



commonwealth nurse

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CNF VISITS CAMEROON

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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 3413
Email: cnf@commonwealthnurses.org
Website: <http://www.commonwealthnurses.org>

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from the PRESIDENT



Susie Kong
CNF President

A handwritten signature in black ink that reads "Susie Kong". The signature is stylized and includes a small mark at the end.

2010 has been the most eventful and fruitful year in the history of the Commonwealth Nurses Federation (CNF). In the past twelve months, the CNF, in collaboration and partnership with national nursing association members, organized and conducted five workshops, reaching out to nearly 300 nurses across the Commonwealth. Our membership was greatly strengthened and we now have 44 members. In line with our strategic directions, we have also developed closer partnerships with other health professional groups and civil society organisations. The visibility of the CNF has increased tremendously through the monthly e-News and regularly updated website. All these achievements would not have been possible without the passion, dedication and hard work of our Executive Secretary, Jill Iliffe.

Since I took up the presidency of the CNF, I have visited all CNF regions: Europe; Atlantic; Asia; West Africa; East, Central and Southern Africa; and not so long ago, the South Pacific Region. Although all the regions have very diverse cultures and practices, nurses around the world have one common characteristic: the majority of nurses work in very harsh and tough conditions, yet when they come together they know how to leave their stress behind and enjoy themselves through singing and dancing. Keep up the good spirit!

I am deeply grateful to the Malaysian Nurses Association (MNA) under the leadership of Ms Ramziah Ahmad, who is also the CNF Pacific Region Board Member, for organizing a fund raising event for the CNF. The generous donation of more than £8,000 will fund activities in the Pacific Region. Apart from the fund raising dinner which I attended, MNA requested its members to pledge RM 1 each toward this fund. The RM 1 does not hurt the pocket of the individual nurse, but the total amount collected is significant. As it is getting tougher to obtain funding from sponsors, I appeal to all CNF national nursing associations to explore creative ways to raise funds so the CNF can do more for our members and be less dependent on outside funding.

I look forward to seeing many of you during our Biennial meeting in Malta, April 2011. I wish all of you a healthy and joyous 2011. Let us work closely together as we hop into the Year of the Rabbit!

SUSIE KONG HONOURED BY THAILAND



CNF President, Susie Kong, was selected by the Trustees of the Princess Srinagarindra Award Foundation to be the recipient of the Princess Srinagarindra Award for 2009. The Award was established in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol, who was the mother of His Majesty King Bhumibol Adulyadej of Thailand. This prestigious Award is conferred annually to a registered nurse or midwife who has made a significant contribution or development to the nursing or midwifery profession. Susie received the Award on 21 October 2010. The presentation ceremony, resplendent with grandeur, was held at the Royal Grand Palace in Bangkok, presided over by her Royal Highness Princess Maha Chakri Sirindhorn, daughter of the King and attended by a range of dignitaries, including the Prime Minister of Thailand. Susie said she felt very humbled to receive the Award, and more importantly, that she was deeply touched by the great honour given to a nurse by the people of Thailand. Susie said this life time experience has reaffirmed her conviction that nursing is a truly great profession.



HISTORIC CNF WORKSHOPS IN CAMEROON

The CNF, in conjunction with the Cameroon Nurses Association, held two very successful workshops in the CNF 4 *Safety* series in Yaounde 5-6 July and Bamenda 8-9 July 2010. Forty three nurses attended the Yaounde workshop and 48 nurses attended the Bamenda workshop.

Delegates considered key factors essential to ensure patient safety; discussed strategies to make their workplaces safer; debated issues around whether nursing in Cameroon was a safe profession; and reflected on their own capacity to be a safe nurse.



Participants at the Yaounde workshop



Participants at the Yaounde workshop



Participants at the Yaounde workshop



President of the Cameroon Nurses Association: Nkwain Joseph



Workshop presenters from Cameroon: Njini Rose (CNA Secretary General) and Ntalabe Joseph (CNA Vice President) who presented on: A safe profession and A safe patient respectively.



Mbah-Mbole Christina and Clarisse Bombi Lamnyam presented on: A safe workplace; and A safe nurse respectively.

The CNF 4 *Safety* Workshop is divided into four segments: a safe patient; a safe workplace; a safe profession; and a safe nurse and explore factors that contribute to a safe health environment such as: safe buildings, security, clean air and water, well maintained equipment, sufficient staff, infection control, education, regulation, standards of practice, and achieving a work/life balance in an environment of global nursing shortages. The principle underlying the workshop is 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 consist of formal presentations, group activities and individual activities.

The outcomes of participant deliberations in Yaounde on the key factors essential for patient safety were:

Communication and information (16 responses)

- Patients and family, health care team,
- Friendly and professional (dress, language, mutual respect, team spirit),
- Provide full information.

