



commonwealth nurse

Journal of the Commonwealth Nurses Federation
Issue 40 January 2009



TNAI CELEBRATES CENTENARY

BOARD AND OFFICERS

Elected Officers



Susie Kong (Singapore)
President



Satish Chawla (India)
Vice President



Ioannis Leontiou
Cyprus
Europe Region



Marion Howard
Barbados
Atlantic Region



Donald Epaalat
Kenya
East, Central and Southern
Africa Region



Arvind Kulkarni
India
South Asia Region



Alumita Bulicokocoko
Fiji
Pacific Region



Alice Asare-Allotey
Ghana
West Africa Region

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

Commonwealth Nurses Federation
c/o Royal College of Nursing
20 Cavendish Square W1G 0RN London UK
Tel: + 44 (0) 20 7647 3593
Fax: + 44 (0) 20 7647
Email: cnf@commonwealthnurses.org
Website: <http://www.commonwealthnurses.org>

© Commonwealth Nurses Federation

Published by the Commonwealth Nurses Federation. Printed with the support of the Singapore Nurses Association and the Commonwealth Foundation.

Appointed Officers



Jill Iiffe
Executive Secretary



Angela Neuhaus
Honorary Treasurer

from the **PRESIDENT**



Working together to strengthen the CNF

Susie Kong
CNF President

The Commonwealth Nurses Federation (CNF) is starting the Year of the Ox with the 'Commonwealth Nurse', a journal to keep you updated on the happenings in our Commonwealth family. We hope you enjoy reading it.

I feel proud and excited to be part of this new milestone for the CNF. I have been involved with the CNF for the past 20 years or rather I was associated with the CNF for 16 years and only became involved when I became President in 2005. I was the president of the Singapore Nurses Association (SNA) for 15 years and like many of you, I often wondered what my Association actually gained from being a member of the CNF. I attended the Biennial Meetings and workshops and enjoyed networking with the presidents of other member organisations, but in between meetings I did not take any interest, let alone contribute to the work of the CNF. And yet I had the audacity to complain that the CNF was not doing anything for its members. Does that sound familiar to you?

During my time as president of SNA, I often told my members that the strength of the Association depended on the commitment of its membership. I decided, with the CNF, to practice what I preached and have not looked back since that wake-up call!

After taking office as president, I realised how difficult it was for our past leaders to run an organisation with hardly any resources. CNF membership fees do not even cover the cost of employing a part time Executive Secretary, let alone fund activities for members.

We are very fortunate to have a committed and dynamic Executive Secretary and Board. The activities featured inside this publication is a testament to what has been done in a few short months.

My wish for 2009 is to see closer collaboration between the CNF and its member organisations. Each of our member organisations has expertise and experience to share and I appeal to you to make the commitment and contribute a little toward rebuilding and strengthening CNF.

I would like to conclude by echoing what the US President Mr Barrack Obama said: "yes, we can"! Together, we can change the image of the Commonwealth Nurses Federation and make it an organisation that everyone is proud of.

CHANGING OF THE GUARD

At the 2007 CNF Biennial meeting in Malaysia, Michael Stubbings, the Executive Secretary of the CNF, and Douglas Beattie, Honorary Treasurer of the CNF announced their retirement.



Michael Stubbings served as Executive Secretary of the CNF for eight years. Michael came to the CNF with extensive experience in management and health, particularly occupational health and safety. Michael worked tirelessly to put the CNF in a strong and highly regarded position within the Commonwealth.



Douglas Beattie served as Honorary Treasurer of the CNF for twelve years. Douglas came to the CNF with a strong background in nursing and management and used this experience to make sure the CNF was in a sound financial position to undertake its work.

The CNF is indebted to Michael and Douglas for their stewardship and both are wished well for the future.

THE NEW TEAM



Jill Iliffe is the new CNF Executive Secretary. Jill is the former national Secretary of the Australian Nursing Federation. Jill is a nurse and midwife with post graduate degrees in international studies and public policy, extensive clinical experience in a wide range of nursing areas including remote areas, intensive care, aged care, community health, and women's health and broad experience in management, policy development and political lobbying.



Angela Neuhaus is the new CNF Treasurer. Angela is a nurse and midwife with a strong background in rural and remote health and nursing management. Angela lived for many years in the UK with her family and although now living in Australia expects to return to the UK to live in the near future.

COMMONWEALTH PEOPLE'S FORUM 2007 Kampala, Uganda

The Commonwealth People's Forum (CPF) is held immediately prior to the Commonwealth Heads of Government meeting (CHOGM) and in the same location. The CPF provides an opportunity for civil society to prepare recommendations to present to Commonwealth Heads of Government.

At the CPF in Uganda, the Commonwealth health professional associations joined together to host a well attended two day workshop titled: *Prioritise health: realise potential*.

The workshop was divided into five segments - human resources; maternal and child health; lifestyle diseases; safe health practices; and mental health and development. Each segment heard presentations from a global, African and Ugandan perspective.



