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THE POLITICS OF WELLBEING

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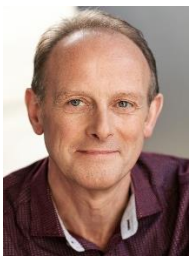

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The Commonwealth Nurses and Midwives Federation (CNMF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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from the PRESIDENT

Ramziah Binti Ahmad
CNMF President

Writing the Commonwealth Nurse editorial provides me with a time to reflect on what has been achieved and set, sometimes ambitious goals, for future achievements in the year ahead. In this edition of the Commonwealth Nurses we share the CNMF Strategic Plan which addresses the seven CNMF strategic objectives: programs, membership. Communication, liaison, governance, administration and finances.

The CNMF aims to be a responsible and responsive organisation with a focus on achieving practical outcomes for members with members. Consequently, our programs are designed to produce practical outcomes.

The Mental Health Legislation Reform project, funded by the Commonwealth Foundation, came to an end 31 December 2016. The CNMF is hoping to continue to work with Botswana and the Seychelles during 2017 to finalise the new Mental Health Bill and see it submitted to Parliament.

The CNMF has been funded by The Burdett Trust to run three maternal health programs in Sierra Leone and also to conduct a nurses' health program in the South Pacific in Fiji, Samoa, Tonga, Cook Islands and Kiribati. We will report to you on the progress of these projects through the monthly CNMF e-News.

The African Regional Collaborative (ARC) partnership comes to an end in August 2017 and at this stage it is unclear whether it will receive any further funding. The ARC partnership has made a significant contribution to improving leadership, regulation and standards during its five years of operation in the east, central and southern Africa region. The gains have been outstanding and it will be disappointing if the initiative comes to a close.

Another exciting project for the CNMF this year is the development of an online archive linked to the CNMF website and the digitisation of current and past CNMF records. This means that the CNMF records and history will be safely stored in one place and be available in a searchable form to the CNMF Board, researchers and members. Some paper records of historical value will be kept.

The CNMF is an Executive Member of the Commonwealth Health Professions Alliance (CHPA). In May in Geneva, the CHPA and the Commonwealth Foundation, together with other partners, the Third World Network and the International Community of Women living with HIV and AIDs in East Africa, hosted a Commonwealth Civil Society Policy Forum in Geneva to coincide with the annual Commonwealth Health Ministers' meeting. The forum had three strands: Universal health coverage; Structural violence against women; and the Politics of Wellbeing. In this issue of the Commonwealth Nurse we bring you the very interesting presentation from Dr Saamah Abdallah on Wellbeing. The other presentations are available from http://chpa.co.

Finally, a reminder to save the date for the 23rd CNMF Biennial Meeting of Members which will be held on Friday 9 March at the Royal College of Nursing, London UK. The Biennial Meeting is the decision making body of the CNMF.

The 4th Commonwealth Nurses and Midwives Conference will be held at the Royal College of Physicians, Regent's Park, London on Saturday 10 and Sunday 11 March next year. The title for the conference is *Leading the Way: nurses and midwives for a safe, healthy and peaceful world.*

Our world today is far from being safe, healthy or peaceful. Many countries are experiencing war or civil conflict; refugees are seeking a safe place to live for themselves and their families; bush fires, floods, earthquakes and tsunamis are a frequent occurrence; diseases such as Ebola and Zika threaten health and stability; climate change threatens entire populations. Nurses and midwives are in a unique position to act as role models and lead the way in promoting a safe, healthy and peaceful world. The conference provides an opportunity for nurses and midwives across the Commonwealth to share their knowledge and experience, network with each other, and make new friends. I look forward to seeing you there.

THE POLITICS OF WELLBEING

DR SAAMAH ABDALLAH

Introduction

Statisticians, policy-makers, and politicians around the world have begun to recognise the need for a new understanding of what defines good policy or a successful nation. In many contexts this understanding has taken the form of 'wellbeing' – typically understood as a more holistic and often subjective perspective on citizen's experience of life. Research on wellbeing demonstrates that it can be influenced by many policy levers and importantly, it has a flow-on effect to other policy outcomes such as health. This brief argues that governments should seriously consider the wellbeing perspective. The brief puts forward two broad recommendations: 1) collect regular and robust data on subjective wellbeing; 2) introduce a policy screening tool to assess the expected impact of new policies on wellbeing.

Context

Over the last two decades, the concept of 'wellbeing' has entered the policy discourse in many developed countries, including the United Kingdom (UK), Australia, New Zealand, France and Italy. The UK was at the forefront of this development, when in 2000 the Local Government. Act gave local authorities the power to do anything they consider likely to promote the economic, social and environmental well-being of their area unless explicitly prohibited elsewhere in legislation' (Bache and Reardon 2013). In 2005, 'promoting personal well-being' was identified as central to the UK's sustainable development strategy; *Securing the Future* (Defra 2005).

The European Commission sustainable development strategy followed suit in 2006 with reference to the 'continuous improvement of the quality of life and wellbeing on Earth for present and future generations' (Council of the European Union 2006). Wellbeing is also integral to health policy at the World Health Organisation, which defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

In this document we use the definition proposed by the *Making Wellbeing Count for Policy* project: "Individual wellbeing is a sustainable condition that allows an individual to develop and thrive. It is the combination of feeling good and functioning well" (Harrison, Quick and Abdallah 2016). This definition is similar to the World Health Organisation's (WHO) definition of quality of life (WHOGOL Group 1995) and indeed not too dissimilar to the concept of happiness espoused by the United Nations.