Education (16 responses)

- Nurses (initial and ongoing),
- Patients and family.

Environment (15 responses)

- Physical (clean water supply, lighting, safe, well constructed buildings, clean air, toilets),
- Economic (insurance system, sufficient funding from government),
- Political (supportive, knowledgeable).

Staffing (14 responses)

- Sufficient in number, adequately trained and qualified, appropriate nurse to patient ratios.

Resources (14 responses)

- Technical equipment (sufficient, well maintained),
- Consumables (gloves, syringes etc).

Infrastructure (14 responses)

- Leadership,
- Standards and regulation,
- Policies and protocols.



The outcomes of participant deliberations in Bamenda on the key factors essential for patient safety were:

Safe staff (36 responses)

- Quantity and quality; clear job description; continuous education and capacity building; knowledgeable and competent; motivated and not burnt out; standardised training with highly qualified educators.

Safe care (29 responses)

- Educated patients; knowledge of patient's health status; knowledge of social/cultural/economic status; collaboration with and support of family.

Safe environment (23 responses)

- Clean water supply; appropriate lighting; clean air; hygienic; adequate consumable resources; available equipment in good working order.

Skilled communication (19 responses)

- Reception and orientation of patients; listening skills; positive relationship with patients; written records for continuity of care; good information systems.

Safe infrastructure (14 responses)

- Government recognition of ALL training schools and health facilities; health policies and protocols; sufficient funding from government / health insurance schemes.



Participants deliberated on whether they considered nursing in Cameroon to be a profession and if so, whether it was a safe profession against set criteria with nursing in Cameroon scoring an overall 52.65%.

Participants called on the Ministry of Health and the Cameroon Nurses Association to provide more continuing education for nurses and midwives in Cameroon and committed themselves as individuals to take what they had learned back to their workplaces to share with their colleagues. The key issues in nursing identified by participants will be part of a report of the workshop that will be available to participants and presented to government.

PROFESSIONAL AUTONOMY IN NURSING

There are three distinct concepts in the title of this article: 'professional'; 'autonomy'; and 'nursing'. Before we can benefit from reflection about professional autonomy in nursing and reach a conclusion based on that reflection it is important first to define what these three concepts mean and to have a clear understanding of their meaning in relation to each other.

What is nursing? Most nurses are familiar with the definition of nursing proposed by Virginia Henderson in 1966: *"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge"*.¹

In April 2003, the Royal College of Nursing (RCN) in the United Kingdom published a document titled: *Defining nursing*.² The document was prepared by a small steering group after broad consultation with nurses in the United Kingdom, a literature review and surveying members of the International Council of Nurses to identify any definitions of nursing already developed in other countries. The result of this deliberation is a definition of nursing which is comprised of a core statement supported by six 'defining characteristics'. According to the authors, the core statement expresses the common core of nursing which remains constant and the way in which the defining characteristics are combined is what makes nursing unique (p.2).

The RCN proposed that: *Nursing is ... the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.*

The six 'defining characteristics' are:

1. A particular purpose: to promote health, healing, growth and development and to prevent disease, illness, injury and disability. ... When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end.
2. A particular mode of intervention: ... empowering people ... the identification of nursing needs; therapeutic interventions and personal care;

information, education, advice and advocacy; and physical, emotional and spiritual support.

3. A particular domain: people's unique responses to and experience of health, illness, frailty, disability and health-related events.
4. A particular focus: the focus of nursing is the whole person and the human response.
5. A particular value base: nursing is based on ethical values which respect the dignity, autonomy and uniqueness of human beings ... and the acceptance of personal accountability for decisions and actions.
6. A commitment to partnerships: with patients, their relatives and other carers, and in collaboration with others as members of a multi-disciplinary team.

Nursing is often criticised for not having clearly defined its role. The title 'nurse' is not protected in all countries and there are no legislative or regulatory barriers to a person calling themselves a nurse nor are there punishments for them if they do so. There are many different 'types' of 'nurse'; for example, registered nurse, enrolled nurse, licensed practical nurse, assistant nurse, and members of the public, whether they be parliamentarians or patients, cannot tell a registered nurse from an assistant nurse or a carer nor articulate what is the difference between them.

Is nursing a profession? While nurses world-wide undergo a reasonably similar education, perform a reasonably similar role and undertake reasonably similar activities, the development of nursing as a profession varies widely between countries.