The workshop made several recommendations to governments:

1. Governments need to attain self-sufficiency in their health workforces by educating sufficient health workers to meet demand and develop and implement improved strategies for the ethical recruitment, education, training and retention of their health workers.
2. Governments must provide adequate funding and resources for maternal and child health care programmes and services, in order to achieve the millennium development goals relating to maternal and child health by 2015, including increasing the number and improving the education of qualified midwives; and improving access to maternal and child health services by making them available at the community level and making them free at point of delivery.

3. Governments should refocus their health systems on primary health care services which provide health information, promote healthy lifestyles, and provide health screening, early detection and early intervention services in order to reduce lifestyle diseases such as diabetes, cardiovascular disease and cancer.

Governments should strengthen their education and planning systems and partner with and provide support for non government organisations to combat the impact of lifestyle diseases on individuals and communities.

4. Governments should develop policies and guidelines and provide funding to support safe health practices, in order to reduce the transmission of infections in the home, schools, workplaces, hospitals and clinics. Governments should ensure health workers are provided with education, skills and training; adequate resources and equipment; and free immunisation; underpinned by government policies and funding.

5. Governments need to recognise the relationship between mental ill health and development and pursue strategies that ensure people with a mental illness and their families are included in the development process and given the opportunity to realise their full potential.

Issues raised in the recommendations from the workshop were included in the statement by civil society which was provided to Commonwealth Heads of Governments during CHOGM.



John Hunt from the Commonwealth Dental Association chaired the workshop while Jill Iliffe from the CNF acted as rapporteur.



Copies of the workshop presentations, a report of the workshop and the CPF Civil Society Statement to CHOGM are available on the CNF website: <http://www.commonwealthnurses.org>.

The Commonwealth People's Forum 2009 will be held in the Caribbean in November at Trinidad and Tobago.

COMMONWEALTH HEALTH MINISTERS MEETING 18 May 2008

Susie Kong and Jill Iliffe, on behalf of the CNF, attended the Commonwealth Health Ministers (CHMM) meeting in Geneva on Saturday 18 May 2008. The theme for the 2008 CHMM was *eHealth*.

A paper titled, *eHealth: the human resource implications*, was prepared by the Commonwealth health professional associations (the Commonwealth Nurses Federation, the Commonwealth Pharmacists Association, the Commonwealth Dental Association and the Commonwealth Medical Association). Based on the paper, Jill Iliffe made a presentation to the Health Ministers on behalf of the Commonwealth health professional associations.

The paper acknowledged the potential of ehealth to radically transform the delivery of health care and address future health challenges at local, national and global levels and argues that the single most important factor in realising the potential of ehealth is the people who use it.



Commonwealth Civil Society Health Organisations

Key messages

“The single most important factor in realising the potential of eHealth is the people who use it.”

Royal Society 2006

“... not only a technical development, but also a state of mind, a way of thinking, an attitude, and a commitment for networked global thinking, to improve health care ... by using information and communication technology.”

Eysenbach 2001



Commonwealth Civil Society Health Organisations

Issues identified by health professionals

- Availability of computers and technical support,
- New ways of working,
- Changes in the professional-patient relationship,
- Consent, confidentiality and security,
- Information overload,
- ‘Tickbox practice’,
- Fear of abuse of data (secondary usage),
- Need for change management.



Commonwealth Civil Society Health Organisations

Solutions

- Access to hardware and software,
- Investment in infrastructure (including technical support),
- Clinical engagement (all disciplines),
- Education and training in use of ICT,
- Implementation support from management.



Commonwealth Civil Society Health Organisations

Recommendations to Health Ministers

Ensure:

- Access to ICT equipment and technical support;
- Involvement of health professionals in the design, development, implementation and evaluation of applications and systems;
- Provision of education and training for health professionals in underlying concepts as well as in the use of systems and equipment;
- Implementation of appropriate change management processes.



Commonwealth Civil Society Health Organisations

Policy action for Health Ministers

- Invest in infrastructure (to provide adequate access to hardware and software),
- Commit to consult with end users (health professionals, all disciplines),
- Provide resources (financial and human) for education and training,
- Influence attitudinal change at all levels of management to support use of ICT.

The paper made a number of policy suggestions to Health Ministers. Ministers received a copy of the paper and the presentation. CNF members are encouraged to use the paper and the presentation to lobby their Health Ministers in relation to eHealth.

A copy of the presentation is available on the CNF website: <http://www.commonwealthnurses.org>.

The theme for the 2009 Commonwealth Health Ministers meeting is: *Climate change and health*.