The definition necessitates that wellbeing be measured at least in part using self-reported measures – people saying how they feel and how well their psychological needs are met. As a result, wellbeing is typically operationalised based on the responses to survey questions. There is a strong body of evidence demonstrating the validity (and reliability at the aggregate level) of such measurements. An excellent summary can be found in the Organisation for Economic Cooperation and Development (OECD) 2013 Guidelines on Measuring Subjective Wellbeing.

It is worth noting that there is some debate as to whether health is an aspect of wellbeing, or wellbeing an aspect of health.

In this document, we understand wellbeing to be the broader concept, i.e. that health is an aspect of wellbeing. The definition above is of an overall assessment of an individual which is influenced by their health, but also by many other factors such as their material conditions, social relationships.

Why wellbeing?

There are many advantages for the use of wellbeing in policy, including:

- It matters to people. It is an outcome that people seek for themselves in life. Governments should therefore be supportive of wellbeing, which in effect means putting people at the centre of policy.
- It is democratic. Rather than policy-makers or experts defining what is important to people, it allows people to voice for themselves their experiences.
- It provides an evidence-base. Research on the determinants of wellbeing enables evidence-based decisions to improve people's lives.
- It is holistic. Wellbeing is affected by almost everything. Monitoring wellbeing means that unintended policy consequences can be captured, and unexpected patterns can be detected. It also encourages policy-makers to think across policy silos and collaborate across departments.
- It leads to virtuous circles. The dynamic nature of wellbeing means that improving wellbeing leads to multiple positive outcomes, including greater productivity at work, more stable societies and better health.

The wellbeing approach has sometimes been criticised as being individualistic (Davies 2015) however this could not be further from the truth. While data comes from individuals responding to surveys, the wellbeing approach offers a much more societal approach to progress than the dominant economic focus. Research on wellbeing makes it clear that many of the strongest determinants of wellbeing are social and societal – including family relationships, trust in other people, volunteering and opposing government corruption (Stoll, Michaelson and Seaford 2012).

There is also considerable evidence that a materialistic value direction, often associated with individualism, has a detrimental impact on wellbeing (Dittmar and Bond et al 2014).

In other words, a society focused on improving wellbeing would be far less individualistic than one focused on economic growth.

Another concern about wellbeing is that it may be seen as more relevant for richer countries; that poorer countries should focus on economic growth and other more traditional indicators of societal success. This is very true, and of course, achieving a minimal level of material conditions is fundamental to wellbeing.

However, many middle-income countries, for example in Latin America and Southeast Asia, have begun to recognise that a development model that focuses purely on economic growth is unsustainable and unlikely to lead to better quality of life for citizens. For lower income countries, it is relevant to start considering wellbeing as soon as possible, to ensure that development brings benefits to citizens without having a harmful impact on factors such as social relationships and equality.

Wellbeing and other outcomes

(a) Wellbeing and health

Positive wellbeing is a strong predictor of future health (Quick and Abdallah 2015; Maccagnan and Wren-Lewis et al 2016). A review of 30 longitudinal studies reported that the effect of high wellbeing on life expectancy is equivalent to that of not smoking (Veenhoven 2008).

Another quantifies the impact of high wellbeing on life expectancy as 4-10 additional life years (Diener and Chan 2011). A meta-analysis of 150 studies found that wellbeing also had a positive effect on many other health outcomes (Howell and Kern et al 2007); for example, high wellbeing predicts improved cardiovascular health (Boehm and Kubzansky 2012) and reduced risk of depression (Cohn and Pietrucha et al 2014).

But it is important to highlight that high wellbeing is not simply the opposite of depression.

For example, the effect of positive wellbeing on health remains even after controlling for symptoms of depression (Steptoe, Deaton and Stone 2015).

Several hypotheses explain the link between wellbeing and health. Some are physiological. For example, positive emotions can reduce stress or protect against the negative physiological effects of stress (Folkman 2008; Bränström 2013). Positive feelings may also directly improve the performance of the immune system (Salovey and Detwiler et al 2001).

Other theories focus on behavioural patterns. For example, people with higher wellbeing tend to have healthier lifestyles, refraining from smoking and alcohol and doing more physical exercise (Lyubomirsky, King and Keiner 2005; Grant, Wardle and Steptoe 2009), and adhering to medication (Carrico and Johnson 2010; Pressman and Cohen 2005). Social relationships are likely to also play a causal role in perhaps mediating some of the effect.

There is a forceful case for preventative early action approaches in all policy areas, and particularly health (Southwark and Lambeth 2015). Some see such prevention as necessary if our states are to remain sustainable in a context of dwindling planetary resources. Improving wellbeing is part of this approach (Coote and Franklin (2009).

The Health Improvement Analytical Team at the UK Department of Health, reviewed the impacts of wellbeing on health and noted that improving wellbeing 'may ultimately reduce the health care burden' (De Feo and Barrett et al 2014).

Meanwhile, the Wellworth tool, developed by Happy City, estimates that increasing life satisfaction in people over 65 years from the lowest value to the highest value increases average life expectancy by six years, with a monetary value of £180,000 (http://www.happycity.org.uk/measurement-policy/wellworth/further-information/).

