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24th CNMF Biennial Meeting of Members

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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

Professor Kathleen McCourt CBE FRCN
CNMF President

This edition of The Commonwealth Nurse provides a comprehensive report from the CNMF 24th Biennial Meeting which was held in London on 5 March. Twenty one countries were represented at the meeting from every CNMF region. Members endorsed constitutional changes, and two new policy statements, as well as discussing three additional issues for policy development. The updated constitution and new policy statements have been uploaded to the CNMF website. The CNMF is indebted to the Royal College of Nursing UK who hosted the 24th Biennial Meeting.

We also said farewell to two CNMF Board Members, Mr George Saliba from Malta and Ms Hossinatu Mary Kanu from Sierra Leone who have completed their terms on the CNMF Board. We welcomed two new CNMF Board Members, Mr Dimitris Loizou from Cyprus who will be representing the CNMF Europe Region, and Mr Adeniji Abdrafui Alani from Nigeria who will be representing the West Africa Region. CNMF Board positions are voluntary and the CNMF is very grateful to the commitment and dedication of the nurses and midwives who serve on our Board.

We had a truly wonderful celebration at the 5th Commonwealth Nurses and Midwives Conference held 6-7 March 2020 in London. Over three hundred nurses and midwives were in attendance to hear an amazing variety of high quality papers and to network with other nurses and midwives across the Commonwealth. Our sincere thanks to all participants and speakers, especially our wonderful plenary speakers. The CNMF also sponsored four young nurse presenters to attend: two from Rwanda and two from Kenya. Read their stories in this edition of The Commonwealth Nurse. I particularly want to commend the Malta Union of Midwives and Nurses (MUMN) and the Sierra Leone Nurses Association (SLNA). MUMN brought 52 nurses and midwives from Malta to the conference and SLNA brought 34 nurses and midwives. This is an amazing contribution to the conference.

The CNMF was very fortunate to hold the conference before the COVID-19 pandemic really took hold and countries went into lockdown to prevent the spread of the virus. Our world suddenly changed in ways that were then, and are still now, hard to comprehend. The number of infections and deaths are devastating, for individuals, for the community, and for the economy, nationally and globally. It is hard to imagine what the world will be like when the pandemic is over.

I am aware that a number of participants at the conference who did not travel directly home, became caught up in country lockdowns and were unable to return home for some months. This must have been a very distressing time and I hope that you are now home and recovering from your ordeal.

The world should not have been, but was, caught unprepared for this pandemic. The World Health Organisation, in mid-2019 released "Ten threats to global health" (https://www.who.int/news-room/feature-stories/ten-threats-to-global-health-in-2019). One of the ten threats on their list was 'Ebola and other high threat pathogens'. The WHO noted the need for countries to be prepared to tackle outbreaks and health emergencies in urban areas including 'disease X' which represented the need to prepare for an unknown pathogen that could cause a serious epidemic. Six months later the world was faced with just such a situation. However from outcomes so far, it seems many countries were not at all prepared with such tragic consequences, except perhaps for those which had been previously exposed to epidemics such as Ebola, SARS or MERS.

I don't think any nurse or midwife expected the International Year of the Nurse and the Midwife to demonstrate so clearly the dependence of the world on nurses, midwives and other health practitioners to risk their own health and wellbeing and even their lives in responding to the COVID-19 pandemic. Their dedication and commitment is truly inspiring however no health worker should lose their life caring for others. Governments must do everything possible so that health workers have the necessary resources, including personal protective equipment, and sufficient staff, to be able to keep themselves safe while they are providing essential care, not only to people infected with COVID-19, but to all the other people with acute and chronic illness who still need their care. To all nurses and midwives, take care and stay safe.

Life during a Pandemic
COVID -19 in the spotlight

Jill ILIFFE
Executive Secretary
Commonwealth Nurses
and Midwives Federation

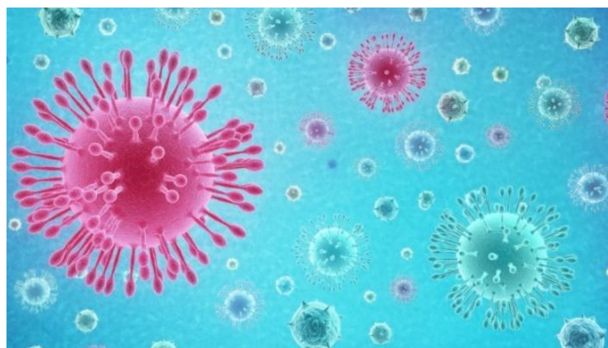
After our very successful 5th Commonwealth Nurses and Midwives Conference, I returned home to Australia. A few hours from home, we were told by the Captain of our flight that once we landed in Australia we would have to self-isolate at home for two weeks. No trips to the shop to stock up on provisions after a month away from home; no visits to family or friends; no exercise outside the home; no going outside the front gate for any reason. It was mid-March and the response felt a little excessive as we had no cases of COVID-19 in Australia at the time.

It is now July and nearly all Commonwealth countries have cases of COVID-19, apart from a few small island states in the South Pacific. At the moment among Commonwealth countries, Singapore has the highest number of cases per 100,000 population however the United Kingdom has the highest number of deaths per 100,000 population and the highest fatality rate of Commonwealth countries. How is this possible in a country whose health system is put forward as one of the most successful models?

