Closing Plenary Session:

**Nurses and Midwives: Leave No One Behind**

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Nurse Midwife and Health Expert from Bahrain

@

27th International Nursing Research Congress
by Sigma Theta Tau International Honor Society of Nursing &
Forum of University Nursing Deans of South Africa (FUNDISA)

Cape Town South Africa
21st to 25th July 2016

**Leading Global Research: Advancing Practice, Advocacy and Policy**
Leading Global Research: Advancing Practice, Advocacy and Policy - Objectives of the Conference

• Interpret research findings’ influence on nursing practice, advocacy, and/or policy.
• Enhance nursing knowledge through research or evidence-based practice to impact nursing outcomes.
• Examine the translation of evidence into practice or education.
• Identify opportunities for international collaboration in nursing research, evidence-based practice, education, and health policy.

Sigma, Theta, Tau = Love Courage and Honor
Health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States”*

“Research is not a luxury that is affordable only in times of plenty but is a continuing necessity – and never more so than in hard times.”*  

*Global Forum for Health Research, January 2009
HAMMURABI, Code and HEAD
THE GLOBAL POPULATION HAS REACHED 7 BILLION JULY 2012

65 million displaced people globally

http://www.who.int/en/ - to get a glimpse on emerging & reemerging diseases and facts and figures on a diverse public health concerns
Politics of Health and Health Politics
CONTEXTS: SOCIAL DETERMINANTS OF HEALTH & PRIMARY HEALTH CARE
Animal Health & Human Health:

Are nurses and midwives concerned and conduct multidisciplinary research?
More exposed to risks

Less exposed to prevention

Less access to quality trauma care and rehabilitation

Health /Environment/ Behaviour – interventions;
IMPACT OF EMERGENCIES ON HEALTH SYSTEMS

- Shortages in health staff
- Shortages in medicines
- Damaged infrastructure
- Limited power, fuel and water supplies

Status of Mental Health & Trauma
FOOD SECURITY & FOOD SAFETY
CARE OF OUR ENVIRONMENT – OPPORTUNITIES

R4 HEALTH

FACT:
23%

of all global deaths are linked to the environment.
That’s roughly 12.6 million deaths a year.

WHERE IS IT HAPPENING?

- 3.8 million in South-East Asia Region
- 3.5 million in Western Pacific Region
- 2.2 million in Africa Region
- 1.4 million in European Region
- 854,000 in Eastern Mediterranean Region
- 847,000 in the Region of the Americas

PREVENTING DISEASE THROUGH HEALTHY ENVIRONMENTS

A global assessment of the burden of disease from environmental risks

World Health Organization
MDGS: WHERE ARE WE NOW?

**Under-five mortality 1990–2015**

- Regional decrease: 48%
- Target: 67%

**Maternal mortality 1990–2013**

- Regional decrease: 50%
- Target: 75%

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**MDG 4: Child mortality**

- Regional decrease: 48%
- Target: 67%

**MDG 5: Maternal health**

- Regional decrease: 50%
- Target: 75%

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The number of children who did not receive routine vaccinations has dropped from 33.8 million in 2000 to an estimated 19.4 million in 2015 as a result.
Words don’t always translate to action......

“24% burden of disease, 3% global health workforce”

Sources: WHR 2006; Global Health Observatory (2014 update)
WHO WORLD HEALTH REPORT 08

- Health System Development
- Revitalisation PHC
- Universal Access
- Equity
- Strengthen Public Health

- WHO - Halfdan Mahler – 1978
- WHO - Margret Chan – 2008
Goal 1: Eradicate extreme hunger and poverty

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development
THE DETERMINANTS OF HEALTH “THE CONDITIONS OF DAILY LIFE IN WHICH PEOPLE ARE BORN, GROWN, WORK AND AGE, AND THE SYSTEMS PUT IN PLACE TO DEAL WITH ILLNESS. THE CONDITIONS IN WHICH PEOPLE LIVE AND DIE ARE, IN TURN, SHAPED BY POLITICAL, SOCIAL AND ECONOMIC FORCES.”

NURSES AND MIDWIVES: LEAVE NO ONE BEHIND
Overview of post-2015 processes
FROM THE MILLENNIUM DEVELOPMENT GOALS TO THE SUSTAINABLE DEVELOPMENT GOALS IN THE POST-2015 DEVELOPMENT AGENDA

Agenda item 3(b)
62nd Session of the Regional Committee for the Eastern Mediterranean
Kuwait, 5–8 October 2015

GOOD HEALTH AND WELL-BEING
ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

HEALTH IN THE SDG ERA

World Health Organization
Sustainable Development

- **People**: End poverty and hunger in all forms and ensure dignity and equality
- **Planet**: Protect our planet’s natural resources and climate for future generations
- **Prosperity**: Ensure prosperous and fulfilling lives in harmony with nature
- **Partnership**: Implement the agenda through a solid global partnership
- **Peace**: Foster peaceful, just and inclusive societies
HEALTH IN ALL POLICIES