(b) Wellbeing and prosocial behaviour

There is some evidence that higher wellbeing is associated with more prosocial behaviour. For example, a review of longitudinal and experimental studies found that people with higher wellbeing were more likely to express liking for a stranger (Lyubomirsky et al 2005). Inducing positive emotions in experimental settings increases the likelihood of a number of prosocial behaviours including volunteering, donating blood and making a financial charitable contribution (Boehm and Lyubomirsky 2008). People with higher levels of positive emotion are more likely to deal with negotiations through collaboration and cooperation rather than through avoidance or competition, and to make more concessions during these negotiations (Boehm and Lyubomirsky 2008).

How do you improve wellbeing?

If wellbeing is so important, what can be done to increase it? Economists, psychologists and other researchers have been building a vast evidence base on the correlates of low and high wellbeing, and on how it can be improved. In 2012, the New Economics Foundation produced an authoritative tome *Well-being evidence for policy: A review* (Stoll et al 2012).

The factors that are most important: freedom from material deprivation, good social relationships, good health, employment, good government, may not be that surprising, but wellbeing research allows us to quantitatively assess and compare these effects and so evaluate difficult trade-offs. And some effects may indeed be bigger or smaller than traditionally assumed.

For example, perhaps the best-known finding from research on wellbeing has been that, amongst wealthy countries (and even some developing countries), increasing GDP is not associated with increasing wellbeing (Easterlin and Angelescu et al 2010).

The evidence suggests that, once relatively basic needs are met, the benefits of increasing individual income are relative. One individual's income increase may lead to an increase in their wellbeing, but it will also be associated with a decline in the wellbeing of his or her peers (Clark and Flèche et al in prep). As a result, contrary to mainstream policy doctrines, increasing GDP does not lead to increasing wellbeing – at least in wealthier countries.

Contrastingly, increases in measures of social capital in a country (for example trust in others, and participation in civil society) are found to be associated with stable increases in wellbeing (Bartolini and Bilancini 2010). This highlights one of the other consistent findings of wellbeing research – social relationships are fundamental. This is of vital relevance for policy. How much does government invest in building community cohesion, for example? How much is enhancing trust in other people considered a policy objective? Furthermore, many policies which might have other objectives may inadvertently harm social relationships. For example, in a review of wellbeing in Austria, the OECD identified relatively low labour mobility as a positive factor (OECD 21013). By contrast, countries that promote labour mobility – for example encouraging people to move from rural areas to cities for work – may be inadvertently harming social relationships and in doing so, harming wellbeing also.

What first steps can countries take to improve wellbeing? There are now several reports with specific policy recommendations that have been developed from a wellbeing perspective:

- The UK All-Party Parliamentary Group on Wellbeing Economics, (Berry 2014);
- Legatum Commission (O'Donnell and Deaton et al 2014);
- What Works Centre for Wellbeing (https://whatworkswellbeing.org/2017/03/07/budget-blog/ and https://whatworkswellbeing.org/wellbeing-2/implications-for-policy-from-wellbeing-research/);
- The World Happiness Report (http://worldhappiness.report/).

Recommendations range from increasing focus on mental health, to parental education, to economic redistribution. Rather than attempt to select two specific policies from this vast range of options, this document proposes two general policies which are relevant for a wide range of countries.

Measure subjective wellbeing

As noted earlier in this document, the wellbeing of a country's populace cannot be fully assessed without directly asking people how they feel. To do so properly requires large-scale representative national surveys. Most recent attempts to measure wellbeing differently have included the use of such data, including: *Measures of Australia's Progress;* the UK's *Measuring National Wellbeing* program; the OECD's *Better Life Index;* Bhutan's *Gross National Happiness;* and Ecuador's *Buen Vivir* program.

The UK has taken measuring wellbeing particularly seriously, by including four subjective wellbeing questions in its Labour Force Survey, which goes out to 160,000 households a year. Thanks to proactive work by the OECD and Eurostat (the European Statistics Agency), subjective wellbeing questions are now asked in official surveys in all EU countries and all but two OECD countries.

But it is not only wealthy countries that are measuring subjective wellbeing. Until the UK began its survey in 2011, the largest national survey including wellbeing questions, reaching almost 20,000 respondents, had been conducted in Ecuador.

Several other Latin American countries have begun regular collection of wellbeing data, including Colombia, Mexico and Chile. Bhutan conducts a very in-depth survey of wellbeing as part of the Gross National Happiness program and in 2011, Vanuatu administered the Community Well-Being survey, as a pilot for replication across Melanesia.

Measuring subjective wellbeing in national surveys has multiple benefits for policy:

1. Provides an overall assessment of national progress.
2. Allows the identification of population groups or regions with particularly low (or high) wellbeing.
3. Depending on the depth of questions on wellbeing, allows an understanding of what aspects of wellbeing are in particular need of attention. For example, is people's sense of autonomy particularly low? Is experience of loneliness increasing?
4. Depending on what other questions are included in the survey, allows an understanding of the factors associated with low or high wellbeing within the country and, as a result, potentially hint at possible policy priorities. For example, is commuting associated with particularly low levels of wellbeing? Is volunteering associated with particularly high levels?
5. Provides a representative robust benchmark against which more local or project-level surveys can be compared.

There is a further, less observable, benefit of measuring subjective wellbeing. If the data is made visible to the public, and is explicitly referred to by politicians, it can contribute to the promotion of an alternative societal vision of progress. At present, the indicator that is referred to most frequently by politicians, the media and commentators, is GDP – a measure of economic activity. This attention has been blamed for a policy approach that has prioritised economic growth above other objectives, with negative outcomes (Fioramonti 2013; Hirschman and Berman 2014; Abdallah and Michaelson et al 2012; Thiry and Bauler et al 2014).