In the International Year of the Nurse and the Midwife, COVID-19 is bringing unexpected challenges rather than the celebrations that were planned. Across the world, nurses and midwives have been providing a professional response to the impact of COVID-19 on their populations and their country's health systems. The concerns currently being expressed by nurses and midwives across the Commonwealth reflect the issues they have been raising with their governments over many years.

An under investment in the nursing and midwifery workforce which means there are insufficient nurses and midwives to deal with the current crisis as well as an under investment in nursing and midwifery emergency response preparedness training and training in infection prevention and control. When demand dramatically increases, the additional workload puts nurses and midwives at increased risk and decreases the quality of care they are able to provide.

COVID and the Commonwealth



The Commonwealth comprises 54 countries, across all continents with a combined population of 2.4 billion people, almost a third of the world population.

As at 8 July 2020, there were 1,915,113 cases of COVID-19 across the Commonwealth with 86,218 deaths. This compares favourably with global figures on the same date of 12,151,535 cases with 551,125 deaths.

Globally on 8 July, there were 4,582,683 active cases (99% classified as mild with 1% classified as serious or critical). There were 7,568,852 closed cases (93% of which had recovered; 7% of whom had died).

The Commonwealth Secretariat has developed a digital tracker of COVID-19 infections in Commonwealth countries. The tracker assists countries by providing accurate and timely data on which countries can base their responses to COVID-19 infections. The tracker collects data from the World Health Organisation (WHO) and is updated daily.

A chronic under investment in health systems meaning health systems are not equipped to respond appropriately to emergencies. The Commonwealth Secretariat report that in March 2020, only eight Commonwealth countries considered they had sufficient capacity to deal with public health emergencies.

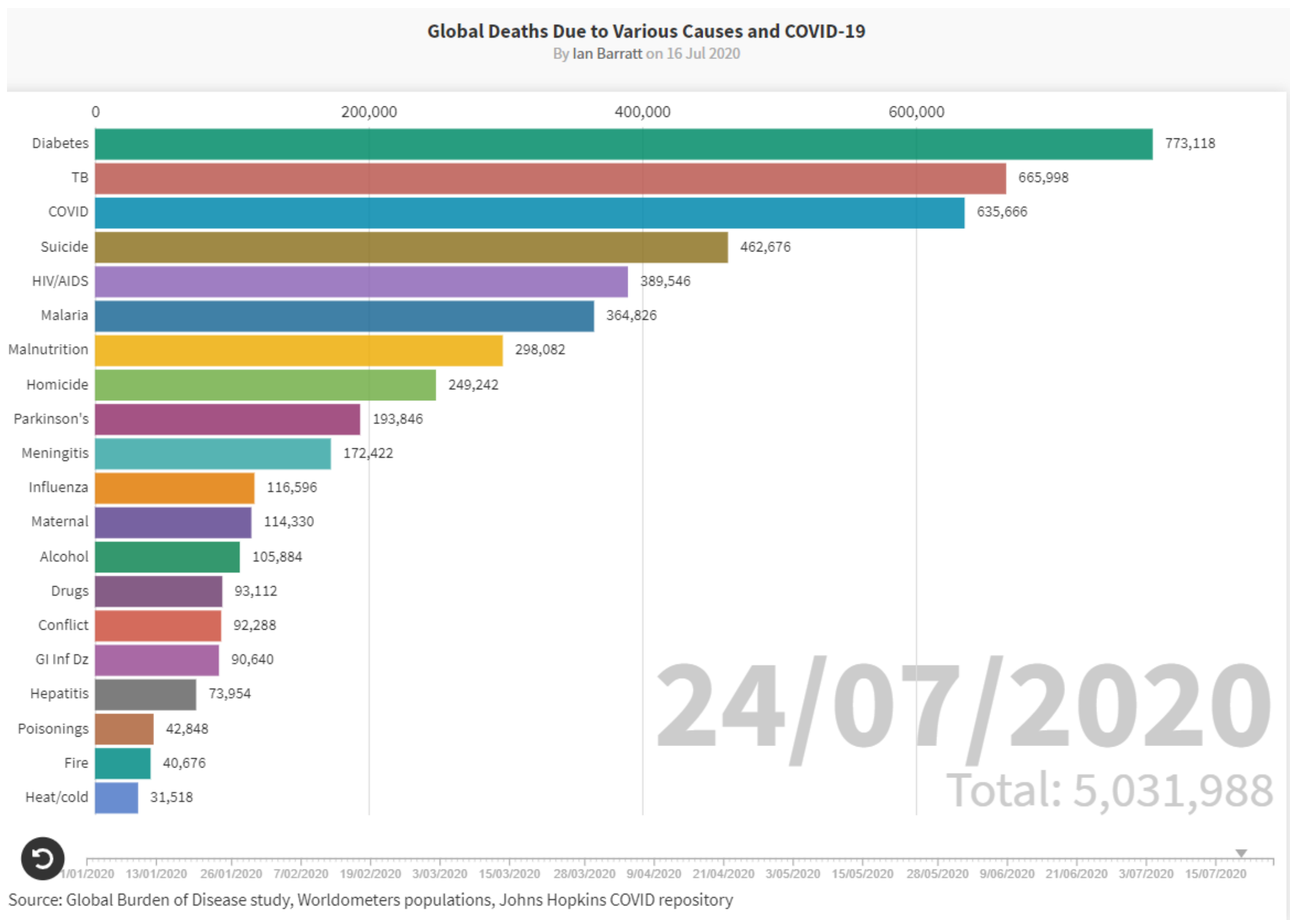
In the midst of an unprecedented inflow of information, some of it inaccurate, it is critically important that nurses and midwives keep themselves updated and informed. The best and most reliable source of information is the World Health Organisation. Every nurse and midwife should regularly access the WHO website for the latest information. Go to: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