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

(WHO Definition adopted by the 2013 Global Health Promotion conference focusing on HiAP, and used in the forthcoming WHA resolution)
• Unprecedented in scope and significance
• Global in nature and universally applicable; Member state-led process
• Integrated and indivisible”; strong equity focus – leaving no-one behind
Health Diplomacy is - as is all diplomacy - an essentially political process and as health again becomes politically more relevant - in domestic and in foreign policy and at the global level - health diplomacy plays an increasingly important role.
GLOBAL HEALTH DIPLOMACY IS MULTI-STAKEHOLDER DIPLOMACY – A MULTITUDE OF COMPETING INTERESTS
WHO FRAMEWORK ON HEALTH SYSTEM: FUNCTIONS AND OBJECTIVES

Health System Functions

- Stewardship (Oversight)
- Creating Resources (Investment and training)
- Financing (collecting, pooling, purchasing)
- Delivering Services (Provision)

Health System Objectives

- Responsiveness (to peoples non-medical expectations)
- Fair (financial) Contribution

Health
Origins: need for international coordination against epidemic disease

19th Century: International Agreements against epidemics

1st - 1924 Pan-Am Sanitary Code

1948 - WHO International Sanitary Regulations

1951 - WHO International Sanitary Regulations

1969 - WHO International Health Regulations
By 1981: 3 diseases

SARS - 21st century’s first global epidemic

WHA adopts: 23 May 2005 International Health Regulations (2005)

IHR enter into force: 15 June 2007

Quarantine - Contagious Disease

International Health Regulations (1969)

Plague Yellow fever Cholera (Smallpox)

Avian Influenza 2005
HEALTH SECURITY ; PEACE AND HEALTH AS A BRIDGE FOR PEACE
THE YEAR OF NCDS

First global ministerial conference on healthy lifestyles and noncommunicable disease control
Moscow, April 2011

United Nations high-level meeting on Noncommunicable Disease prevention and control.
New York, September 2011

Political declaration on the Prevention and Control of Noncommunicable Diseases adopted
Getting to 2018: Progress Monitor on NCDs - Preparing for the 3rd UN High-Level Meeting on NCDs

“The 4 Time-Bound Commitments”

1. Set national **NCD targets** for 2025 or 2030

2. Develop a **national multi-sectoral action plan** to achieve the national targets

3. Reduce **risk factors** for NCDs, building on guidance set out in the WHO Global Action Plan (2013-20)

4. Strengthen **health systems** to address NCDs through people-centered primary health care and universal health coverage, building on guidance set out in WHO Global Action Plan
### SDG targets for 2030 are aligned with the NCD targets for 2025

<table>
<thead>
<tr>
<th>Target</th>
<th>SDG Target</th>
<th>NCD Target</th>
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<tbody>
<tr>
<td>A 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases</td>
<td><strong>Halt</strong> the rise in diabetes and obesity</td>
<td>A 25% relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure</td>
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<td>At least a 10% relative reduction in the harmful use of alcohol</td>
<td>A 30% relative reduction in mean population intake of salt/sodium</td>
<td>A 10% relative reduction in prevalence of insufficient physical activity</td>
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<tr>
<td>A 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases</td>
<td>An 80% availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs</td>
<td>At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes</td>
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<td>A 30% relative reduction in prevalence of current tobacco use</td>
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**SDG targets for 2030** are aligned with the **NCD targets for 2025**.
Addis Ababa Action Agenda (resolution A/RES/69/313)
WHAT IS REQUIRED FROM NURSES & MIDWIVES?

"Question to nurses & midwives – what is the degree of nurses presence at the decision making table versus being implementers?"

‘if one million of nurses & midwives from around the world come together, they could be the power house of change for primary health care’

‘Halfdan Mahler, 1985

Join forces as one voice to contribute to UHC and Post Development Agenda and build on evidence and institutions

Unite in key priorities for the future nursing & midwifery vision within and between different stakeholders

Act as catalysts and convenors. Diplomats will increasingly function as facilitators and social entrepreneurs

Balance between domestic and foreign agendas

Actively participates at national and global policy networks
The performance of health care systems depends ultimately on the knowledge, skills and motivation of persons responsible for delivering services."


An imperative for action

“The unmistakable imperative is to strengthen the workforce so that health systems can tackle crippling diseases and achieve national and global health goals. A strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century.”


The ILO estimates that at least **41.1 health workers per 10,000 population** are necessary to provide services to all in need.