A context whereby people's wellbeing was given as much attention as economic growth, if not more, could contribute to more people-focused policy.

For the most benefit to be gained from subjective wellbeing measurement, national statistics should include internationally harmonised wellbeing questions in large-scale regular national surveys and report data in a timely fashion.

1. National statistics institutes should collect wellbeing data from robust representative national populations, with samples that are large enough to allow geographical and demographic breakdowns.
2. Attention should be given to international best practice, such as the OECD Guidelines on Measuring Subjective Wellbeing, particularly to ensure comparability between nations.
3. Wellbeing questions should be included in pre-existing surveys, allowing the pre-existing questions to be analysed in combination with wellbeing data (for example, by including subjective wellbeing questions in a Labour Force Survey, one can carry out detailed analysis of the relationship between working conditions and wellbeing).
4. Data should be processed quickly, and reported in a timely fashion to ensure relevance to policy and politics.
5. Governments should give prominence to wellbeing reporting and identify improving wellbeing as a fundamental goal.

Introduce a wellbeing policy screening tool

Of course, on its own, measurement will not impact wellbeing. There needs to be actual changes in policy. Rather than going into the details of specific policies, this document proposes the adoption of a wellbeing policy screening tool (Whitby 2014 BRAINPOoL Project Final Report).

There are three precedents to this. The Cabinet Office in the UK, which is responsible for ensuring wellbeing is incorporated into policy across government, has developed a tool entitled Policy Development for Wellbeing, which is a set of exercises to help policy-makers explore the impacts of a policy on people's wellbeing

(https://coanalysis.blog.gov.uk/wp-content/uploads/sites/115/2016/01/Policy-Development-for- Well-being.pdf).

In New Zealand, the Treasury has developed a Living Standards Framework with the intention of making the Treasury the department for wellbeing (Karacaoglu 2015). The guide to using the framework encourages policy makers to assess impact of policy decisions on five key areas: economic growth, social cohesion, equity, sustainability, and risk (http://www.treasury.govt.nz/abouttreasury/higherlivingstandards/his-usingtheframework-v2.pdf).

However, the best example of a policy screening tool is found beyond the Commonwealth, in Bhutan. As well as introducing an elaborate measurement of Gross National Happiness, which includes subjective wellbeing, the country has also created a policy screening tool to assess major policy decisions in terms of their impact on gross national happiness (http://www.gnhcentrebhutan.org/what-is-gnh/gnh-today/a-policy-screening-tool/).

The Gross National Happiness Commission, set up by the government, has a mandate to assess any new draft policy using the tool, which involves scoring the policy in terms of its impact on 22 factors, going from economic security and material wellbeing to values and stress. Perhaps the most high-profile decision made by the Commission has been to recommend that the country not join the World Trade Organisation on the grounds that it would have a negative impact on GNH. Interestingly, before assessing the decision against the GNH policy screening tool, 19 of 24 commissioners were in favour of joining. It was the process of explicitly considering GNH that led to a policy change.

Using subjective wellbeing in such a tool has particular advantages. Many policy objectives are important precisely because they impact or are believed to impact on people's wellbeing, from economic growth to improved health care to labour rights.

A tool assessing subjective wellbeing therefore takes account of all these impacts and allows them to be aggregated into a single number, the overall impact on wellbeing.

Conversely because wellbeing is measured at the individual level, it is possible to estimate differential impacts of a policy on different demographics. This disaggregation allows a balanced perspective that recognises that all policies involve political trade-offs between population groups.

In other words, instead of framing policy decisions as trade-offs between policy outcome 1 and policy outcome 2, it is possible to frame them as trade-offs between the wellbeing of group A and the wellbeing of group B.

Of course the wellbeing of present generations is not the only thing that matters. Some objectives are important even if they do not increase present day wellbeing, including economic sustainability and environmental protection. More religious societies may consider spirituality to be an important objective regardless of its impact on subjective wellbeing (Bhutan includes spirituality explicitly in its framework).

Recommendations to the 2017 Commonwealth Health Ministers Meeting

1. That Commonwealth Health Ministers lobby for their national statistics institutes to include internationally harmonised wellbeing questions in large-scale regular official surveys, and to report data in a timely fashion.

2. That Commonwealth Governments commit to using a 'wellbeing impact policy tool' to quantify the overall subjective wellbeing impact of all policies, and disaggregate policy impacts for different demographic groups.

This policy brief was commissioned by the Commonwealth Health Professions Alliance for the 2017 Commonwealth Civil Society Policy Forum (http://www.chpa.co). The policy brief was funded by the Commonwealth Foundation. Full references are available on request.

HAPPY PLANET INDEX

http://happyplanetindex.org

The Happy Planet Index combines four elements to show how efficiently residents of different countries are using environmental resources to lead long, happy lives.

Wealthy Western countries, often seen as the standard of success, do not rank highly on the Happy Planet Index. Instead, several countries in Latin America and the Asia Pacific region lead the way by achieving high life expectancy and wellbeing with much smaller Ecological Footprints. The Happy Planet Index provides a compass to guide nations, and shows that it is possible to live good lives without costing the Earth.

Why do we need a Happy Planet Index?