VICTORIAN NURSES HEALTH PROGRAM



Glenn Taylor
Chief Executive Officer

The establishment of the Victorian Nurses Health Program (VNHP) in 2006 was an Australian first. Victoria is one of the eight states and territories of Australia and the second most populous of the Australian states with 5.3 million people¹ and over 80,000 nurses and midwives.²

Initiated by the Victorian Nurses Board (the nurses registration body), the Australian Nursing Federation Victorian Branch (the nurses union) and some interested individuals from within the nursing community, the program was designed to provide assistance to nurses and students of nursing with addiction problems and mental health concerns. It was also designed to assist employers to manage these nurse employees in a supportive professional manner.

In 2006 the VNHP Board was established with four directors and an independent chair. A CEO was appointed, a nurse with many years experience in both the drug and alcohol treatment area and administration. The appointment of an administrative officer and a case manager followed.

The program is now run independently from the Nurses Board Victoria and the Australian Nursing Federation Victorian Branch.

There are very limited studies on the occurrence of addiction to drugs and alcohol or mental health issues among the nursing profession but we know anecdotally that nurses are often reluctant to seek help, possibly due to perceived privacy concerns or a concern that seeking help will threaten ongoing employment. VNHP provides professional, caring assistance and service to nurses with a guarantee of privacy protection (within legal limits).

CONTACT

Victorian Nurses Health Program
Level 8, Aikenhead Building
27 Victoria Parade
Fitzroy, Victoria, Australia 3065
Email: admin@vnhp.org.au
Website: <http://www.vnhp.org.au>

The following VNHP mission statement makes the aims of the organisation clear:

- To provide an initial point of contact, referral and case management support for nurses and students of nursing with alcohol and other drug problems and/or mental health concerns in order to promote individual health and well being.
- To reduce risks to those who use nursing services by assisting nurses to maintain their health.
- To provide advice and a pathway of support for employers managing nurses with health issues relating to drug and alcohol and/or mental health.

**Table 1: Participant activity summary
July 2007 to June 2008**

Individual direct sessions with participants attending VNHP offices	609
Individual attendances at group	346
Telephone consultations	301
⇒ Participant (147)	
⇒ Hospital management (154)	
General enquiry calls	247
⇒ Alcohol and/or other drug (170)	
⇒ Mental health (77)	

In September 2008 an intense promotion campaign resulted in a broad awareness of the VNHP among nurses, nursing and hospital management, student nurses and university management. The need for the VNHP has been demonstrated by a continuing increase in the number of nurses accessing the program through both self and employer referrals. This is largely due to broad support for the program by the nurse participants, Victorian Nurses Board, Australian Nursing Federation Victorian Branch, the Minister for Health, Directors of Nursing and many others from the nursing and wider community.

There are two main methods of entry into the program. Most nurses self refer to the VNHP, that is they identify they have a substance use or mental health concern and wish to address it; while a limited number of nurses come to the VNHP as 'assisted referrals'- that is they come voluntarily, but on the advice or encouragement of a professional colleague or manager.

In an assisted referral pathway, an agreement is reached between the VNHP, the nurse and the employer regarding communication of relevant information. This enables the employer to feel confident the nurse is receiving the assistance they need and can be safely retained in their employment.

An example of how an employer assisted referral can work is outlined in the following case study.

John had developed a drinking problem over many years in nursing. His drinking pattern went late into the night and after John went to work on morning shift. He had been warned formally on a few occasions about arriving to work smelling of alcohol and possibly still affected by alcohol. On the third warning his employer decided to give him a final opportunity to address his problem but only if he showed real commitment to change. His employer suggested he do a program with the VNHP. John was willing to address this issue and came for assessment. The VNHP developed a plan which included residential treatment and very structured follow up. Progress summaries were sent to the employer with John's consent and he was able to gain the support he needed and return to work in three months.

Some nurses may also be referred to the VNHP by the Nurses Board as a result of a notification being made about them to the Board, however this remains a voluntary pathway and nurses only come if they make the decision themselves. In this pathway VNHP assists nurses to meet the conditions set by the Nurses Board.

Often VNHP contact with a nurse comes through the nurses union. A nurse may be involved in negotiation around a work issue and experiencing serious stress as a result. The VNHP provides support for the stress related to the incident (the health domain) whilst the union takes the advocacy role if one is required. This area of support has been reported back to the VNHP as being very valuable.

The VNHP conducts assessments, develops individual management plans and coordinates interventions for nurses. Nurses often comment how the pathway of support for these issues is difficult to navigate. The VNHP has agreements with mental health support programs and substance use support programs to maximise the opportunity for discreet access to the program required. In most cases VNHP can conduct the assessment at the VNHP office.

The VNHP facilitates two support groups for nurses; one for nurses making changes in their lives regarding use of substances and one for nurses addressing issues around mental health wellness. These groups have been well attended and nurses report them as being significant in their lives.

The VNHP is attempting to link up with other services for nurses with similar missions to share knowledge and develop mutual support.

They would be very pleased to hear from any other similar service. The VNHP can be contacted by email at admin@vnhp.org.au or through the details provided on the website <http://www.vnhp.org.au>.