COMMONWEALTH COVID -19 DASHBOARD

https://www.thecommonwealth.io/covid19dashboard/#/
Wednesday 8 July 2020

COUNTRY	CASES PER 100,000 POPULATION	DEATHS PER 100,000 POPULATION	FATALITY RATE %
Singapore	771.6	0.44	0.1
Maldives	462.7	2.22	0.5
United Kingdom	421.8	65.39	15.5
South Africa	364.0	5.9	1.6
Canada	281.3	23.08	8.2
Malta	152.4	2.04	1.3
Cyprus	114.7	2.17	1.9
Pakistan	107.5	2.23	2.1
Bangladesh	102.4	1.31	1.3
eSwatini	91.0	1.21	1.3
Seychelles	82.4	0.00	0.0
Antigua and Barbuda	71.5	3.06	4.3
Ghana	70.7	0.42	0.6
Cameroon	56.2	1.35	2.4
India	53.8	1.50	2.8
Guyana	36.2	2.03	5.6
Australia	34.3	0.42	1.2
Barbados	34.1	2.44	7.1
Brunei Darussalam	32.2	0.69	2.1
St Kitts and Nevis	30.1	0.00	0.0
Mauritius	26.9	0.79	2.9
Malaysia	26.8	0.37	1.4
Bahamas	26.4	2.80	10.6
St Vincent & Grenadines	26.1	0.00	0.0
Jamaica	25.2	0.34	1.3
Dominica	25.0	0.00	0.0
New Zealand	24.6	0.46	1.9
Namibia	21.2	0.00	0.0
Grenada	20.4	0.00	0.0
Sierra Leone	19.7	0.79	4.0
Kenya	15.3	0.31	2.0
Nigeria	14.5	0.32	2.2
Botswana	13.4	0.04	0.3
St Lucia	12.0	0.00	0.0
Zambia	10.3	0.23	2.2
Sri Lanka	9.7	0.05	0.5
Malawi	9.8	0.13	1.3
Trinidad and Tobago	9.5	0.57	6.0
Rwanda	9.0	0.02	0.3
Belize	7.5	0.50	6.7
Lesotho	4.2	0.00	0.0
Mozambique	3.3	0.03	0.8
Gambia	2.5	0.12	4.9
Fiji	2.1	0.00	0.0
Uganda	2.1	0.00	0.0
Tanzania	0.9	0.04	4.1
Papua New Guinea	0.1	0.00	0.0

Note: Kiribati, Nauru, Solomon Islands, Tonga, Tuvulu, Vanuatu, and Samoa have not reported any cases of COVID-19



The graph above, using Flourish Studio data visualisation, shows selected global causes of death from 1 January to 24 July 2020 and the number of deaths from COVID-19.

It is anticipated that COVID-19 will soon be the leading cause of death globally for 2020. Countries which appeared to have the virus under control are now facing a second wave of infections. Health scientists are of the view that the virus will not be brought completely under control until an effective vaccine is developed and made widely available.

While the number of deaths from COVID-19 are horrific, it should be remembered that the death rates from other causes such as diabetes, tuberculosis, suicide, HIV and AIDS, and malaria have remained unchanged year after year.

The International Council of Nurses (ICN) estimated in early June that globally around 230,000 health care workers had contracted COVID-19 through their work, with 600 nurses globally dying from the disease. Health care workers such as porters and cleaners appear to have the highest incidence of contracting COVID-19 through their work. Despite repeated calls by the ICN, countries do not routinely record cases or deaths among health care workers.

COVID-19 has generated mountains of information and misinformation making it very difficult for governments, health professionals and the general public to know how they should be responding to the COVID-19 pandemic. During health emergencies like the COVID-19 pandemic, one of the World Health Organization's (WHO) most vital roles is to gather data and research from around the world, evaluate it, and then advise on how to respond. Since January 2020, WHO has published more than 100 documents about COVID-19. WHO teams work with experts from around the world to review reports, studies, analyse trends, consult further expert groups and then agree on the best approach. As new scientific knowledge emerges, the documents are updated. The WHO has released a clear and concise guide to all their information on COVID-19 which includes guidance on:

- how to reach people with information,
- preparing for an outbreak,
- living through an outbreak,
- managing and ending an outbreak, and
- resuming activities during and after an outbreak.

https://www.who.int/news-room/feature-stories/detail/a-guide-to-who-s-guidance

24th CNMF Biennial Meeting of Members

Report of the Executive Secretary

Countries within the Commonwealth are focused on achieving the Sustainable Development Goals and universal health coverage; reducing the impact on health systems of communicable and non-communicable diseases; and the effect on sustainable environments of climate change. The input of nurses and midwives is essential in all of these areas, and nurses and midwives, their associations, and their leaders have a responsibility to light the way. This presentation outlines how the CNMF fulfills the mission entrusted to it by its members and shares key achievements.

