



COMMONWEALTH NURSES AND MIDWIVES FEDERATION

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EBOLA KILLS NURSES IN SIERRA LEONE

Send message of support

The Sierra Leone Nurses Association (SLNA) is struggling to provide support to nurses working in areas of Sierra Leone affected by the Ebola virus (EVD). So far, three nurses have died from contracting the virus. As of 17 July 2014, the World Health Organisation (WHO) have confirmed the cumulative number of cases attributed to EVD in Sierra Leone stand at 442 cases (368 confirmed, 48 probably, and 26 suspected), with 206 deaths (126 confirmed, 35 probable, and 6 suspected).

Send message of support

Sierra Leone Nurses Association
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The CNMF Board Member for the West African Region, Ms Hossinatu Mary Kanu, is Sierra Leone's Chief Nursing Officer. The CNMF works closely with the SLNA, providing a range of education and training on patient safety, and maternal and child health. One of the maternal health workshops in 2013 was in Kenema, one of the worst affected areas of EVD.

Ebola first appeared in 1976 in two simultaneous outbreaks in Sudan and the Democratic Republic of Congo, the latter in a village situated near the Ebola River from which the disease takes its name. The Ebola virus causes Ebola virus disease (EVD) in humans with a fatality rate of up to 90%. The symptoms of EVD are severe and can include high fever, muscle pain and weakness, headache and sore throat, followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and internal and external bleeding. There is no known vaccine or cure for EVD. Severely ill patients require intensive supportive care and are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids.

The virus can be transmitted to humans through close contact with the blood, secretions, organs, or other body fluids of infected animals or between humans from direct contact with body fluids, (through broken skin or mucous membranes) including blood, faeces and sweat, and indirect contact with environments contaminated with such fluids. Transmission can also occur through direct contact with the body of a deceased Ebola patient. Burial ceremonies in which mourners have direct contact with the body of the deceased person can play a role in the transmission of the virus.

Health care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control procedures break down.

CHITUNGWIZA HOSPITAL HOSTS CNMF WORKSHOPS

The CNMF was delighted to be invited to host two workshops 14-18 July at Chitungwiza Hospital, Zimbabwe, in partnership with African Impact. The workshops were funded by The Beit Trust. Both workshops were evaluated highly by participants. Presentations from the workshop and the report of the workshop will be uploaded to the CNMF website: <http://www.commonwealthnurses.org>.

A two day leadership workshop was held for twenty four young nurse leaders from Chitungwiza Hospital 14-15 July. The workshop was a mix of presentations, group work, and self-reflection covering a range of topics including: leadership theories and models; values; working in teams; advocacy and lobbying; and strategic planning.



The second workshop, held 16-18 July, provided an update on maternal and child health. Zimbabwe is currently not on track to meet MDGs 4 and 5 by 2015. Twenty four midwives attended the workshop and explored ways in which they could make a positive contribution to reducing the infant, under-5, and maternity mortality rates. Current thinking and practice in relation to antenatal care; intrapartum care; and postnatal care was shared through presentations, group work, practical exercises, and self-reflection. Videos produced by Medical Aid Films and Global Health Media, supported the learning, as did pre-and post-tests for each segment as well as an end of course test. Participants received copies of all presentations and a wide range of resource material as well as copies of the videos which can be used for patient education.





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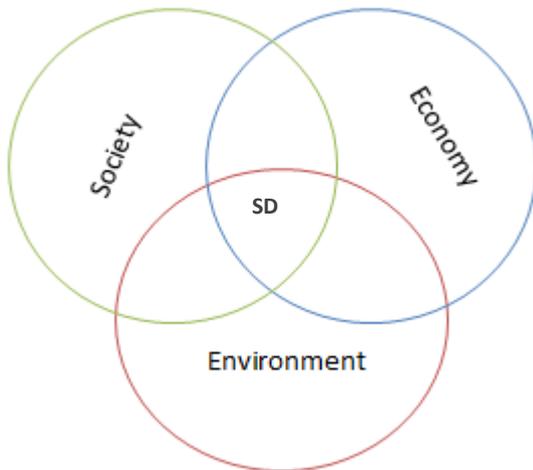
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POST 2015 SUSTAINABLE DEVELOPMENT GOALS

In September 2000, world leaders came together at United Nations Headquarters in New York to adopt the *United Nations Millennium Declaration*, committing their nations to a series of aspirational non-binding development targets - with a deadline of 2015 - that have become known as the Millennium Development Goals.

But what happens after 2015?

In June 2012, at the United Nations Conference on Sustainable Development held in Rio de Janeiro (Rio+20) UN member states agreed to launch a process to develop a set of sustainable development goals (SDGs). Rio+20 did not elaborate specific goals but stated that the SDGs should be limited in number, aspirational, easy to communicate, and address all three dimensions of sustainable development. A 30-member Open Working Group (OWG) of the General Assembly, established on 22nd January 2013, was tasked with preparing a proposal on the SDGs.



On 18 May 2014, Commonwealth Health Ministers (CHMM) met in Geneva to discuss the Commonwealth post-2015 health agenda with a focus on strengthening health policies and systems. At their meeting, Commonwealth Health Ministers highlighted the significant economic return of investing in health and noted the high cost of inadequate health investment.

At the 67th World Health Assembly which followed the CHMM, a resolution was put to the Assembly urging member states to ensure that health is central to the post-2015 development agenda. Member states approved a resolution, stressing the need for ongoing engagement in the process of setting the agenda, including a need to complete the unfinished work of the health Millennium Development Goals, as well as an increased focus on non-communicable diseases, mental health and neglected tropical diseases. The resolution also stressed the importance of universal health coverage and the need to strengthen health systems.

The OWG has produced a 'Zero Draft' of seventeen sustainable development goals. The proposed Goal 3 is: *Attain healthy life for all at all ages*. Goal 3 has nine sub-clauses:

- 3.1 by 2030 reduce the maternal mortality ratio to less than 40 per 100,000 live births,
- 3.2 by 2030 end preventable newborn, infant and under-five deaths,
- 3.3 by 2030 end HIV, AIDS, tuberculosis, malaria, and neglected tropical diseases,
- 3.4 by 2030 reduce by x% premature deaths from non-communicable diseases (NCDs), reduce deaths from injuries, including halving road traffic deaths, promote mental health and wellbeing, and strengthen prevention and treatment of narcotic drug and substance abuse,
- 3.5 by 2030 increase healthy life expectancy for all by x%,
- 3.6 Achieve universal health coverage (UHC), including financial risk protection, with particular attention to the most marginalised, and people in vulnerable situations,
- 3.7 By 2030 ensure universal availability and access to safe, effective and quality affordable essential medicines, vaccines, and medical technologies for all,
- 3.8 ensure universal access to sexual and reproductive health for all,
- 3.9 by 2030 decrease by x% the number of deaths and illness from indoor and outdoor air pollution.

<http://sustainabledevelopment.un.org/owg.html>

Good health is the fundamental foundation on which democracy and development is built. Unless populations are healthy they cannot participate in education and employment or contribute to the economic wellbeing of their country. Additionally, an unhealthy population places an economic burden on their country.

The sustainable development goals will be the focus of international and national effort for the fifteen years from 2015-2030. They will also be the focus of aid assistance and donor funding. It is essential that nurses and midwives actively lobby their governments, particularly their health ministers to ensure that health remains central to the post-2015 development agenda.

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