The Health Professions Council of the United Kingdom have established ten criteria which new professions must meet before the Council can recommend that they should be regulated.³ These criteria are that the group:

1. Cover a discrete care of activity displaying some homogeneity,
2. Apply a defined body of knowledge,
3. Practice based on evidence of efficacy,
4. Have at least one established professional body which accounts for a significant proportion of that occupational group,
5. Operate a voluntary register,
6. Have defined routes of entry to the profession,
7. Have independently assessed entry qualifications,
8. Have standards in relation to conduct, performance and ethics,

¹ Henderson, V. 1966. *The Nature of Nursing*. New York: Macmillan Publishing. p.15

² Royal College of Nursing. 2003. *Defining nursing*. London: RCN. Available from: http://www.rcn.org.uk/_data/assets/pdf_file/0003/78564/001983.pdf (accessed 15 October 2010).

³ Health Professions Council United Kingdom. Available from: <http://www.hpc-uk.org/aboutregistration/newprofessions/criteria/> (accessed 15 October 2010).

9. Have 'fitness to practise' procedures to enforce those standards, and
10. Be committed to continuous professional development.

Judged by those standards, nursing would most probably qualify as a profession. Chitty (2005 p.166) described the process of achieving professionalism as: undertaking full-time work in the discipline; determining work standards; identifying a body of knowledge; establishing education programs in institutions of higher learning; being organised into occupational associations; legally protecting the area of practice to prevent practice by others; and developing a code of ethics.⁴ According to those criteria, nursing would probably qualify as a profession while still having some way to go to legally protect its area of practice.

Lucie Kelly was an outstanding nurse writer, teacher, and influential leader, a previous editor of the journal *Nursing Outlook* and a past President of Sigma Theta Tau International Honour Society of Nursing who spent much of her nursing career exploring the dimensions of nursing as a profession. She published the following criteria of a profession.⁵

1. A profession utilises in its practice a well-defined and well-organised body of knowledge that is intellectual in nature and describes its phenomena of concern.
2. A profession constantly enlarges the body of knowledge it uses and subsequently imposes on its members the lifelong obligation to remain current in order to do no harm.
3. A profession entrusts the education of its practitioners to institutions of higher education.
4. A profession applies its body of knowledge in practical services that are vital to human welfare, and especially suited to the tradition of seasoned practitioners shaping the skills of newcomers to the role.
5. A profession functions autonomously (with authority) in the formulation of professional policy and in the monitoring of its practice and practitioners.
6. A profession is guided by a Code of Ethics that regulates the relationship between professional and client.
7. A profession is distinguished by the presence of a specific culture, norms and values that are common among its members.

8. A profession has a clear standard of education preparation for entry into practice.
9. A profession attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognise their chosen occupation as a life's work.
10. A profession strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security.

So how does nursing measure against those criteria? Nursing does have an extensive body of knowledge based on intellectual scholarship and research that is constantly increasing and nurses are exhorted to base their practice on evidence. However critics claim that nursing still has a limited body of knowledge that has been tested and identified as universally underlying nursing practice. The 'nursing process' is meant to be the universal language of nursing; however how many nurses can claim to use the nursing process, to assess, plan, implement and evaluate the care they provide in daily practice.

There have been many theories of nursing well articulated and documented over the years. Florence Nightingale (1859), Hildegard Peplau (1952), Dorothy Johnson (1959), Dorothea Orem (1959), Virginia Henderson (1961), Imogene King (1964), Martha Rogers (1970), Callista Roy (1970), Betty Neuman (1972), Jean Watson's (1979) and Patricia Benner (1984) to name just some of them. But do nurses base their everyday nursing practice on nursing theory? Does the health service in which a nurse works base their nursing services on a theory of nursing?

Another criticism is the lack of a universal requirement in nursing for continuous professional education. How many countries require a demonstration of continuous professional education for re-registration or re-licensure? How many health ministries, or departments, or facilities provide continuous professional education for their nursing staff?

How many nurses, regardless of whether continuous professional education is required or provided, have committed to personally pursuing continuous professional education? A commitment to maintaining currency of knowledge and competency in practice is a hallmark of professionalism.

⁴ Chitty, K. 2005. *Professional nursing: concepts and challenges*. USA: Elsevier Inc. P.166

⁵ Joel, L.A. 2003. *Kelly's dimensions of professional nursing*. 9th ed. USA: McGraw-Hill Companies p.193.

Lucie Kelly suggests in her criteria that the practitioners of a profession are educated in institutions of higher education, that is, universities. This requirement that practitioners of a profession be educated at university level appears in almost all criteria of a profession. However, across the world, where nurses are educated varies considerably, from hospital based apprenticeship courses, to private or technical colleges, to universities. The length of nursing education courses also vary from two years to four or five. The initial nursing qualification to practice also varies, from certificate, to associate diploma, diploma, associate degree and degree. While the number of nurses who are educated in universities at degree level is increasing across the world, that number is much smaller than that of other professions.