In presenting my report to the 24th Biennial Meeting of Members, I want to take the opportunity to reflect on some of the changes that have taken place within the CNMF during the past 12 years I have been in the position of Executive Secretary. I am the 4th Executive Secretary of the CNMF and only the second who is a nurse and midwife, an essential criteria in my view for any incumbent of the position. For me, it has been an amazing 12 years and I feel particularly blessed to have had the opportunity to lead the organisation and to work with nurses and midwives across Commonwealth countries. I have met amazing, dedicated people. I have been to wonderful places and had incredible experiences which I will always treasure. It has been such a privilege to have had the opportunity to use my knowledge and skill to work with countries to improve the working lives of nurses and midwives and ultimately contribute to improving the health of citizens of the Commonwealth. The seven areas in the CNMF strategic plan provide the structure for this report: governance, membership, administration, finances, communication, liaison and programs.

The CNMF was established in 1973 as a federation of national nursing and midwifery associations in Commonwealth countries. It was established by national nursing organisations during an ICN meeting who were concerned at the time that the voices of nurses and midwives were not being heard in key Commonwealth forums. Regardless of your view of the past history of the Commonwealth, it remains true today that the Commonwealth is an organisation of 54 nations which contain a third of the world's population.

As a bloc, the Commonwealth has been, and is, quite influential and there are Commonwealth forums where the voices of nurses and midwives would be silent if not for the Commonwealth Nurses and Midwives Federation. Since 2004, the CNMF has been a Commonwealth accredited civil society organization and in November 2013, the CNMF was registered as a limited private company in the UK.

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.

When I first started in the position of Executive Secretary with the then, Commonwealth Nurses Federation, it was an 18 hour a week part time position based in London. The position is now a full time 36 hour position which could be based anywhere in the Commonwealth.

The CNMF registered office is care of the Royal College of Nursing and the RCN have been a major contributor to ensuring the success of the organisation. Apart from the friendship and support I have always received, and the support the RCN provides in hosting the CNMF Board Meeting and Biennial Meeting of Members, and providing the services of their Events Team to support the CNMF Conferences, the RCN receives, scans, and forwards all CNMF mail making it possible for the Executive Secretary to be based anywhere in the Commonwealth. Administrative costs are kept low by ‵′piggybacking′′ office attendance with other meetings, by limiting printing and postage, by digitising records, and by using Skype, WhatsApp and texts instead of the telephone.

Administratively when I started, there was no orderly numerical filing system. There is now an organised and numbered filing schedule which means files are easily located. All files have been digital since 2012

A file archive has been created on the CNMF website, and old paper files are gradually being scanned and added to the archive. The file archive not only preserves the history of the CNMF but also saves the use and storage of paper files.

Finances are a mix of membership fees, project grants, project management fees, and consultancies. It is always a struggle for a small organisation to be competitive for grant funding and the work that we are capable of doing is only limited by a lack of funding. I will not speak to the finances here as there is a separate treasurer's report, except to say that the CNMF finances are audited annually and the CNMF is registered for taxation purposes in the UK.

The CNMF is governed by an elected Board who serve four year terms. The President and Deputy President are elected by all members. The Regional Board Members are elected by members in their own region.

I wanted to spend just a few minutes in sharing the CNMF operating values. Our values reflect the type of organisation the CNMF aspires to be: effective, efficient, responsible, inclusive, respectful, and ethical.

The operating values of the CNMF are:

- to be committed and contribute to the objects of the CNMF,
- to be an effective and efficient organisation,
- to be responsible in the use of internal and external resources,
- to be inclusive and involve members in decision making,
- to be cooperative and work as a team with members,
- to be consistent, congruent and ethical in decision making and behaviours,
- to respect the human rights of members and other people,
- to avoid discrimination of members or other people,
- to be protective of the privacy and confidentiality needs of members and other people,
- to be tolerant and accepting of members and other people,
- to be open, forthright and have integrity in dealing with members and other people,
- to be flexible, innovative, and determined in order to achieve CNMF objectives,
- to be compliant with relevant legislation and regulation.

The CNMF Biennial Meeting of Members is the governing and decision making body of the federation, setting the strategic objectives for the ensuing two years and giving direction to the CNMF Board and the Executive Secretary.

The other governance instruments are our constitution which is reviewed each two years before the Biennial Meeting of Members and our Policy Statements all of which are publicly available on our website. In 2014, the constitution was amended to change the name of the federation from Commonwealth Nurses Federation to Commonwealth Nurses and Midwives Federation. The Executive Secretary provides a quarterly report to CNMF Board Members and an Annual Report is also produced and uploaded to the website. The Annual Report includes the audited financial statements for the reporting period.

CNMF Membership categories were expanded by the Biennial Meeting of Members in 2014, firstly to be more inclusive across the Commonwealth, and secondly to be able to attract membership revenue without charging excessive membership fees. Ideally your membership fees should fund your paid positions to give you a stable working environment. That is not yet the case for the CNMF however I think the future viability of the federation lies in increasing membership within the expanded categories.

