



COMMONWEALTH NURSES AND MIDWIVES FEDERATION

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COMMONWEALTH HEALTH MINISTERS MEET IN GENEVA

On 18 May 2014, Commonwealth Health Ministers met to discuss the Commonwealth post-2015 health agenda with a focus on strengthening health policies and systems. At their meeting, Commonwealth Health Ministers high-lighted the significant economic returns of investing to improve health and noted the high cost of inadequate health investment.

At the World Health Assembly, which followed the Commonwealth Health Ministers' meeting, member states approved a resolution on health in the post-2015 development agenda, 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.

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.

Convergence in health equality possible in our lifetime

Recent reports however suggest the exciting possibility of achieving dramatic gains in global health by 2035 through a convergence around the management of infections; child and maternal mortality; major reductions in the incidence and consequences of NCDs and injuries; and the promise of universal health coverage.

Research by the Lancet Commission found that the returns on investing in health are impressive. For example, reductions in mortality account for about 11% of recent economic growth in low-income and middle-income countries as measured in their national income accounts and with the right investments, the stark differences in infections and maternal and child death rates between countries of differing income levels could be brought to an end within a generation through investment in evidence-based, low cost interventions.

Sternberg et al costed health systems strengthening and six investment packages for maternal and newborn health, child health, immunisation, family planning, HIV and AIDS, and malaria with nutrition as a cross-cutting theme. They used simulation modelling to estimate the health and socio-economic returns of these investments. Increasing health expenditure by just \$5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits by 2035.

These returns include greater gross domestic product (GDP) growth through improved productivity, and prevention of the needless deaths of 147 million children, 32 million stillbirths, and 5 million women.

Post 2015 health agenda

On 16 September 2014, the 69th General Assembly of the United Nations will be considering the post-2015 development agenda and in May 2015, the annual Commonwealth Health Ministers' meeting will discuss universal health coverage. Commonwealth Health Ministers have acknowledged the need to ensure that all Commonwealth citizens have equitable access to quality and affordable essential health services, without enduring financial hardship, in a manner that is sustainable for the long-term.

Challenges exist and it is clear that to achieve universal health coverage and convergence it will require additional resources from both national and donor governments. Yet the economic advantages of investing in primary health care and preventing ill health; immunisation; NCDs (including mental health); maternal and child health; the health workforce; and essential medicines will be considerable for Commonwealth countries. Increased official development assistance for such interventions provides the opportunity for faster implementation of these interventions post-2015. National and international nursing and midwifery associations and individual nurses and midwives need to actively involve themselves within their country in the discussions around the post-2015 agenda to ensure that health has a major place.

References

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ARC MEETS IN ZAMBIA 2nd learning session for Year 3 grants

The African Regulatory Collaborative held the 2nd learning session of Year 3 at the end of April in Lusaka Zambia for the eleven countries who had received Year 3 grants. The countries are: Botswana, Lesotho, Mozambique, Namibia, Rwanda, the Seychelles, South Africa, South Sudan, Swaziland, Uganda, and Zambia.



The African Regulatory Collaborative (ARC) is a partnership between the CDC Centre in Atlanta Georgia; Emory University; the East, Central and Southern African Health Community; and the Commonwealth Nurses and Midwives Federation. The purpose of the collaborative is for countries to receive small annual grants through a competitive process, to undertake nursing and midwifery regulatory improvements within their countries. The process brings together the nursing and midwifery leadership within a country: the Chief Nursing Officer, the Nursing Registrar, the President of the National Nursing Association; and a representative of nursing education.



In Year 3, the countries are undertaking a range of regulatory projects including establishing national continuing professional development programs, revising scopes of practice, and developing entry-to-practice licensing examinations.



ARC Faculty

REPORT FROM WORLD HEALTH ASSEMBLY

The 67th World Health Assembly was held in Geneva, Switzerland from 20-24 May 2014 attended by 3,500 delegates. More than 20 resolutions were adopted on public health issues of global importance. These included resolutions on the following subjects:

- Antimicrobial drug resistance
- Implementation of the 2005 international health regulations
- Addressing the global challenge of violence, particularly against women and girls
- Access to essential medicines
- Regulatory system strengthening
- Health intervention and technology assessment in support of universal health coverage
- Health in the post-2015 development agenda
- A draft action plan for newborn health.

The resolution on technology assessment in support of universal health coverage noted that many countries lack the capacity to assess the merits of health technology. As a result, wasteful spending on medicines and other technologies has been identified as a major cause of inefficiencies in health service delivery. The main purpose of supporting health technology assessment (HTA) is to inform technology-related policy-making in health care, and thus improve the uptake of cost-effective new technologies and prevent the uptake of technologies that are of doubtful value for the health system.

Member States approved a resolution on health in the post-2015 development agenda, 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, newborn health, as well as an increased focus on non-communicable diseases, mental health and neglected tropical diseases. The resolution also stresses the importance of universal health coverage and the need to strengthen health systems through strengthening civil registration, vital statistics and health information systems. Member States emphasised the importance of having health at the core of the post-2015 development agenda.

A draft action plan calls for countries to end preventable newborn deaths and stillbirths by 2035 and to aim for fewer than 10 newborn deaths per 1000 live births and less than 10 stillbirths per 1000 total births by 2035. Every year almost 3 million babies die in the first month of life and 2.6 million babies are stillborn. Most of these deaths could be prevented by cost-effective interventions. The plan's goals will require every country to invest in high-quality care before, during and after childbirth for every pregnant woman and newborn and highlights the urgent need to record all births and deaths.

The full report is available from:

<http://www.who.int/mediacentre/news/releases/2014/WHA-20140524/en/>