Critics of nursing argue that the educational base of nursing is not extensive enough to warrant professional status; that the segmentation of nursing education and different entry levels to practice, inevitably lead to a vastly different educational and experiential outcome.

In relation to Kelly's other criteria, there is no question that nurses provide an essential service that is vital to human welfare. Nurses are generally held in high regard by the community for the work they do although this valued work is frequently not rewarded accordingly. Nursing, the world over, shares a collective identity; a distinctive set of norms, culture and values. Nursing is almost universally guided by codes of ethics and conduct. It is not difficult when you meet nurses from other countries to find common ground in which to explore your experience of nursing. In international meetings of nurses, I am constantly amazed at how similar the motivation, hopes and concerns of nurses are, regardless of the situation in, or culture of, their individual countries.

There is also rarely any criticism of nursing where altruism is concerned. Nurses invariably respond when asked why they chose to be a nurse, that they want to help, to care, to make a difference. Nursing is still seen to be a 'calling' rather than an 'occupation'.

Perhaps the most difficult criterion of a profession for nursing to meet is that nursing ... *functions autonomously in the formulation of professional policy and in the monitoring of its practice and practitioners.*

Autonomy is a reasonably well described concept. The word takes its meaning from two words from ancient Greek: '*auto*', meaning 'self', and '*nomos*', meaning 'law'; one who gives himself his own law; self government; the right or power to govern oneself free from external control or restraint; self determination. The World Confederation for Physical Therapy defines autonomy as: *the ability of a reflective practitioner to make independent judgments; open to initiate, terminate or alter ... treatment.*⁶

The strongest criticism of nursing is that nurses and nursing have little, if any, autonomy. Can nursing claim to be in control of the way in which nursing is practised in all settings? While nurses are seen as essential and valuable members of the team, they rarely head up the team and their role is seen to be that of implementing treatment decisions determined by other health professionals, most usually the doctor. The majority of nurses work as employees, not as self employed practitioners, and consequently are under the direction and control of their employer. This makes it difficult for nurses to determine the parameters of their practice or prevent other employees who are not nurses from undertaking activities that rightly belong to nursing. In addition to being under the control of health administrators, nurses are also frequently under the control of nursing administration and the nursing hierarchy who are not always supportive of nursing's ambition for more autonomy.

The history of nursing and medicine has always placed nurses in a subservient position to, or under the control of, the doctor: 'the doctor's handmaiden'. Interestingly, the *Florence Nightingale Pledge*⁷ which is often quoted as exhorting nurses to accept a subservient position to medicine merely urges nurses to aid (or assist) the physician in his work. A position of subservience or inferiority is not inherent in that statement. Chitty (2005) notes that: *physicians are widely regarded as gatekeepers, and their authorisation or supervision is required before many activities can occur (p.173).*⁸

Where is nursing on the path to autonomy? Is nursing 'self governing' or 'self determining'? Nursing in most countries sets its own standards for nursing practice and for nursing education. In many countries, nurses also make a major contribution to the standards for nursing

⁶ Available from: <http://www.wcpt.org/node/29562> (Accessed 15 October 2010)

⁷ Gretter, L. 1893. *The Florence Nightingale Pledge*. Available from: <http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/WhereWeComeFrom/FlorenceNightingalePledge.aspx> (accessed 15 October 2010).

⁸ Chitty, K. 2005. *Professional nursing: concepts and challenges*. USA: Elsevier Inc. p.173.

registration or licensure. The employee status of the majority of nurses appears to be the major stumbling block for achieving autonomy.

Other health professional groups, such as medicine, physiotherapy, occupational therapy, optometry and podiatry, have all managed to become more autonomous than nursing. One factor is related to the numbers. Where there are fewer practitioners in a discipline it is easier to achieve solidarity. Another factor is the capacity of other disciplines to be self employed. Self employment lends itself more readily to self governance or self determination.

In some respects, the sheer number of nurses, who usually make up more than 50% of any health workforce, works against the achievement of autonomy in practice. Nurses experience difficulty in achieving consensus on issues critical to the professional development of nursing. There is often dissension and competition, such as the rivalry between nurses educated in hospitals and nurses educated in universities. Some nurses embrace a subservient position to medicine; others find such a position untenable. Some nurses embrace political agitation to achieve their objectives; other nurses find such action abhorrent. Membership of a professional association is an essential component of professionalism, however many nurses do not belong to any professional association and there is often not just one professional association for nurses, but many, and that fragmentation and competition for membership dilutes the potential power of nursing to achieve its objectives. There is frequently competition and conflict between nursing professional and industrial associations instead of collegiality and cooperation.