Membership fees are structured according to the number of fee paying members of an organisation. I am quite sure member countries can afford the annual membership fee or fund raise to cover it. It is very time consuming chasing up members who have not paid invoices. Some of the late payment reflects an administration system within the majority of Commonwealth national nursing and midwifery associations that relies on volunteers who are busy people. However having an efficient administrative system which pays invoices promptly is a feature of good governance.

Membership fees are kept as low as possible, however countries still struggle to meet them. Fees have not been increased since 2014. One issue is that the executive of associations changes each two years with a change of contact details and very poor handover between one executive and another.

I started the monthly CNMF e-News in 2008 so we are now up to Volume 13. One of the biggest criticisms of the CNMF when I started was the poor communication with some members only being contacted once every two years to organise the Biennial Meeting. There are nearly 2,500 subscribers to the CNMF monthly e-News. Subscription is free.

The monthly e-News has been a very effective tool to keep members up to date with CNMF activities and also other important news and information from across the Commonwealth. It is only two pages of short form articles with links to further information.

When I started with the CNMF we had an unsophisticated website. But as technology has expanded and improved, so has the CNMF website. The website is the public face of the CNMF and an effective way to maintain the profile of the federation and to publicly share activities, news and information. The website is managed in-house which not only saves money but allows for prompt and flexible responses.

The CNMF also has a presence on some social media platforms: Twitter, Instagram and Facebook. These are perhaps not used as effectively as they could be.

LIAISON

The CNMF is also involved in all Commonwealth activities at government level to make sure that the voice of nurses and midwives are heard in those forums.

The CNMF works closely and harmoniously with national, regional, and global partners to ensure that the voices of nurses and midwives are heard in all relevant health and social development forums. We have a positive relationship with the International Council of Nurses and the International Confederation of Midwives. CNMF Board Members are encouraged to participate in their regional forums on behalf of the CNMF. One of the most important partnerships for the CNMF has been the Commonwealth Health Professions Alliance: an alliance of commonwealth accredited health organisations representing doctors, nurses, midwives, pharmacists, dentists, community health workers and specialist health workers.

PROGRAMS

Program work has focused on three main areas usually in response to requests from members or taking advantage of an opportunity which presents itself. Program work is funded through grants for a specific project, or through consultancy income. Capacity building for members has been a major focus: Leadership training; supporting the development of nursing and midwifery practice and education standards; facilitating the development of nursing and midwifery scopes of practice; review of nursing and midwifery regulation and legislation for countries; developing national continuing professional development frameworks; setting strategic directions; and workshops on a range of practical issues such as patient safety; infection prevention and control; and occupational health and safety.

Another focus area has been on working with countries to review their mental health legislation and amend or write new legislation. The CNMF has worked successfully with the Seychelles and Botswana and is now working with the Bahamas. In the next phase we hope to be working with Barbados, Guyana, and Sierra Leone.

The third major area of focus for the past five years has been in providing maternal health education updates for midwives. These week long programs have been very well received and evaluated highly. Most of them have been funded by The Burdett Trust for Nursing. These are the last two programs conducted in two rural areas of Sierra Leone.

And finally, each two years following the CNMF Biennial Meeting of Members the CNMF has hosted a nursing and midwifery conference. The conference in 2020 is our 5th and most successful to date. The conference is celebrating the contribution: past, present and future, of nurses and midwives to the health and wellbeing of citizens of the Commonwealth. This is a very timely celebration in the International Year of the Nurse and the Midwife. I hope all of you will be joining us.

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So, in summary, it has been a wonderful 12 years. I feel I have been able to make a positive impact on the federation and will be leaving it in a positive position with a raised profile and sound administrative and governance processes. It has been a lot of hard work. The existing demands are so high that it leaves no time or energy for additional activities.

Overall, it has been a great experience and a lot of fun. I feel very privileged to have had this opportunity. I feel we have made a really positive contribution to fulfilling our purpose and I wish the federation and its many members even greater success in the years to come.

Strategic planning in the Bahamas

Mental health legislation in Botswana

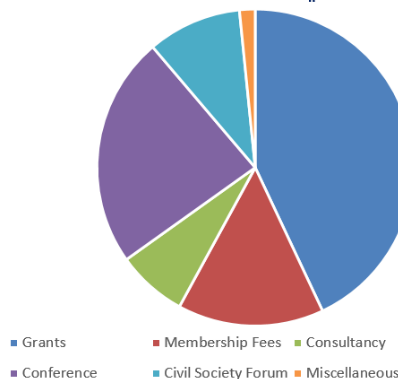
Maternal health education in Sierra Leone

24th CNMF Biennial Meeting of Members

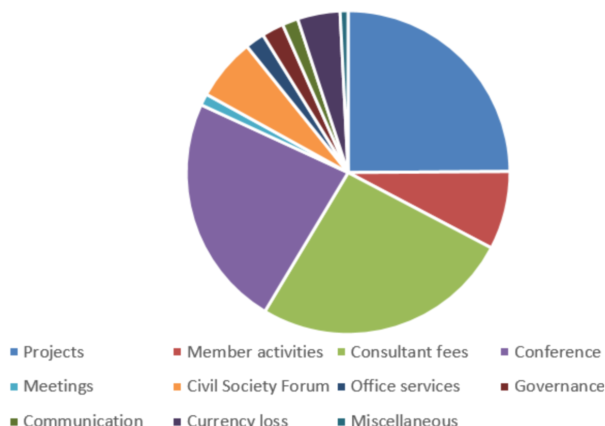
Report of the Honorary Treasurer

The Treasurer's report covers the financial years 2017-2018 and 2018-2019. The notes to the accounts are structured under the major items in the graphs below.