Table 2: Participant profile and episode of care July 2007 to June 2008

Total episodes of care opened	106
Working status at time <ul style="list-style-type: none"> ⇒ working in nursing or student in nursing (69) ⇒ not working in nursing (37) 	
Alcohol and drug episodes Primary drug of concern: <ul style="list-style-type: none"> ⇒ alcohol (43) ⇒ amphetamines (2) ⇒ benzodiazepines (0) ⇒ cannabis (2) ⇒ heroin (3) ⇒ opiates (9) ⇒ codeine (5) NB: Some participants report using more than one drug	64
Mental health	42
Total episodes of care closed	81
Type of intervention <ul style="list-style-type: none"> ⇒ case management 32 ⇒ assessment and/or brief intervention (alcohol and other drugs) 13 ⇒ screening and referral (alcohol and other drugs) 6 ⇒ screening and/or brief support intervention (mental health) 25 ⇒ screening and referral (mental health) 5 	
Health outcomes <ul style="list-style-type: none"> ⇒ maintained healthier pattern of substance use and identified behaviour 30 ⇒ commenced personal health program 48 ⇒ made an appointment or attended a community support resource 67 ⇒ given relevant information regarding their condition 81 	
Employment <ul style="list-style-type: none"> ⇒ supported to remain at work 43 ⇒ has a return to nursing plan in place 4 ⇒ not applicable or not known at time of closure 34 	

CNF CARRIBBEAN WORKSHOPS OCTOBER 2008

In October 2008, the CNF conducted successful workshops in four Caribbean countries: Grenada, Barbados, St Lucia and Trinidad and Tobago. The workshops continued the CNF 2008 4 **Safety** theme.



Grenada



Barbados



St Lucia

One hundred and thirty six nurses participated in the workshops. The workshops were divided into four segments: a safe patient, a safe workplace, a safe profession and a safe nurse.



Trinidad and Tobago

A safe patient covered topics such as: information, consent, infection control, and the health care environment. A safe workplace covered workforce issues and occupational health and safety; a safe profession looked at legislation, regulation, registration, and codes of conduct and ethics; and a safe nurse focused on knowing yourself, working in teams, and work life balance.

The sessions consisted of formal presentations, group activities and individual activities.

The workshops were facilitated by Jill Iliffe. Marion Howard, the CNF Board Member for the Atlantic Region presented at each workshop on a safe profession.



Jill Iliffe



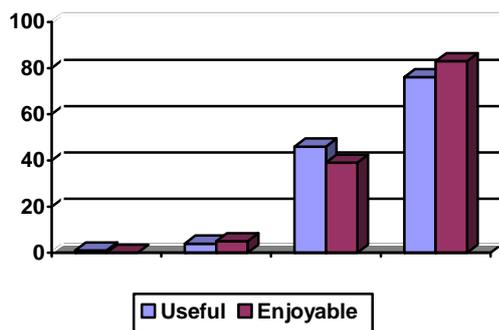
Marion Howard

Each of the four workshops recommended that managers be provided with leadership training to enable them to lead the change process to create a culture of patient safety.

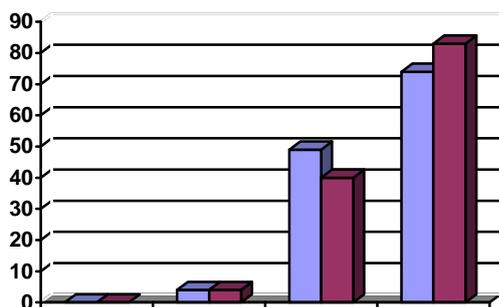
Workshop participants recommended the establishment of a process for updating and reviewing standards, policies and protocols and developing new ones where needed. Workshop participants committed to becoming a catalyst for change in their workplaces and to share knowledge gained with colleagues.

The national nursing associations were congratulated by participants for the initiative in conducting the workshops in collaboration with the CNF.

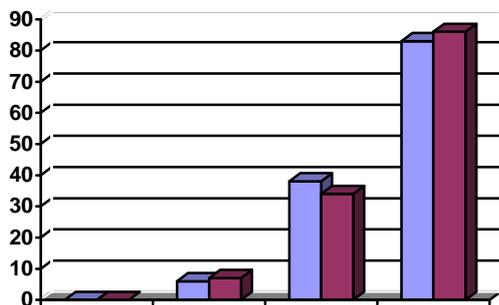
The workshops were highly evaluated with a 93.4% response rate.



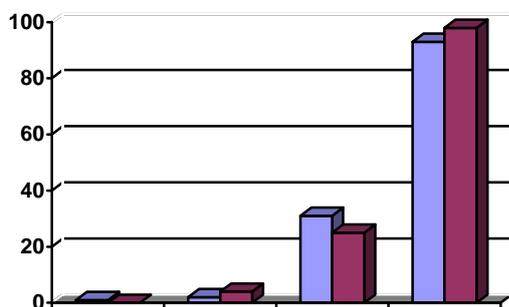
A SAFE PATIENT



A SAFE WORKPLACE



A SAFE PROFESSION



A SAFE NURSE

The workshops were supported financially by the Commonwealth Foundation. Workshop presentations and workshop reports are available on the CNF website: <http://www.commonwealthnurses.org>.