To claim professional autonomy, nurses must be able to clearly define nursing and articulate its purpose, its theory, its scope and what makes nursing a unique discipline in its own right, and nursing must be able to confidently and definitively meet all the criteria of a profession. It is only as nurses know and claim nursing that they will be able to demand and achieve autonomy in professional practice.

Jill ILIFFE - M.Int.S, BAS (Nursing), RM, RN
Executive Secretary
Commonwealth Nurses Federation
jill@commonwealthnurses.org
(Published in Cuid'Arte 4:7 November 2010 and translated into Portuguese)

CONTINUING EDUCATION OPPORTUNITIES

GLOBAL HEALTH e-LEARNING CENTRE

The Global Health e-Learning Centre is hosted and funded by USAID. Courses are free and include (amongst many others):

- Antenatal care
- Emergency Obstetric and Newborn Care
- Family Planning and Reproductive Health
- HIV Basics, Stigma and Discrimination, Surveillance
- Human Resources for Health
- Immunisation Essentials
- Malaria
- Pneumonia
- Postpartum Care
- Preventing Postpartum Haemorrhage
- Tuberculosis
- Youth Reproductive Health

For more information see:

<http://www.globalhealthlearning.org>

GLOBAL HEALTH UNIVERSITY

Unite For Sight is a non-profit organization committed to excellence in global health. Unite For Sight's Global Health University is designed to develop and nurture current and future global health leaders. Global Health University helps to effect widespread innovative change in global health through comprehensive online Global Health Certificate Programs. Courses cost as little as US\$55.00 and 2011 courses include, amongst others:

- Certificate in Global Health
- Certificate in Global Health Research
- Certificate in Health Education Strategies
- Certificate in Maternal and Child Health
- Certificate in Community Development
- Certificate in Cultural Competency
- Certificate in Eye Health
- Certificate in Environmental Health

For more information, see:

<http://www.uniteforsight.org/global-health-university/>

ABOUT THE COMMONWEALTH



The Commonwealth of Nations, normally referred to as the Commonwealth, is an intergovernmental organisation of fifty-four independent member states. All but two (Mozambique and Rwanda) of these countries were formerly part of the British Empire. The London Declaration of April 1949 by Commonwealth Heads of Government, is often seen as marking the beginning of the modern Commonwealth when the word 'British' was dropped from the title of the Commonwealth to reflect its changing nature.

Queen Elizabeth II is the current Head of the Commonwealth, however when the Queen dies, her successor does not automatically become Head of the Commonwealth. The Head of the Commonwealth is decided by the Commonwealth Heads of Government. Sixteen members of the Commonwealth recognise the Queen as their head of state, however the majority of Commonwealth member states (thirty-three) are republics while a further five have monarchs of different royal houses.

The Commonwealth's objectives were first outlined in the 1971 Singapore Declaration, which committed the Commonwealth to the institution of world peace; the promotion of representative democracy and individual liberty; the pursuit of equality and opposition to racism; the fight against poverty, ignorance, and disease; and free trade. To these were added opposition to discrimination based on gender by the Lusaka Declaration of 1979 and environmental sustainability by the 1989 Langkawi Declaration. These objectives were reinforced by the Harare Declaration in 1991.

The Commonwealth has long been distinctive as an international forum where highly developed economies and many of the world's poorer countries seek to reach agreement by consensus although this aim has sometimes been difficult to achieve. Commonwealth countries work together to build a better world for themselves by helping each other to: make their economies stronger; improve their systems of government; and enhance the skills of their people. With English as a common working language and similar systems of law, public administration and education, the Commonwealth has become a vibrant and growing association of states in tune with the modern world.

The Commonwealth is home to two billion citizens of all faiths and ethnicities, over half of whom are 25 or under. The Commonwealth considers that the best democracies are achieved through partnerships of governments, business, and civil society. Beyond the ties of history, language and institutions, it is the association's values which unite its members: democracy, freedom, peace, the rule of law and opportunity for all.

The Commonwealth Secretariat, established in 1965 and based in London, is the main intergovernmental agency of the Commonwealth, facilitating consultation and cooperation among member governments and countries. The Secretariat organises Commonwealth summits, meetings of ministers, consultative meetings and technical discussions; it assists policy development and provides policy advice, and facilitates multilateral communication among the member governments. It also provides technical assistance to help governments in the social and economic development of their countries and in support of the Commonwealth's fundamental political values. The Secretariat is headed by the Commonwealth Secretary-General who is elected by Commonwealth Heads of Government for no more than two four-year terms. The present Secretary-General is Kamallesh Sharma, from India, who took office on 1 April 2008.