INCOME 2017-2019



EXPENDITURE 2017-2019



NOTES TO THE 2017-2019 ACCOUNTS

INCOME

The CNMF income is generated from membership fees, project grants, consultancies, donations, and fundraising activities.

Grants: During the reporting period, the CNMF had a number of grants both short term and long term. Grants constituted 43% of total income. The Commonwealth Foundation mental health legislation project has now been completed. The Burdett Trust grant was for two projects: maternal health updates for midwives in Sierra Leone which has been completed; and a nurses' and midwives' health project in the South Pacific which is ongoing due to various unavoidable delays but which should completed in the 2019-2020 financial year.

Membership: Membership fees are quite small compared with other international organisations. There has been a significant improvement in income from membership fees over the last two years, 15% of total revenue which compares favourably with 4% of total revenue in the previous two years. Membership fees for national and midwifery organisations are structured according to the number of financial members belonging to that organisation. The CNMF membership year runs from 1 January to 31 December. The CNMF Board has not increased membership fees since 2014. Of the current CNMF financial members, 65% pay the lowest fee.

Consultancy: This is income generated by consultancy services to funding bodies or technical assistance to countries. Considerable consultancy income was generated by the African Regulatory Collaborative initiative however this initiative has now ceased. A consultancy was negotiated with the University of Washington which was due to be completed by January 2019 however delays by the funder meant that the consultancy did not commence until outside the reporting period. This created some short term cash flow issues for the CNMF. Over the two year reporting period, income from consultancy services provided 7% of total income which is half that of the preceding two years.

Conferences: This relates to income generated by the 4th Commonwealth Nurses and Midwives Conference in March 2018. Income is 23.5% of total income although conference income is offset by conference expenditure. The CNMF has not used the conferences to generate income, preferring to keep conference fees as low as possible to enable nurses and midwives from developing countries to attend. Unfortunately it has been very difficult to obtain any substantial external sponsorship for the conferences. The registration fees for the conference are graded according to World Bank country income groups so participants from high income countries pay more than participants from low income countries.

Civil Society Forums: The CNMF is the secretariat for the Commonwealth Health Professions Alliance (CHPA). The CHPA puts in a funding proposal to the Commonwealth Foundation each year to host a Commonwealth Civil Society Policy Forum (CCSPF) in conjunction with the Commonwealth Health Ministers' meeting. The CNMF acts as the budget holder for the CCSPF. The income for the CCSPF is offset by the expenditure. Percentage of income over the reporting period is 9.5%.

Miscellaneous: This line generally relates to miscellaneous reimbursements (2% of total income).

EXPENDITURE

The CNMF expenditure reflects the costs associated with the day to day running of the organisation, effective governance, maintaining communication, responding to member requests, liaising with relevant national, regional and international bodies, and conducting projects and consultancies to generate income.

Projects: These items represent costs incurred in managing and delivering grant projects. The difference between the income and expenditure is attributable to income being received in one financial year but expenses not being paid until a different financial year. Income also includes a small project management fee for each project. Overall project costs were 25% of total expenditure.

Member activities: This line relates to costs associated with the CNMF Board, the majority of which is accommodation costs for the biennial meeting and conference. Board members pay their own travel costs. Members of the Board, including the President and Deputy President, also represent the CNMF at various activities in their regions. The line also covers specific activities undertaken by the CNMF on behalf of members (eg: conducting education and training). Member activities accounted for 8% of total expenditure.

Conference: This relates to conference expenditure such as venue and delegate packages; design and updating of the conference website, call for abstracts, registration brochure, book of abstracts, and similar items. These costs are mostly defrayed by conference income. It also includes any support that the CNMF provides to presenters from low income countries to present at the conference. On average the CNMF supports 4-6 presenters from low income countries to attend and present at the conference. Conference costs are 23% of total income.

Meetings: This line relates to meetings which cannot be piggy-backed with other activities or reimbursed by a third party. The majority of meetings are done by Skype or other like media. This line accounts for only 1% of total expenditure.

Consultant fee: The bulk of the expenditure in this line is the consultant fee for the Executive Secretary. The Executive Secretary is employed for 36 hours at £25.00 an hour (from 1 April 2017). The consultant fee line also includes consultancy fees paid to the CNMF Educator; small amounts paid to support in-country facilitator's education and training programs; and the honorarium for the Honorary Treasurer. Consultant Fees account for 26% of total expenditure. The responsibilities of the Executive Secretary include (but are not limited to):

- project generation, management and reporting;
- general administration, including maintaining digital files and maintaining currency of data base;
- generating and maintaining membership;
- maintaining financial accounts and preparing for annual audit, invoiicing and receipting;
- governance processes associated with constitutional review, company registration and reporting requirements, taxation returns, quarterly reports to Board, and CNMF Board elections;
- organising the CNMF Biennial Meeting of Members;
- organising the biennial Conference;
- maintaining communication media such as the monthly e-news, the biannual journal, website, and social media;
- liaison with members and other Commonwealth, regional, and international organisations; and
- responding to member requests for workshops or other support.