CNF EUROPEAN REGION CONFERENCE

The CNF European Region held its 7th Biennial Conference in Malta in April 2008. The Conference was a great success attended by nearly 300 nurses from Malta, Cyprus and the United Kingdom.

Speakers included:

Martin Bradley, Chief Nursing Officer Northern Ireland and Jesmond Sharples, Director of Nursing Services, Health Division, Malta who spoke about the nursing contribution to reducing the incidence of lifestyle diseases; and Ioannis Leontiou, President of the Cyprus Nurses Association who spoke about present challenges in nursing.



Maura Buchanan, President of the Royal College of Nursing UK spoke about leadership and the need for nursing leaders and the opportunities for and responsibilities of leadership.



The 7th Biennial CNF European Region Conference was hosted by the Malta Union of Midwives and Nurses - Paul Pace, President and Colin Galea, Secretary General and the MUMN Council. The 8th CNF European Region Conference will be held in Cyprus in 2010.

CNF CONDUCTS WORKSHOP AT SOUTH PACIFIC NURSES FORUM FIJI OCTOBER 2008

The CNF conducted a successful workshop for 125 participants at the 14th South Pacific Nurses Forum hosted by the Fiji Nursing Association and held in Suva Fiji 6-10 October 2008. Eleven South Pacific island countries attended the Forum.

The CNF workshop was titled: **4 Safety** and focused on nurse and patient safety: safe patient, a safe workplace, a safe profession and a safe nurse.



The principle underlying the workshop was that patient safety is the number one priority for nurses however to achieve patient safety it is necessary to have a safe workplace, a safe profession and be a safe nurse. The sessions consisted of formal presentations, group activities and individual activities. The session was evaluated highly and the report is available on the CNF website: <http://www.commonwealthnurse.org>.

COMMONWEALTH ASIA SYMPOSIUM ON THE INTERNATIONAL MIGRATION OF HEALTH WORKERS

Six representatives from the CNF participated in the Commonwealth Asia Symposium on the International Migration of Health Workers which was held in New Delhi India 17-18 November 2008.

The Symposium was hosted by the Commonwealth Foundation, the Commonwealth Secretariat and the Commonwealth Medical Association. The purpose of the Symposium was for Commonwealth health professional associations to consider how best they could support their members in addressing issues around the international migration of health workers.

The six CNF representatives were: Keerthi Wanasekara (Sri Lanka); Irshad Begum (Pakistan); Jill Iiffe (CNF); Susie Kong (Singapore); Sheila Seda (India); and Ramziah Bt Ahmad (Malaysia)



Prior to the Symposium, the CNF conducted an email survey of members. There was a 40% response rate.

81.25% of respondents said that the migration of nurses is affecting supply.

Responses to the following questions were:

Is your government actively recruiting nurses from other countries?

YES 50%
NO 50%

Does your government adhere to the Commonwealth Code of Conduct for the International Recruitment of Health Workers?

YES 31.25%
NO 68.75%

The main reasons given for why nurses leave their own country were:

- ⇒ Better salaries (87.5%)
- ⇒ Better working conditions (56.25%)
- ⇒ Improved living conditions and opportunities (37.5%)
- ⇒ Professional development and education (25%)
- ⇒ Career progression and recognition (25%)
- ⇒ Children's education (25%)
- ⇒ Enhance nursing experience (18.75%)
- ⇒ Join family members (6.25%)

The main reasons given for why nurses go to another country were:

- ⇒ Better salaries (62.5%)
- ⇒ Better working conditions (37.5%)
- ⇒ Returning home (37.5%)
- ⇒ Work on donor or religious projects (25%)
- ⇒ Transit to another country (25%)
- ⇒ Access to technology (12.5%)
- ⇒ Political stability and security (12.5%)
- ⇒ Change in lifestyle (12.5%)
- ⇒ Similar culture (12.5%)

The major difficulties nurses who migrated faced were:

- ⇒ cost
- ⇒ recognition of qualifications
- ⇒ language proficiency
- ⇒ acceptance of substitute employment
- ⇒ additional education requirements
- ⇒ lack of information
- ⇒ unethical practices of recruiting agencies
- ⇒ isolation
- ⇒ lack of support

And the solutions to retaining nurses and having a sufficient nursing workforce were:

- ⇒ increasing student enrolment
- ⇒ reducing student attrition
- ⇒ increasing worker retention (salaries, working conditions, continuing education, career progression)
- ⇒ enhancing productivity of the workforce
- ⇒ better deployment of existing workforce

Draft recommendations from the Symposium included:

- Commonwealth health professional associations developing an online pre-migration check list for health professionals considering migration; and
- Commonwealth health professional associations developing actions to promote the *Commonwealth Code of Practice for the International Recruitment of Health Workers* to their members and through their members to the respective governments in member countries.