Until recently, we have lived with the widespread belief that the world is steadily becoming a better place. An increasingly unstable global economy, rising inequalities, and the pressing challenges of climate change have begun to shatter that belief. Recent surveys reveal that majorities in both the USA and Europe have said they no longer think life is getting better.

One cause of these interlinked crises is the stubborn prioritisation of economic growth as the central objective of government, trumping all other objectives. People vote for political parties that they perceive to be most capable of delivering a strong economy, and policy makers prioritise policies that increase in GDP as a result. Doing so has led to short-termism, deteriorating social conditions, and paralysis in the face of climate change.

In fact, GDP growth on its own does not mean a better life for everyone, particularly in countries that are already wealthy. It does not reflect inequalities in material conditions between people in a country. It does not properly value the things that really matter to people like social relations, health, or how they spend their free time. And crucially, ever-more economic growth is incompatible with the planetary limits we are up against.

Can you really measure happiness?

To measure wellbeing, the HPI uses data from a globally renowned survey that asks respondents questions about how they feel their lives are going overall. The question used, known as the Cantril Self-Anchoring Scale or the Ladder of Life, has been used in surveys since the 1960s, and its validity has been demonstrated in a range of different contexts around the world.

There is a growing evidence-base showing that subjective measures of wellbeing correlate with more objective measures such as measurement of stress hormones and brain scans. Subjective wellbeing has been found to accurately predict a range of outcomes: from how long someone will stay in a job or stay married, to how long they live, to the results of elections. As a result, psychologists, sociologists and economists now regularly use subjective wellbeing data in research, and policy makers are beginning to use to inform decision-making. In 2015 the UK created a centre dedicated to understanding what government can do to increase wellbeing.

Importantly, by asking a single broad question, it allows the people completing the survey to decide what is important to them: to assess the issues according to their own criteria, to weight each one as they choose, and to produce an overall response.

People across the world are experiencing the impact of growing inequalities – both in terms of the underlying failures of social justice, and the negative effect it has on other outcomes. The 2016 Happy Planet Index includes a component for 'inequality of outcomes' to account for this, adjusting the average wellbeing and life expectancy in each country downwards to account for inequalities in each of these outcomes.

Nurses and midwives are encouraged to:

(a) Be informed about available measures of wellbeing and their country's ranking.

(b) Lobby their governments to collect data and report on wellbeing

For more information about how Happy Planet Index scores are adjusted to take account of inequalities in wellbeing and life expectancy, go to: http://happyplanetindex.org. The text for this article was taken from the HPI website.

How is the HPI calculated?

Wellbeing: How satisfied the residents of each country say they feel with life overall, on a scale from zero to ten, based on data collected as part of the Gallup World Poll.

Life expectancy: The average number of years a person is expected to live in each country based on data collected by the United Nations.

Inequality of outcomes: The inequalities between people within a country, in terms of how long they live, and how happy they feel, based on the distribution in each country's life expectancy and wellbeing data. Inequality of outcomes is expressed as a percentage.

Ecological Footprint: The average impact that each resident of a country places on the environment, based on data prepared by the Global Footprint Network. Ecological Footprint is expressed using a standardized unit: global hectares (GHA) per person.

Commonwealth Countries by Rank Order

HPI Rank	Country	Region	Life Expectancy (years)	Wellbeing (0-10)	Inequality of outcomes	Ecological Footprint (GHA/capita)	Happy Planet Index
4	Vanuatu	Asia Pacific	71.3	6.5	22%	1.9	40.6
8	Bangladesh	Asia Pacific	70.8	4.7	27%	0.7	38.4
11	Jamaica	Americas	75.3	5.6	21%	1.9	36.9
28	Sri Lanka	Asia Pacific	74.6	4.2	17%	1.3	33.8
34	United Kingdom	Europe	80.4	6.9	9%	4.9	31.9
36	Pakistan	Asia Pacific	65.7	5.1	40%	0.8	31.5
38	New Zealand	Asia Pacific	81.4	7.2	8%	5.6	31.3
41	Cyprus	Europe	79.8	6.2	12%	4.2	30.7
46	Malaysia	Asia Pacific	74.4	5.9	10%	3.7	30.3
50	India	Asia Pacific	67.3	4.6	31%	1.2	29.2
53	Malta	Europe	80.2	6.0	13%	4.4	29.0
63	Mauritius	Sub Saharan Africa	74.0	5.5	17%	3.5	27.4
77	Zambia	Sub Saharan Africa	58.4	5.0	41%	1.0	25.2
83	Kenya	Sub Saharan Africa	60.3	4.5	38%	1.0	24.2
85	Canada	Americas	81.7	7.4	9%	8.2	23.9
88	Mozambique	Sub Saharan Africa	54.3	5.0	43%	0.9	23.7
95	Nigeria	Sub Saharan Africa	52.1	5.5	44%	1.2	22.2
97	Tanzania	Sub Saharan Africa	63.5	4.0	33%	1.3	22.1
98	Malawi	Sub Saharan Africa	60.1	4.3	45%	0.8	22.1
99	Zimbabwe	Sub Saharan Africa	53.7	5.0	37%	1.4	22.1
103	Namibia	Sub Saharan Africa	64.0	4.7	26%	2.5	21.6
104	Ghana	Sub Saharan Africa	61.0	5.1	38%	2.0	21.4
105	Australia	Asia Pacific	82.1	7.2	8%	9.3	21.2
111	Rwanda	Sub Saharan Africa	63.1	3.3	37%	0.9	19.6
112	Uganda	Sub Saharan Africa	57.1	4.3	41%	1.2	19.4
124	Cameroon	Sub Saharan Africa	54.6	4.2	47%	1.2	16.7
125	Lesotho	Sub Saharan Africa	48.9	4.9	42%	1.7	16.7
126	Botswana	Sub Saharan Africa	64.2	4.8	28%	3.8	16.6
128	South Africa	Sub Saharan Africa	56.3	5.1	33%	3.3	15.9
130	Trinidad and Tobago	Americas	70.1	6.4	21%	7.9	15.7
132	Swaziland	Sub Saharan Africa	48.9	4.9	41%	2.0	15.5
133	Sierra Leone	Sub Saharan Africa	49.8	4.5	50%	1.2	15.3