Civil Society Forums: This relates to expenditure associated with the annual Commonwealth Civil Society Policy Forums: venue, flights, accommodation, speaker costs etc. Most of these costs are covered by funding from the Commonwealth Foundation which also funds executive members of the Commonwealth Health Professions Alliance to attend which includes the CNMF representation. There is usually a small management fee gain for the CNMF. This line accounts for 6% of total expenditure.

Office services: The registered office of the CNMF is at the Royal College of Nursing UK. The costs in this line relate to office attendance by the Executive Secretary, paper, printing, telephone, software, capital expenses etc. Streamlining and reorganising office and publication arrangements have significantly reduced costs. Skype, text and email are predominantly used for communication keeping telephone costs very low. There is minimal cost for postage. Overall such costs make up 2% of total expenditure.

Governance: This includes bank fees, the auditor's fees, and costs associated with CNMF registration as a private limited company in the UK and registration for Corporation Tax with HM Revenue and Customs. Overall this line makes up 2% of total expenditure.

Communication: This line includes costs associated with maintenance and updating of the CNMF website, email, social media accounts, and publication and limited printing of the CNMF Annual Report. It also includes products such as CNMF badges. This line accounts for 2% of total expenditure which is minimal compared with its relative value for the organisation.

Currency exchange adjustments: At the end of the financial year an adjustment needs to be made for currency fluctuations. Sometimes this results in a gain and sometimes in a loss. The currency loss over the two year reporting period was £11,880. The currency loss in the 2017-2018 financial year was an aberration as a result of the uncertainty surrounding the UK £ as a result of Brexit. Fortunately in the 2018-2019 financial year the currency gain/loss situation returned to expectations. As a result of the large currency loss in 2017-2018, currency exchange losses were 4% of total expenditure.

Miscellaneous: This line relates to miscellaneous expenditure that does not logically belong in any other line. Miscellaneous costs are less than 1% of total expenditure.

SUMMARY

The end of year results in both financial years showed a total deficit of £12,048 over the two years. The majority of the deficit was a currency exchange loss in the 2017-2018 financial year of £10,203. The other contributing factor was the reduction in anticipated consultancy income with the abrupt cancellation of the African Regulatory Collaborative initiative. There was also a delay in a consultancy project scheduled for January 2019, which did not eventuate until August and September 2019.

I would like to record the thanks of the CNMF to our auditor, Mr Peter Westley. Despite vastly different and more complicated amounts now passing through the CNMF accounts, Peter is always exceedingly generous with his time and helpful with his advice. In addition to the annual audit, Peter assists the CNMF with the Annual Return to Companies House and the filing of our taxation returns with HM Revenue and Customs and payment of Corporation Tax.

CLAUDINE NSHUTIYUKURI
Assistant Lecturer
University of Rwanda

I am very thankful to the CNMF for sponsoring me to attend and present at the conference. It was very meaningful for me. It helped me reach out and make international connections and network with other nurses and midwives; it improved my capacity to present in international conferences; and it improved my knowledge of global nursing issues. The conference reinforced the need for CPD and the desire for further studies; and also the need for continuous advocacy to protect nurses and midwives in the difficult time of different pandemics which ravage the world. It was also a good opportunity to learn about different cultures as we met and discussed with people from different areas and cultures of the world.

Nurses' knowledge, attitude and practice of emergency care related to road traffic accident victims in Rwanda

Road traffic Accidents (RTA) are serious problems worldwide and are worse in low and middle income countries. RTA victims need immediate care and the nurses' responsibilities include the provision of emergency care. In Rwanda, most trauma patients are being managed by nurses, but the published literature concerning knowledge, attitude and practice in relation to emergency nursing care of RTA victims is still limited. A cross sectional design was used to survey the full cohort of nurses working in Accident and Emergency (A&E) units in three selected Rwandan hospitals. This study revealed that the knowledge and practice of nurses is either high or very high and the majority of them (73.657%) had a positive attitude toward emergency management of RTA victims. Being specifically trained in emergency care was associated with a significant increase in the likelihood of being at practice level 1 which is very high, (2) high, (3) moderate and (4) low; and being trained decreased more than 99.9% the likelihood of being at a low level of practice. The study concluded that generally the knowledge and practice of nurses working at A&E services in the management of RTA victims is either high or very high. They also have a positive attitude toward RTA victims. Training has been demonstrated to enhance good practice. Therefore to employ nurses in A&E services, training in emergency care of RTA victims should be considered followed by regular refresher training.

EMMANUEL NTAKIYUSUMBA
In-Charge
Coaching, Education and CPD
Ndera Psychiatric Hospital
Rwanda

I greatly appreciate the opportunity offered me through sponsorship from the CNMF to attend and present at the conference and share the immense expertise from nurses and midwives around the Commonwealth. I feel empowered as a result of what I learned and from the international networking. The conference has helped me to develop as a professional, to meaningfully reflect on my practice, and to work more effectively. I am grateful for the opportunity to discuss nursing and midwifery with people from different countries and cultures and learn from them. I am concerned how nurses and midwives can be protected in difficulty situations such as the current pandemic. We must all advocate for their protection.