THE MIGRATION OF NURSES

from brain drain to brain gain

**Gloria Thupayagale-Tshweneagae
and Geetha Feringa**

In the context of prevailing shortages in the health care sector, the Nurses Association of Botswana (NAB) commissioned a study to look into migration issues to obtain data in order to provide a more informed picture of the migration of nurses and its impact on the already existing shortage of nurses.

The specific purpose of the study was to assist NAB in developing a strategy to ensure that its members benefit from opportunities of working abroad while also addressing the potential for a damaging 'brain drain' from Botswana's health services - a particular concern given the additional pressure on these services as a result of HIV and AIDS and hence to explore strategies for retaining nurses in the country. This information is deemed of paramount importance in the negotiation process with employers.

A reference group was established to oversee and guide the research consultants. A consultant, Gloria Thupayagale-Tshweneagae, was appointed to conduct the study in Botswana. At the same time, two consultants from the Overseas Development Institute (ODI), Massimiliano Cali and Dirk Willem te Velde, were requested to prepare a background briefing.

The studies were carried out during 2006 to 2007. Approximately 5% of practising nurses participated by filling out questionnaires, through multi-stage sampling. In addition in-depth interviews were conducted with nurses who had migrated and returned to the country.

The objectives of the study in Botswana were to:

1. Establish why nurses in Botswana leave and immigrate to other countries.
2. Identify trends in migration of Botswana nurses.
3. Ascertain shortages of nursing workforce in Botswana.
4. Identify whether Botswana nurses' qualifications and experience are recognised in the destination countries.
5. Assess acceptability when they return home.
6. Assess whether the HIV and AIDS pandemic has any influence on the migration of nurses.
7. Recommend policy options and interventions.

The objectives of the background briefing were to look into the strategic options for trade in health services and nurses migration including an assessment of the options available to enable the migration of nurses from Botswana to also benefit the country itself.

The options to be examined included:

1. Schemes to ensure the costs of training nurses are fully recovered from the foreign health service employing nurses from Botswana.
2. The potential to replicate the experience of the Philippines in actively training a surplus of nurses to work in the international market.
3. Remittances schemes to accompany migration.

KEY FINDINGS

The migration study that was conducted in Botswana revealed that internal and external migration of nurses is a global concern because of its impact on the quality of nursing services and the general health care system. Concerns for nurse migration are aggravated by the shortage of the nursing workforce. Migration of nurses in Botswana is not only limited to nurses in service but also to those in education and it has a felt impact on the demand and supply of nurses in Botswana.

A literature review outlined different factors that influence nurses to migrate and has named those the 'pull and push' factors, including poor working conditions, poor quality of life for nurses, low pay, unplanned transfers and slow professional progression. Such factors are present in Botswana.

Findings in this study included inter alia that the majority of respondents had an intention to migrate at one time or another. HIV and AIDS was identified as a factor by nurses who considered migration (36%) and one of the main reasons for nurses who had actually migrated (87.5%). Although salaries appeared an important pull factor to migrate, a need for self development superseded all other push factors. However nurses who had migrated wanted to return after they had met some of their needs and achieved some of their goals such as the ability to purchase a house and further their studies. Another factor was that more than half the respondents were not at all or only sometimes satisfied with their jobs.

The study concludes that Botswana will continue to lose nurses either to other professions within the country or through migration unless conditions in Botswana itself are improved. At least if nurses migrate, they remain nurses and develop their skills, from which the country may benefit in the future. Indeed if migration was to be actively embraced it could raise incomes for nurses - five to ten years work overseas would boost their total earnings - and could be a factor in attracting and retaining people in nursing over the longer term.

The intention for nurses to migrate is still high in Botswana because of poor working conditions and the fact that international agencies still come to Botswana to recruit nurses. The study recommends there should be a temporary positive migration policy for a period of five to ten years.

The findings of the national study were reinforced by the background briefing of the ODI consultants. A number of issues were identified which affect the discussion of appropriate policy options in Botswana.

- **Causes:** Factors that influence nurses to migrate from Botswana include: low wages, heavy workloads, poor working conditions (eg lack of adequate protection, high patient-nurse ratio), poor management, lack of promotional prospects and career development, and inflexibility of time allocation (eg nurses are often not allowed to work part-time). The high incidence of HIV and AIDS exacerbates working conditions further. It is not clear which factors are the most important drivers of migration.
- **Scale:** Emigration rates of nurses (and other health professionals) in Botswana are substantial and slightly above the average of sub Saharan Africa. The data vary in availability and quality. WHO (World Health Organisation) data indicate that some 7% (less than 600) of the total workforce of nurses and midwives of Botswana origin were working in the main OECD (Organisation of Economic Co-operation and Development) countries. Interestingly, this is the same as the percentage of foreign nurses in Botswana.
- **Effects:** There is debate in Botswana about the effects of migration, particularly in terms of loss of key health workers. That said, the nurses per 1000 population ratio still stands at 2.65 and is twice that in sub Saharan Africa but below that in Namibia and South Africa. On the positive side, remittances from migrant nurses are likely to be significant. World Bank data indicate that worker remittances and compensation from employees are at least 0.5% of GDP (however remittances by nurses to Botswana are not known). Other benefits of emigration to Botswana may include increased access to capital, increased trade in goods and services, and return migration. These positive effects have not yet been quantified and should not be ignored in the debate.