The Commonwealth Foundation is also an intergovernmental body established in 1965 and based in London. The mandate of the Commonwealth Foundation is to support and strengthen civil society in the achievement of Commonwealth priorities: democracy and good governance, respect for human rights and gender equality, poverty eradication and sustainable, people-centred and sustainable development, and to promote arts and culture. The Commonwealth has a worldwide network of around 90 professional and advocacy organisations.



Over 600 million people in the Commonwealth live on less than US\$1 a day. You can become a Friend of the Commonwealth and help make a real difference. Friends take part in events, volunteer, share their skills and knowledge to help others and support the work of the Commonwealth Foundation and its partners. It costs nothing to join.

Go to: <http://commonwealthfoundation.com/friends>.

BAHAMAS LEADERSHIP WORKSHOP

The Nurses Association of the Commonwealth of the Bahamas (NACB) held a successful leadership workshop in partnership with the CNF in Nassau 18-19 November 2010. One hundred and twenty five nurses attended the workshop which was combined with a gala dinner where a number of nurses were honoured for their contribution to nursing and midwifery in the Bahamas.



Participants at the Bahamas Leadership Workshop



Executive of the Nurses Association of the Commonwealth of the Bahamas

The workshop covered theories of leadership; the characteristics of leaders; values; strategic thinking and planning; networking; achieving shared objectives; being an advocate; lobbying; and working with the media.

The workshop combined formal presentations, group work, and self reflection with interactive exercises.

As part of the workshop, participants chose a workplace issue of concern to them and in groups developed a media strategy to sell their message to their target audience which they then presented to workshop participants. Demonstrating amazing energy, creativity and initiative, participants presented their message incorporating slogans, jingles, role playing, theatre, song and dance.

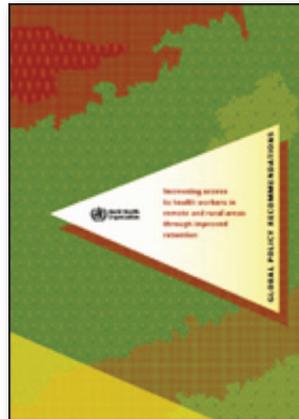
The workshop was evaluated highly with 95% of participants finding it both useful and enjoyable. Congratulations NACB.



RESOURCES

WHO RESOURCE ON THE HEALTH WORKFORCE

Increasing access to health workers in remote and rural areas through improved retention



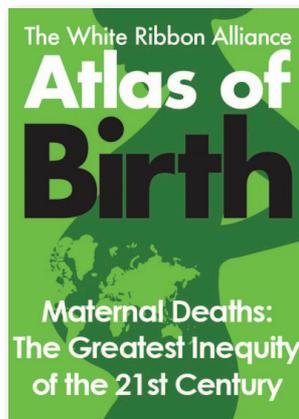
The WHO has just released guidelines designed to assist countries to increase the retention of health workers in remote and rural areas. The guidelines contain specific recommendations covering: education; regulation; financial incentives; and personal and professional support. National nursing and midwifery associations are encouraged to obtain a copy of the guidelines and set up a meeting with their governments to discuss the development of strategies for implementation of the recommendations. A copy of the guidelines is available from:

http://whqlibdoc.who.int/publications/2010/9789241564014_eng.pdf

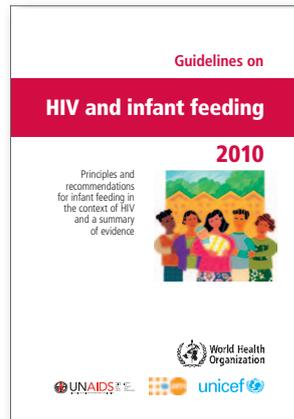
ATLAS OF BIRTH

The Atlas of Birth recently released by the White Ribbon Alliance is a compendium of the latest available data with maps, images and stories documenting one of the greatest opportunities of our time - to prevent the tragic and almost always preventable deaths of women in childbirth. Available from:

<http://www.whiteribbonalliance.org/resources.cfm?a0=AoB>



HIV AND INFANT FEEDING



Approximately 400 000 infants acquire HIV infection each year as a result of mother-to-child transmission. To reduce this risk WHO recommends that all women with HIV should receive antiretroviral drugs to protect against HIV transmission during pregnancy, delivery or breastfeeding.