Assessment of resilience factors of psychotic patients at Ndera Neuropsychiatric Hospital Rwanda

Resilience is an interactive concept that refers to a relative resistance to environmental risk experiences, or the overcoming of stress or adversity. It is viewed as a defence mechanism, which enables people to thrive in the face of adversity. Improving resilience may be an important target for mental health treatment and prophylaxis. The objectives of the study were to identify demographic factors and explore socio environmental factors that affect resilience in patients with a psychosis. This research aimed to help mental health professionals improve the existing demographic and socio environmental factors that affect the resilience in psychotic disorders. The patients also will benefit through knowing their own resilience factors to be improved. The study used a cross sectional design with a retrospective quantitative approach. The study used a sample of 44 recovered psychotic patients and data were collected using a self-reported questionnaire and analysed using SPSS. The results from this study revealed bio-demographic factors that affect resilience. The presentation shares the results from the 2nd study objective which was to explore socio environmental resilience factors and make recommendations for the Ministry of health, the hospital management, and to health providers.

STEPHEN ODHIAMBO OGWENO
CEO and Founder
Stowelink Inc Kenya

I was extremely excited when I received the scholarship to attend the 5th Commonwealth Nurses and Midwives Conference which was the most progressive, most advanced and most thought leading conferences I have ever attended. As a young researcher I found this conference forward thinking as opposed to the many "traditional conferences" I had previously attended. People were talking about innovation, about integration and about new ways of progressing the health agenda and as a young researcher, I was charged up when I met high ranking researchers and global market leaders: more importantly, being exposed to ideas in research that I only thought of as out of the box and yet in other parts of the world they were being implemented and actively being researched.

'MyHeart Ke': integrating technology and primary health care into cardiovascular health promotion

Cardiovascular diseases are the leading cause of non-communicable disease mortality and morbidity in Kenya. The project 'MyHeart Ke' targeted 400 youth in universities aged 18-24 years in Nairobi Kenya. With the use of disruptive approaches and the use of a habit forming mobile app, 'MyHeart Ke', the project hypothesized that it will be able to influence the habits of the study population. The project used a mixed method approach applying the use of baseline and endline surveys while also using interviews and regular data collection from 'MyHeart Ke'. Participants underwent training and were exposed to 'MyHeart Ke' mobile app for one year between June 2017 and June 2018. Data were collected on awareness levels of cardiovascular diseases and on the uptake of healthy lifestyle practices. The results demonstrated that 92% of project participants stayed in the project for the whole year and 79.9% experienced a behavioural change with 77.1% likely to change their lifestyles after interacting with the 'MyHeart Ke' mobile app. The project clearly indicates that with the use of technology, 7 in every 10 young people can retain and adopt healthy habits if health education is fused with technology as a tool for primary health care. Technological adaptations such as the habit formation mobile apps like 'MyHeart Ke' should be used more for primary health care as tools and drivers for effective primary health care programs.

ODOUR KEVIN OTIENO
Chief Programs Officer
Stowelink Inc Kenya

Whenever I count my blessing, I find myself becoming more grateful because the good things of life. Among the good things of life are the acts of gratitude that I have received. I remain totally indebted to Commonwealth Nurses and Midwives Federation for sponsoring me to attend and present at the 5th Commonwealth Nurses and Midwives Conference in London. It was a worthwhile opportunity even as I immersed myself into the pool of international leaders. To say the least, I remain truly grateful.

"The_Drug_Free_Youth": reaching last mile communities with disruptive interventions on drug abuse.

"THE_DRUG_FREE_YOUTH'' was a project initiated by Stowelink Inc, a youth led social enterprise focusing on preventive health care. The project aimed to create awareness and sensitise young people to the consequences of drug and substance abuse using disruptive approaches. The project was conducted in Nairobi County, Kenya from May 2018 to January 2019 in targeted schools and universities. There is no better way to involve young people who form a large percentage of the population than to draft them into primary health care projects to achieve universal health coverage. The project used young people as champions of a drug free youth, responsible and cautious about the effects of drugs on health. The project used a mixed method approach involving the use of focus group discussions, a questionnaire to collect the necessary data, online engagements, and public health education and training to disseminate the messages on drug and substance abuse. Fifty three high schools and six universities were reached with information on drug and substance abuse. During the drug free youth poetry contest 359,153 people were reached by thematic poems, spoken words and plays which advanced the spread of the messages on drugs. In addition, 351 youth were linked to health care facilities and rehabilitation centres. The referral system enhanced the effectiveness of this project. Since young people form a large percentage of the population, they are the key drivers of the primary health care goal of achieving universal health coverage.

CONFERENCE HIGHLIGHTS

Commonwealth Children's Choir at the Conference Opening Ceremony

Dr Deva-Marie Beck gave the closing address

Commonwealth Youth Orchestra at the closing ceremony

Mr Joseph Aquilina, Commonwealth tenor (and nurse) from Malta at the closing ceremony