http://worldhappiness.report/ed/2017/

The first World Happiness Report was published in April, 2012. Since then the world has come a long way. Increasingly, happiness is considered to be a proper measure of social progress and a legitimate goal of public policy. On World Happiness Day, March 20th, the World Happiness Report 2017 was launched.

Countries are ranked on all the main factors found to support happiness: caring, freedom, generosity, honesty, healthy life expectancy, income, and good governance. The top ten countries were:

Norway (7. 537); Denmark (7.522); Iceland (7.504); Switzerland (7.494); Finland (7.469); Netherlands (7.377); Canada (7.316); New Zealand (7.314); Australia (7.284); Sweden (7.284).

The 2017 report emphasizes the importance of the social foundations of happiness. There is a four-point happiness gap between the top ten and bottom ten countries, of which three-quarters is explained by the six variables, half due to differences in having someone to count on, generosity, a sense of freedom, and freedom from corruption. The other half of the explained difference is attributed to GDP per capita and healthy life expectancy, both of which, as the report explains, also depend importantly on the social context.

The biggest single source of misery was mental illness. Income differences matter more in poorer countries, but even there mental illness is a major source of misery.

Work is also a major factor affecting happiness. Unemployment causes a major fall in happiness, and even for those in work the quality of work can cause major variations in happiness.

The World Happiness Report has found that happiness is less evident in Africa than in other regions of the world. Given the development challenges that Africa currently faces, it may take a while before people in Africa join the happiest people on the globe. On average in African countries, future life evaluations are much higher than present ones. Optimism, the gap between present and future ratings, is greatest for Africa's youth and decreases with age. In almost all African countries, youthful optimism is above the national average. It is likely that this belief that things may change for the better helps African people to manage their lives in difficult circumstances. The USA is a story of reduced happiness. In 2007 the USA ranked 3rd among the OECD countries; in 2016 it came 19th. The reasons are declining social support and increased corruption.

Access the World Happiness Report 2017 at: http://worldhappiness.report/ed/2017/.

Commonwealth Country Rankings

7	Canada	7.316
8	New Zealand	7.314
9	Australia	7.284
19	United Kingdom	6.714
26	Singapore	6.572
27	Malta	6.527
38	Trinidad and Tobago	6.168
42	Malaysia	6.084
50	Belize	5.956
64	Mauritius	5.629
65	Cyprus	5.621
76	Jamaica	5.311
80	Pakistan	5.269
101	South Africa	4.829
106	Sierra Leone	4.709
107	Cameroon	4.695
110	Bangladesh	4.608
111	Namibia	4.574
112	Kenya	4.553
113	Mozambique	4.550
116	Zambia	4.514
120	Sri Lanka	4.440
122	India	4.315
131	Ghana	4.120
133	Uganda	4.081
136	Malawi	3.970
138	Zimbabwe	3.875
139	Lesotho	3.808
142	Botswana	3.766
151	Rwanda	3.471
153	Tanzania	3.349

2017 COMMONWEALTH CIVIL SOCIETY POLICY FORUM

http://www.chpa.co

Civil Society across the Commonwealth, supported by the Commonwealth Foundation, host an annual policy forum addressing the theme of the annual Commonwealth Health Ministers' meeting (CHMM) which is held each year in Geneva on the eve of the World Health Assembly. Through the policy forum, Commonwealth civil society comes together to discuss, debate, and develop consensus positions and recommendations on the policy issues under discussion which are then presented by civil society to Commonwealth Health Ministers at their meeting. The 2017 Commonwealth Civil Society Policy Forum addressed three issues and developed policy briefs and recommendations:

- Funding models to finance universal health coverage;
- The politics of wellbeing;
- Women's voices on structural violence in health care.

1. FUNDING MODELS TO FINANCE UNIVERSAL HEALTH COVERAGE (UHC)

The Policy Brief on funding models to finance UHC notes that while the concept of Universal Health Coverage (UHC) has wide support globally, the challenge is how best to fund it within budgetary constraints. UHC is defined as all people receiving the health services they need of sufficient quality to be effective while at the same time ensuring they are not exposed to financial hardship in using those services. A significant number of countries are embracing the goal of UHC as the right thing to do for their citizens, promoting social equality, social cohesion, and stability. Achieving UHC is also one of the health goals of the Sustainable Development Goals.The most commonly reported models of health financing to achieve UHC are the Bismarck (social insurance) and Beveridge (tax funded) models, however the policy brief also notes that some Commonwealth countries have achieved UHC at a low percentage of GDP by using mixed funding methods. The policy brief suggests that the Commonwealth is in a unique position to examine the financing models of Commonwealth countries who have achieved UHC to identify key characteristics and lessons learned and share these within the Commonwealth. The policy brief on funding models to finance UHC has two recommendations:

Recommendation 1.1

To inform policy decisions on optimal financing of UHC, Commonwealth Health Ministers request the Commonwealth Secretariat to systematically and critically evaluate the funding models of Commonwealth countries that have achieved UHC, including those Commonwealth countries that use hybrid funding models, and make recommendations as to how this evidence and the lessons learned from these models can be transferred to other Commonwealth countries as appropriate; and that the Commonwealth Secretariat report their findings to the 2018 Commonwealth Health Ministers' meeting.