There is good evidence that earlier and more effective treatment can prevent nearly all mother-to-child transmissions. Breastfeeding, which is essential for child survival, has posed an enormous dilemma for mothers living with HIV. Now, WHO says mothers may safely breastfeed provided that they or their infants receive ARV drugs during the breastfeeding period. This has been shown to give infants the best chance to be protected from HIV transmission in settings where breastfeeding is the best option. Download the new 2010 WHO Guidelines from:

http://www.who.int/child_adolescent_health/documents/9789241599535/en/

STORIES OF MOTHERS SAVED



Stories of Mothers Saved is a considerable collection of individual stories from 60 communities in nearly 30 countries of women who have survived pregnancy and childbirth to tell their stories. Each story is unique and powerful; highlighting

what is working and what must be done to save women's lives. To view the stories, go to:

http://www.whiteribbonalliance.org/sm_saved/default.cfm

WHO MATERNAL HEALTH RESOURCE

Authors:

UNICEF, UNFPA, WHO,
World Bank

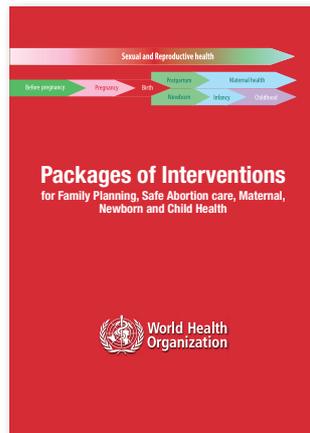
Number of pages: 20

Publication date: 2010

Language: English

WHO reference:

WHO/FCH/10.06



This WHO publication describes key interventions to improve maternal health care. The interventions are organised in packages across the continuum of maternal health care through pre-pregnancy, pregnancy, childbirth, postpartum, newborn care and care of the child. The packages are designed for community and/or facility levels in developing countries and provide guidance on the essential components needed to assure adequacy and quality of care. The publication is available from:

http://www.who.int/making_pregnancy_safer/documents/fch_10_06/en/index.html

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH



The Global Strategy for Women's and Children's Health was launched by the UN Secretary-General Ban Ki-moon in New York in September 2010. Go to:

http://www.who.int/pmnch/topics/maternal/20100914_gswch_en.pdf

POSTIVE PRACTICE ENVIRONMENTS

The latest fact sheet from the Positive Practice Environments campaign: Meeting the information needs of health professionals has been released. The fact sheet was prepared by HIFA 2015 (Health Information for All by 2015) of which the CNF is a member. The PPE Campaign is a multi-agency collaboration with its secretariat at the International Council of Nurses. The PPE Campaign aims to improve work environments, staff recruitment and retention and quality of health services through the development of positive practice environments. For a copy of the fact sheet, go to: http://www.ppecampaign.org/sites/ppecampaign.org/files/images/PPE_FactSheet_Meeting_the_information_needs_HIFA2015.pdf.

FREE ACCESS TO COCHRANE LIBRARY

One hundred countries now have free access to The Cochrane Library's database of systematic reviews following the decision of John Wiley and Sons and The Cochrane Collaboration to extend free access to a further 43 countries (67 countries were given free access in 2007). For health workers in low and middle income countries, access to reliable health literature is often difficult. Free access allows people in those countries to enter the Cochrane Library directly with no fee, no user name and no password. This is a very important decision by a commercial publisher and John Wiley and Sons are to be congratulated.

Go to: <http://www.thecochranelibrary.com/view/0/index.html>

CNF members with free access are:

Bangladesh; Cameroon; Fiji; The Gambia; Ghana; Guyana; Jamaica; Kenya; Kiribati; Lesotho; Malawi; Maldives; Mozambique; Namibia; Nauru; Nigeria; Papua New Guinea; Rwanda; St Vincent and the Grenadines; Samoa; Sierra Leone; Solomon Islands; Sri Lanka; Swaziland; Timor Leste; Tuvalu; Uganda; United Republic of Tanzania; Zambia; Zimbabwe.

For the full list of countries go to:

http://www.dfid.gov.uk/R4D/PDF/Articles/Free_access_to_Cochrane_Library.pdf

UN WOMEN

In July 2010, the United Nations General Assembly created UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women. In doing so, UN Member States took an historic step toward accelerating the UN's goals on gender equality and the empowerment of women.

The creation of UN Women came about as part of the UN reform agenda, bringing together resources and mandates for greater impact. It merges and builds on the important work of four previously distinct parts of the UN system, which focused exclusively on gender equality and women's empowerment:

- The Division for the Advancement of Women (DAW),
- The International Research and Training Institute for the Advancement of Women (INSTRAW),
- The Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), and the
- United Nations Development Fund for Women (UNIFEM).

The main roles of UN Women are:

- To support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards and norms.
- To help Member States to implement these standards, standing ready to provide suitable technical and financial support to those countries that request it, and to forge effective partnerships with civil society.
- To hold the UN system accountable for its own commitments on gender equality, including regular monitoring of system-wide progress.