In 2006, the Government of Botswana reported they employed around 7,747 nurses (5533 employed by the Ministry of Health and around 2214 by the Ministry of Local Government. In 2006 there were 496 unfilled nursing vacancies.

- **Policy options:** There are a range of policies that can help minimise the cost of migration and maximise the benefits.

Nationally, Botswana may consider:

- * strengthening the domestic regulatory framework for investment in nurse education; support the education of nurses; and promote (foreign) investment in nurse education,
- * strengthening the incentive framework for nurses by improving working conditions ,
- * facilitating the *temporary* exit from and smooth re-entry of nurses into Botswana,
- * improving procedures and conditions for immigration of nurses, and
- * maximising the inflow of remittances and minimise its costs.

Internationally, Botswana may consider:

- * using international trade agreements (WTO, EPA, regional) or bilateral migration agreement to ensure access for its nurses and facilitate the supply of trans-border health services,
- * improving the mutual recognition of nurses' qualifications and experiences with other countries, and
- * promoting international exchange and twinning programs to facilitate temporary migration of nurses and learning, and seek funding for such programs.

The relevance and relative appropriateness of each of these policies would require more detailed examination of the position of nurses in Botswana, including a baseline estimate of how many and what type of nurses are migrating to which countries, and what migrant nurses do when they are abroad.

Nurse migration is likely to remain an important topic of debate in Botswana for the foreseeable future. Nurse migration is likely to continue until such time that firm policies and procedures are put in place on how to deal with the various push and pull factors. The exact scale of migration is difficult to determine and the costs and benefits of trade in health services should be better understood to determine the most appropriate policy options. Recommendations from both reports will be used for negotiations with relevant employers and to explore appropriate policy implications.

ACKNOWLEDGEMENT

NAB would like to express its sincere appreciation to the Botswana Trade and Poverty Programme (BTTP) funded by the Department of International Development for making these studies possible. NAB is grateful to the following people for their enthusiasm, effort and support: Massimiliano Cali, Dirk Willem te Velde, N Charalambides, T Seleka, and all members of the Reference Committee.

CNF ELECTIONS 2009-2013



In an endorsement of her leadership, Susie Kong from Singapore, was elected unopposed for a second term as CNF President 2009-2013 in the CNF elections.

Susie Kong CNF President



Satish Chawla (India) was also elected for a second term as Vice President.

Satish Chawla CNF Vice President

Donald Epaalat (Kenya) was re-elected for a second term as CNF Board member for the East, Central and Southern Africa Region, Marion Howard (Barbados) was re-elected for a second term as CNF Board member for the Atlantic Region and Alice Asare-Allotey (Ghana) was re-elected for a second term as CNF Board member for the West Africa region.



Donald Epaalat



Marion Howard



Alice Asare-Allotey

Two nominations were received for CNF Board member for the Pacific Region. Ramziah Bt Ahmad (President Malaysian Nurses Association) and Salanieta Mataivi (President Fiji Nursing Association). An election will be held at the CNF Biennial meeting in Botswana June 2009 when the current Board member for the CNF Pacific Region, Alumita Bulicokocoko, completes her current term.



Ramziah Bt Ahmad



Salanieta Mataivi

TNAI TURNS 100

On the 4-5 November 2008, the Trained Nurses Association of India celebrated the centenary of their establishment as an organisation representing nurses in India. The centenary celebrations were held in Mumbai and were hosted by the Maharashtra Branch of the TNAI. Chief guests were Dr A.P.J. Abdul Kalam, former President of India and Ms Susie Kong, President of the CNF.



Dr A.P.J. Abdul Kalam lighting the centenary lamp



Cultural program by TNAI Maharashtra Branch



Susie Kong with Arvind Kulkarni, President of TNAI and CNF Board Member for South Asia and Satish Chawla, Vice President of CNF

CNF news

Commonwealth civil society consultations

These consultations provide an opportunity for information and ideas to be shared between the Commonwealth Foundation, the Commonwealth Secretariat and commonwealth civil society organisations. Generally the health sector is well represented. The CNF attended all consultations in 2008 (January, May and November).

Commonwealth Advisory Committee on Health

The CNF, together with the Commonwealth Medical Association, represents health professional associations on the Commonwealth Advisory Committee for Health. Meetings of this Committee were held in February and May 2008.