Recommendation 1.2

That Commonwealth Health Ministers in pursuing the goal of achieving or improving UHC in their countries, involve civil society in decisions to be made about how UHC is to be provided and financed.

2. THE POLITICS OF WELLBEING

Over the last two decades, the concept of 'wellbeing' has entered the policy discourse in many countries. Statisticians, policy-makers and politicians around the world have begun to recognise the need for a new understanding of what defines good policy or a successful nation. 'Wellbeing is defined as: "*Individual wellbeing is a sustainable condition that allows an individual to develop and thrive. It is the combination of feeling good and functioning well"*. Positive wellbeing is a strong predictor of future health. A context whereby people's wellbeing is given as much attention as economic growth, could contribute to more people-focused policy. The policy brief on the politics of wellbeing also has two recommendations:

Recommendation 2.1

Commonwealth Health Ministers should lobby for their national statistics institutes to include internationally harmonised wellbeing questions in large-scale regular official surveys, and to report data in a timely fashion.

Recommendation 2.2

Commonwealth Governments should commit to using a 'wellbeing impact policy tool' to quantify the overall subjective wellbeing impact of all policies, and disaggregate policy impacts for different demographic groups.

3. STRUCTURAL VIOLENCE AND IT IMPACTS ON WOMEN'S HEALTH

Equitable access to health care and other social services is a shared aspiration across Commonwealth countries. For most countries however, the deficits in health policy and practice result in patterns of inequity and exclusion that have contributed to structural violence against its socially marginalized citizens. Many of the main contributing factors to women's morbidity and mortality in both rich and poor countries have their origins in societies' attitudes toward women, which are reflected in the structures and systems that set policies, determine services and create opportunities. Despite considerable progress on health outcome indicators over the past three decades, societies are still failing women at key moments in their lives. Too many girls and women are still unable to reach their full potential because of persistent health, social and gender inequalities and health system inadequacies. Structural violence results in health inequalities; gender based violence; a high incidence of maternal mortality and morbidity; and human rights violations such as forced sterilization, child marriage, and female genital mutilation. The policy brief on structural violence has three recommendations:

Recommendation 3.1

That Commonwealth governments make a declaration to end all forms of violence, identify and commit to instituting mechanisms to address both interpersonal and structural violence around a clear and coherent agenda, ensuring social cultural systems, laws and policies are preventing violence and influencing violence free systems and communities.

Recommendation 3.2

That Commonwealth Ministers of Health work with their governments and remove all financial barriers to accessing health with a special focus on women and girls.

Recommendation 3.3

That Commonwealth governments ensure there is substantial investment in primary health care that will result in: continuous availability of essential drugs; prevention services for endemic diseases; immunisation services; treatment of communicable and non-communicable diseases; maternal and child health services; nutritional services; health education; and water and sanitation services.

23rd CNMF BIENNIAL MEETING

London UK | Friday 9 March 2018

The CNMF 23rd Biennial Meeting of members will be held at the Royal College of Nursing, London UK on Friday 9 March 2018.

The Biennial Meeting is the decision making body of the CNMF where reports are received from the President, the Executive Secretary, the Treasurer, and CNMF Regional Board Members, where decisions are made, and strategic directions set for the coming two years.

All members are welcome to attend. If you have not received the agenda and the papers please contact: jill@commonwealthnurses.org or download from the CNMF website: http://www.commonwealthnurses.org.

CNMF Biennial March 2016

23rd CNMF BIENNIAL 2018 AGENDA

- Reports from:
  - President
  - Executive Secretary
  - Treasurer, and
  - Regional Board Members
- Election of President and Vice President
- Constitutional changes
- Endorsement of position statements discussed at Biennial 2016:
  - Career structures for nurses and midwives
  - Nursing and midwifery work
  - Professional and industrial changes for nurses and midwives
- Policy discussions on:
  - the relationship between nursing and midwifery, and
  - the status of continuing professional development across the Commonwealth
- Regional planning 2018-2020

THE COMMONWEALTH NURSES AND MIDWIVES FEDERATION STRATEGIC PLAN 2017-2018

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

PROGRAMS

The CNMF will provide a wide range of programs and activities in consultation with and in partnership with members.

1. Programs will be developed in response to identified needs and emerging issues.
2. Programs conducted by the CNMF will be determined in consultation with members and the CNMF Board.
3. Board members will be actively involved in delivering CNMF programs.
4. All programs will be evaluated and a report made publicly available on the CNMF website.
5. Programs will be provided across all regions of the CNMF.

MEMBERSHIP

The CNMF will provide a high quality service to members providing information, communication, and supporting capacity building and leadership development.