UN Women Executive Director, **Michelle Bachelet**, former President of Chile



<http://www.unwomen.org>

Over many decades, the UN has made significant progress in advancing gender equality, including through landmark agreements such as the Beijing Declaration and Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Gender equality is not only a basic human right, but its achievement has enormous socio-economic ramifications. Empowering women fuels thriving economies, spurring productivity and growth.

Yet gender inequalities remain deeply entrenched in every society. Women lack access to decent work and face occupational segregation and gender wage gaps. They are too often denied access to basic education and health care. Women in all parts of the world suffer violence and discrimination. They are under-represented in political and economic decision-making processes.

For many years, the UN has faced serious challenges in its efforts to promote gender equality globally, including inadequate funding and no single recognized driver to direct UN activities on gender equality issues.

UN Women was created to address such challenges. It will be a dynamic and strong champion for women and girls, providing them with a powerful voice at global, regional and local levels.

Grounded in the vision of equality enshrined in the UN Charter, UN Women, among other issues, works for the:

- elimination of discrimination against women and girls,
- empowerment of women, and the
- achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

Go to: Women Watch for information about the current work and priorities of UN Women:

<http://www.un.org/womenwatch/>.

CNF ACTIVITIES 2011

WEBSITE DEVELOPMENT

The CNF was successful in obtaining a small amount of funding from the Commonwealth Foundation to assist some of our smaller national nursing associations with website development. NNAs which do not have a presence on the internet are significantly disadvantaged compared with those who do. Being visible to others; being able to advertise services; and being able to communicate with members is critically important. The CNF website development program will initially target Lesotho, Uganda and Sierra Leone. Funding for following years will be sought to assist other NNAs. Several NNAs in the South Pacific Region will also participate in the website development program through funding raised by the Malaysian Nurses Association.

PRIMARY HEALTH CARE WORKSHOPS

Life style diseases have been identified as a priority by Commonwealth Heads of Government. Life style diseases are largely preventable or their effect can be minimised by early identification, intervention and maintenance monitoring. Lifestyle diseases impose a heavy and increasing cost burden on health systems in Commonwealth countries. During 2011, the CNF will be conducting two-day workshops on life style diseases using a primary health care approach in three Commonwealth countries - Tonga, Samoa and Papua New Guinea. The workshops will provide education and training to nurses and midwives in health education, the use of health promotion strategies, screening tools and maintenance monitoring to prevent or minimise the impact of life style diseases. The workshops are being funded by the Commonwealth Foundation.

LEADERSHIP TRAINING

Nurses are in a unique position to influence government policy. Providing leadership training allows nurses, the majority of whom are women, to participate actively in governance and democracy building, strengthen women's citizenship roles and promote gender equality. Two workshops directed to young nurse leaders will be conducted in India and Sri Lanka on leadership, advocacy and working with the media. The workshops are based on a pilot program conducted during 2009 with the Malaysian Nurses Association. The workshops are being funded by the Commonwealth Foundation. A third leadership workshop will be conducted in Fiji, with funding raised by the Malaysian Nurses Association.

CONGRATULATIONS MNA ... and thank you



The Malaysian Nurses Association, led by their very energetic President, Ms Ramziah bt Ahmad, who is also the CNF Board member for the Pacific region, recently held a fund raising dinner to support CNF activities in the CNF Pacific Region. The MNA raised an amazing £8,379.55, the first time such a large amount has been raised by a CNF member. Congratulations MNA, and thank you. The CNF is very grateful for this wonderful effort and the generous spirit which made it such a success. The money will be used to conduct a workshop in Fiji and to include Pacific region countries in the CNF website development program.

COMMONWEALTH DAY 2011



MONDAY 14 MARCH IS COMMONWEALTH DAY

Women and girls make up over half the world's population. In the Commonwealth, that is more than one billion people. By making sure all women and girls have access to education, health care, rights and protection, we can go a long way toward creating a fairer and more prosperous world. Women and girls should participate at all levels of decision-making to ensure their voices are heard. The contribution of women to society needs to be recognised because where women prosper, their communities prosper; where women suffer, so do the communities in which they live. By investing in women and girls, we can speed up social, economic and political progress. Women are agents of change. For more information see: <http://www.commonwealthday.org>



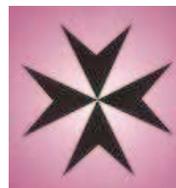
CNF 20th Biennial Conference

Friday 29 and Saturday 30 April 2011

**St Julian's Malta
Radisson BLU Resort**

**Nurses and midwives
Meeting the challenges of the 21st century**

**hosted by the
Malta Union of Midwives and Nurses**



**for further information plus registration and program visit
<http://www.commonwealthnurses.org>**

Registration is essential