in small islands and ensure that developed nations adopt ethical recruitment practices.

#### ***Summary and next steps***

The 2024 CCSPF emphasized the need for concrete actions to address climate change impacts, workforce challenges and healthcare system resilience, particularly in small and vulnerable states. The Forum agreed on a final six recommendations addressing climate change effects; strengthening health emergency capacities; leveraging workforce capability to support health across the whole life course; bringing younger and older generations together; sustainable access to healthcare workers; and developing a resilient health workforce. These recommendations, reflecting civil society priorities, will inform the Commonwealth Health Ministers meeting in enhancing healthcare resilience across the Commonwealth.

Video link CCSPF 2024:

[https://youtu.be/XINtOK\\_3ALk](https://youtu.be/XINtOK_3ALk)



6th Commonwealth Nurses and Midwives Conference  
in partnership with the Malta Union of Midwives and Nurses

## Call for Abstracts

 <p><b>CNMF CONFERENCE 2024</b> <b>HEALTH FOR ALL</b> Nurses and Midwives meeting the challenge – showing the way</p>	<p><b>DATE</b> Friday 27 and Saturday 28 September 2024</p> <p><b>LOCATION</b> InterContinental Hotel St Georges Bay, St Julian's, Malta</p>
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The 6th Commonwealth Nurses and Midwives Conference is being held in partnership with the Malta Union of Midwives and Nurses on Friday 27 and Saturday 28 September 2024 at the InterContinental Hotel, St Georges Bay, St Julian's, Malta.

The 6th Commonwealth Nurses and Midwives Conference is an opportunity, in an international forum, to 'show the way' you are meeting the challenges you face as a nurse or midwife – whether it is improving health outcomes; achieving universal health coverage; preparing for or responding to disasters; mitigating climate change; meeting the Sustainable Development Goals, or any other challenge.

Abstracts should demonstrate how nurses and midwives, or nursing and midwifery groups, associations or institutions are embracing challenges and showing the way to a safer, happier, healthier, and more equal world.

### Abstract Submission

Submit your abstract for the 6th Commonwealth Nurses and Midwives Conference by 31 May 2024. Further details and the abstract submission template are available at:

[www.commonwealthnurses.org/conference2024](http://www.commonwealthnurses.org/conference2024)





Commonwealth Nurses  
and Midwives Federation

[www.commonwealthnurses.org](http://www.commonwealthnurses.org)