1. Current membership will be actively maintained and new membership within the expanded membership categories will be sought.
2. Members will be provided with regular communication on issues of interest to them.
3. Input from members will be sought when preparing CNMF responses to issues of interest or concern.
4. The membership data base will be kept current.
5. Members will have access to capacity building and leadership support within the CNMF resources.

COMMUNICATION

The CNMF will have a dynamic communication strategy which will effectively and attractively promote its purpose and activities to members and other stakeholders.

1. The CNMF e-News will be published monthly.
2. The *Commonwealth Nurse* will be published bi-annually; member contributions actively sought; and sponsorship sought to offset costs.
3. The *Commonwealth Nurse* will be published online from its own website to increase access and reduce paper, printing and postage costs.
4. The CNMF website will be updated regularly.
5. Opportunities will be sought to have CNMF activities publicised in other communication media and published in other relevant journals.

LIAISON

The CNMF will maintain active links with relevant stakeholders within the Commonwealth and the wider international community in order to fulfil its purpose.

1. Close links with the Commonwealth Foundation and the Commonwealth Secretariat will be maintained and opportunities pursued to partner with these organisations particularly in relation to Commonwealth Ministers' meetings.
2. Active participation in the Commonwealth Health Professions Alliance will be maintained in order to influence policy at Commonwealth level.
3. Opportunities will be actively sought to partner with other organisations in activities which support the objectives of the CNMF.
4. Close links will be maintained with the International Council of Nurses and the International Confederation of Midwives.
5. Formal links will be established and maintained with other relevant organisations.

GOVERNANCE

The CNMF will be a well governed, responsive, responsible and transparent organisation.

1. The President, Vice President and Board members will be actively engaged with all aspects of the organisation.
2. Democratic elections will be held in a timely manner and in accordance with the CNMF Constitution.
3. Reports will be provided quarterly by the Executive Secretary to the CNMF Board covering all key strategic areas.
4. The Constitution of the organisation will be reviewed in consultation with members prior to each CNMF Biennial Meeting.
5. The Annual Report and annual financial audit of the organisation will be circulated to members and other stakeholders and made available on the CNMF website.

ADMINISTRATION

The CNMF will maintain effective and efficient administrative processes using strategies that reduce costs and environmental impact.

1. All files of the CNMF will be held in a secure electronic format.
2. A permanent archival site will be sought to securely archive old paper format files.
3. A single comprehensive, current, and secure data base will service communication with members and other stakeholders.
4. All complaints received will be responded to in a timely manner and a report provided to the Board.
5. A project will be developed and funding sought to develop a history of the CNMF.

FINANCES

The CNMF will have a financial growth strategy, a diversified financial base and operate within open and transparent financial systems.

1. Membership subscriptions will be invoiced annually and payment of membership subscriptions will be actively pursued by the Executive Secretary and by Board members on request.
2. Opportunities will be actively sought to apply for grants, consultancies and sponsorships; and where feasible, work provided on behalf of other organisations will be on a cost recovery basis.
3. End of year financial statements will be prepared which include a comprehensive breakdown of income and expenditure.
4. The financial accounts of the CNMF will be subject to an annual audit which will be publicly available to members, be uploaded to the CNMF website, and form part of the CNMF Annual Report.
5. All legal requirements of the CNMF as a registered private limited company in the United Kingdom will be met.

SAVE THE DATE

London 10-11 March 2018

LEADING THE WAY: Nurses and midwives for a safe, healthy and peaceful world

The 4th Commonwealth Nurses and Midwives Conference

Royal College of Physicians, Regent's Park, London, UK
Saturday 10 and Sunday 11 March 2018

LAST CALL FOR ABSTRACTS

closing date 15 July 2017

Our world today is far from being safe, healthy or peaceful. Many countries are experiencing war or civil conflict; there are more refugees than ever before seeking a safe place to live for themselves and their families; bush fires, floods, earthquakes and tsunamis are a frequent occurrence; diseases such as Ebola and Zika threaten health and stability; climate change threatens entire populations. Nurses and midwives are in a unique position to act as role models and lead the way in promoting a safe, healthy and peaceful world.

Calling all nursing and midwifery leaders, clinicians, administrators, academics, researchers, activists and advocates to submit an abstract to the 4th Commonwealth Nurses and Midwives Conference and share your work with colleagues across the world. The conference has four key themes:

Promoting health and wellbeing

- Working with older people, young people, adolescents or children; people with mental health issues or other disabilities; in health education; or primary health care settings.

Alleviating illness and disease

- Working to develop or implement new or improved practices, policies or quality improvement projects; to prevent or minimise communicable or non-communicable disease; in all health care settings.

Promoting social harmony and cohesion

- Working with minority groups; with people who are marginalised, vulnerable or oppressed; in cross cultural settings; with refugees or people seeking asylum.

Contributing to a safe environment

- Working with disease outbreaks; in disaster zones; with the effects of climate change; in areas of conflict; or in peacekeeping activities.

ABSTRACT SUBMISSION

Submit your abstract of no more than 300 words to the Commonwealth Nurses and Midwives Federation by 31 July 2017. Late abstract submission cannot be accepted. Abstract submissions must be made using the abstract template which can be downloaded from the CNMF website:
http://www.commonwealthnurses/conference2018.
Website abstract submission: http://www.commonwealthnurses.org/conference2018.
Email abstract submission: cnf@commonwealthnurses.org

MORE INFORMATION

If you require further information please email: cnf@commonwealthnurses.org