Commonwealth Health Professional Associations Alliance

In November 2008 a recommendation was made to Commonwealth health professional associations that they form an Alliance to facilitate better sharing of information and to enable more joint activities to be conducted. The major health professional associations - nursing, medicine, pharmacy and dentistry - have all supported forming an Alliance. Guidelines will now be developed to govern the activities of the Alliance before a formal announcement of its formation is made.

Capacity assessment of Commonwealth Health Professional Associations

The Commonwealth Secretariat recently undertook a capacity assessment of Commonwealth health professional associations such as the CNF. The preliminary findings were presented at a meeting in London Monday 12 January 2009. The CNF was mentioned positively for its work plan and communication strategy. The importance of transparency and accountability was emphasised, such as publishing annual accounts. The final report is expected to be made public within the next few weeks.

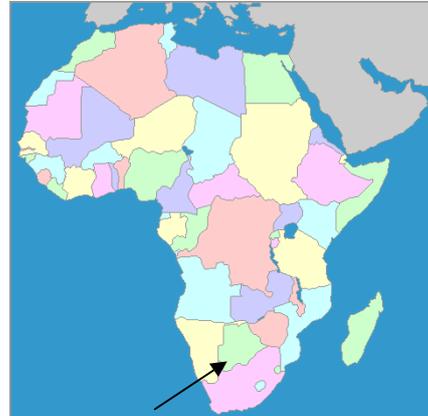
CNF eNews

The CNF puts out an email news bulletin each month to keep members and friends informed about coming events and current activities. If you would like to receive the CNF eNews, send your name and email address to Jill Iliffe: jill@commonwealthnurses.org.

Previous copies of eNews are available on the CNF website: <http://www.commonwealthnurses.org> under 'Publications'.

CNF Biennial 2009

Join us in Botswana
June 2009



Botswana

The CNF Biennial 2009 will be held in Gaborone, Botswana Wednesday 24 and Thursday 25 June 2009. A CNF Board meeting will be held on Tuesday 23 June 2009 prior to the Biennial meeting.

The Biennial is being hosted by the Nurses Association of Botswana. The Biennial meeting will be combined with plenary presentations from guest speakers and interactive workshops.

Botswana is situated in southern Africa and shares borders with Zambia, Zimbabwe, Namibia and South Africa. Its size is similar to that of France. The Kalahari Desert occupies 84% of the country. Gaborone is the capital city of Botswana. Temperatures in June range from 5-23^o C and it is generally dry. English is the official language however the national language is Setswana. Botswana's national currency unit is the pula which is divided into 100 thebe (100 pula is around £9.00; €10.00; US\$ 13.00).

Visas are not generally required for most Commonwealth countries (with the exception of Nigeria, Ghana, India and Sri Lanka). Check on visa requirements and learn about the fascinating history of Botswana from: <http://www.botswanatourism.co.bw>.

Registration is essential. Registration forms and additional information is available on the CNF website: <http://www.commonweathnurses.org>.



A DREAM IN THE MAKING



The Trained Nurses Association of India (TNAI) have embarked on an ambitious project to build a Central Institute of Nursing and Research co-located with an Elderly Care home. They have acquired two acres of land at Knowledge Park III, Greater Noida, Uttar Pradesh, India and building has commenced.

The total covered area of the twin project is 160,600 square feet. Each square foot costs 2,500 Indian rupees (= US \$50.00; €40.00; £38.00). The TNAI are seeking financial support to complete the building from nursing colleagues around the world. Sheila Seda, Secretary General of TNAI says: *There comes a time in all our lives when we are invited to be a part of something bigger, something out of the ordinary; where care and service are the most important values and a healthy future is the promised consequence. Remember drops of water make the ocean. Please give us a few square feet of your support!*

PLEASE GIVE US A FEW SQUARE FEET OF YOUR SUPPORT

Donations can be sent to: Trained Nurses Association of India
L-17 Florence Nightingale Lane, Greek Park, New Delhi 110016 India

THE COMMONWEALTH TURNS 60



Kamalesh Sharma
Commonwealth Secretary General

The 60th anniversary of the adoption of the London Declaration by Commonwealth Prime Ministers falls on 28 April 2009. On this day the British Commonwealth came to an end and the modern Commonwealth of 'freely and equally associated' states came into being. There are currently fifty three member states of the Commonwealth.

Commonwealth Day will be celebrated on Monday 9 March 2009.

The theme of Commonwealth Day: 'the commonwealth @ 60 - serving a new generation' provides a chance to look back, but also a chance to look at the work of the Commonwealth now and in the future.

The CNF will be celebrating the Commonwealth at 60 by launching the Commonwealth 'Young Nurse' Fellowship' which will provide, each second year, an opportunity for a young nurse from a developing country to attend the CNF Biennial Meeting and address the delegates on issues of concern to young people and young nurses in particular.



thecommonwealth @

serving a new generation

60