



## COMMONWEALTH HEALTH MINISTERS' MEETING

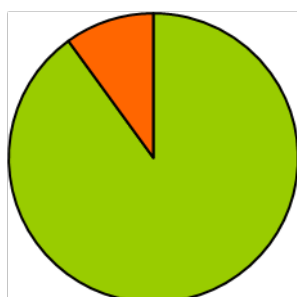
Commonwealth Health Ministers held their annual meeting in Geneva Switzerland 16 May 2010. The theme for the meeting was: *The Commonwealth and the health MDGs by 2015*. Ministers were given an update on the progress of Commonwealth countries in achieving the health Millennium Development Goals (MDGs) and they discussed how health systems could be strengthened to support achievement of the health MDGs and the challenges in and opportunities for financing activities to achieve the health MDGs.

## CHPA MDA SURVEY RESULTS

In preparation for the Commonwealth Health Ministers' meeting, during the first two weeks in March 2010 the CHPA emailed a short seven question survey to their national member associations. The survey was designed to explore the knowledge of national health professional associations about the health MDGs; their perception of whether or not their government was actively involved in actions to achieve the health MDGs; and whether or not their own association was actively involved with their government in actions to help achieve the health MDGs. The survey also sought respondent views about priority actions for themselves and their governments in achieving the health MDGs. Survey questions included both quantitative and qualitative data.

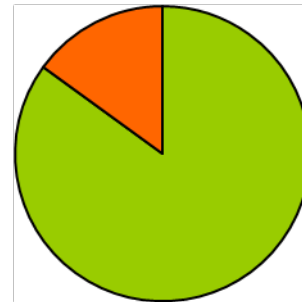
Seventy five civil society organisations representing health professionals (community health workers, dentists, doctors, nurses and pharmacists) from thirty five Commonwealth countries responded to the survey. Ninety per cent of respondents stated they were familiar with the health MDGs. A copy of the survey report is available from: <http://www.commonwealthnurses.org>.

Figure 1: Familiarity with health MDGs



Familiar with MDGs ■ Not familiar with MDGs

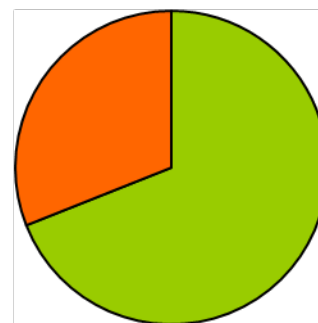
Figure 2: Governments actively involved



Government actively involved ■ Government not actively involved

Eighty five per cent considered their government was actively involved in achieving the MDGs either in their country or in supporting another country.

Figure 3: Associations actively involved



Association actively involved ■ Association not actively involved

Sixty nine per cent of health professional associations were actively involved with their governments in programs to achieve the MDGs.

Respondents were asked to identify the most important actions for their government to take to achieve the health Millennium Development Goals. Four main themes were identified from analysis of the responses: sustainable health systems; sustainable health programs; a sustainable health workforce; and a sustainable environment.

Respondents were also asked to identify the most important actions for their associations to take to help achieve the health Millennium Development Goals in their own or another country. Four main themes were identified from analysis of the responses: be involved; advocate; educate; evaluate.



# COMMONWEALTH NURSES FEDERATION

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## INAUGURAL CHPA Pre-CHMM DEBATE

On Saturday 15 May, the Commonwealth Health Professions Alliance hosted an inaugural pre-Commonwealth Health Ministers' meeting civil society debate. The topic for the debate was: *The health MDGs - possible or impossible for Commonwealth countries.*



The 'possible' team was led by Dr Mark Collins, Director of the Commonwealth Foundation and included Ms Ramziah Binti Ahmad, President of the Malaysian Nurses Association and Commonwealth Nurses Federation Board Member for the Pacific Region; and Dr Sundaram Arulraj, President of the Commonwealth Medical Association. Dr Danny Srisandarajah, Director of the Royal Commonwealth Society led the 'impossible' team which included Dr Bhupinder Sandhu, President of the Commonwealth Association for Paediatric Gastroenterology and Nutrition; and Ms Janet Davies, Director of Nursing and Health Services, Royal College of Nursing United Kingdom. The Commonwealth Foundation provided funding support for the debate.

The 'possible' team argued that for Commonwealth countries to fail to achieve the health MDGs would be a betrayal of trust and hope. They outlined the milestones that had already been met by many countries in reducing child mortality and combating HIV and AIDS, malaria and tuberculosis. They shared recent research which demonstrated that maternal mortality was also decreasing gradually.

The 'impossible' team suggested a reality check and that despite some progress the chances that the health MDGs will be achieved by 2015 are extremely unlikely. They pointed out the significant gaps in donor aid and in-country investment in health and argued that the evidence from the past ten years did not, unfortunately, bode well for a dramatic change in the next five years to 2015.

## WHO GLOBAL CODE ON MIGRATION

The 63<sup>rd</sup> World Health Assembly held in Geneva Switzerland 17-21 June 2010, endorsed the *Global Code of Practice on the International Recruitment of Health Personnel*. The adoption of the Code was unanimous. The voluntary Code provides an ethical framework to guide countries in the recruitment of health workers. The Code is only the second to be adopted in the history of the WHO. The other is the *International Code of Marketing of Breast Milk Substitutes* which was adopted in 1981. The forerunner to the WHO Code was the 2003 *Commonwealth Code of Practice for the International Recruitment of Health Workers*.

A copy of the WHO Code is available from:

[http://www.who.int/hrh/migration/code/WHO\\_global\\_code\\_of\\_practice\\_EN.pdf](http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf).

The Code has eight 'guiding principles' which are outlined in Article 3 and which urge governments to take the Code into account when developing their national health policies; conduct international recruitment of health personnel in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing countries; promote and respect fair labour practices for all health personnel and ensure the employment and treatment of migrant health personnel is without unlawful distinction of any kind; and work toward establishing effective health workforce planning, education and training, and retention strategies that will reduce the need to recruit migrant health personnel.

The Code also has Articles on responsibilities, rights and recruitment practices; health workforce development and health systems sustainability; data gathering and research; information exchange; and implementation of the Code.

A copy of the Commonwealth Code is available from:

[http://www.thecommonwealth.org/shared\\_asp\\_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D\\_CommonwealthCodeofPractice.pdf](http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/%7B7BDD970B-53AE-441D-81DB-1B64C37E992A%7D_CommonwealthCodeofPractice.pdf)

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