UNGA A66/217. Human resources development
Resolution adopted by the General Assembly on 22 December 2011

*Calls upon* Member States to place **human resources development** at the **core of economic and social development** …to effectively enhance their human resources capacities, as educated, healthy, capable, productive and flexible workforces are the foundation for achieving **sustained, inclusive and equitable** economic growth and development

**SDGs:** An ambitious, interconnected agenda…..requiring multi-sectoral responses

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**POVERTY**

**GENDER EQUALITY**

**EMPLOYMENT**

**HEALTH & WELL-BEING**

**NUTRITION**

**EDUCATION**

**GLOBAL HEALTH SECURITY**
FLORENCE NIGHTINGALE – A NURSE SCIENTIST
MORE THAN A CENTURY AGO - BUILD EVIDENCE
TO NEGOTIATE CHANGE
STRENGTHENING NURSING AND MIDWIFERY PROGRESS AND FUTURE DIRECTIONS
1996-2000
Strengthening Nursing and Midwifery Progress and Future Directions 1996-2000
Summary Document
WHO 2001 Resolution 54.12 specifically requested that the Secretariat “rapidly develop a plan of action” and also “develop and implement systems and uniform performance indicators at country, regional and global levels to monitor, measure and report progress in achieving” the goals set out in the resolution.
Global Strategy HRH: Workforce 2030...

1. **Optimize the existing workforce** in pursuit of the SDGs and UHC (e.g. education, employment, retention)

2. **Anticipate future workforce** requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce to meet the diverse group)

3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)

4. **Strengthen the data, evidence and knowledge** for cost-effective policy decisions (e.g. Minimum Data Set + National Health Workforce Accounts)
HEALTH SECURITY & NURSES AND MIDWIVES
CLIMATE CHANGE FAVOURS THE VECTOR

✓ Erratic access to piped water may aggravate dengue incidence if it leads to increased domestic water storage.

✓ Increase in temperature favours the multiplication of the vector and the virus.

✓ Rainfall, relative humidity, El nino all plays a role in transmission and more studies are needed.
“I am fain to sum up with an urgent appeal for adopting this or some uniform system of publishing the statistical records of hospitals. If they could be obtained... they would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was doing mischief rather than good.” (Florence Nightingale, 1863)
GLOBAL VACCINE ACTION PLAN

Global Vaccine Action Plan
2011–2020

THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)

SURVIVE THRIVE TRANSFORM
http://www.who.int/hrh/resources/en/
Focus on health & related inequities by gender/locality/minority/geography (migrant/IDPs/Refugee;)

Role for Advocacy & Policy
Figure 1: Roadmap to Improved Health Measurement Reporting and Status

Create enabling country environment
- Strengthen: information governance & key national institutions (Health, Statistics, Civil registries)
- Agree: eHealth architecture and data standards

Build demand for quality data
- Subnational, National and International
- Clinical and population health programs

Strengthen supply of quality data
- Civil registration and vital statistics
- Census and program of household surveys
- Health facility and community information
- Disease surveillance
- Health system sources (Quality, HR, Finance, Drugs, Infrastructure)
- Non-health sector (nutrition, education, WASH, environment)

Increased use of data improves quality

Goal by 2030, countries will have the necessary information to measure and achieve health goals set nationally and in the SDGs.

Create enabling global environment
- Global public goods
- Move to country-led approach
- Global reviews of country progress
## HEALTH GOAL: 13 TARGETS; 26 INDICATORS “FINAL”

<table>
<thead>
<tr>
<th>Target</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>3.1 Reduce maternal mortality to &lt;70</td>
<td>Maternal mortality ratio (&lt; 70 per 100,000 live-births)</td>
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<td>Skilled birth attendants</td>
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<td>3.2 End newborn and child preventable deaths</td>
<td>Under-5 mortality rate (no more than 25 per 1,000 live births)</td>
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<td>Neonatal mortality rate (no more than 12)</td>
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<td>3.3 End epidemics</td>
<td>Number of new HIV infections per 1,000</td>
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<td>TB incidence per 1,000 population</td>
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<td></td>
<td>Malaria incidence per 1,000 population</td>
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<td></td>
<td>Hepatitis B incidence per 100,000 population</td>
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<td>Number of people requiring interventions against NTD</td>
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<td>3.4 Reduce NCD mortality and improve mental health</td>
<td>Mortality rate due to CVD, cancer, diabetes, or chronic respiratory disease</td>
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<td>Suicide mortality rate</td>
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<td>3.5 Strengthen prevention and treatment of substance abuse</td>
<td>Treatment coverage for substance abuse disorders(at least 80%)</td>
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<td>Alcohol per capita consumption</td>
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<td>3.6 Halve deaths &amp; injuries - road traffic accidents</td>
<td>Death rate due to road traffic accidents</td>
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<td>3.7 Ensure Universal access to sexual and reproductive health care services</td>
<td>Family planning coverage rate</td>
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<td>Adolescent birth rate (10-14 yrs; 15-19 yrs) per 1,000 women</td>
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<tr>
<td>3.8 Achieve Universal health coverage</td>
<td>Coverage of essential health services</td>
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<td>Number of people covered by health insurance or a public health system per 1,000 population</td>
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<td>3.9 Reduce mortality and illness from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>Mortality rate attributed to household and ambient air pollution</td>
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<td>Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene</td>
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<td></td>
<td>Mortality rate attributed to unintentional poisoning</td>
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<tr>
<td>3.a Strengthen implementation of tobacco control</td>
<td>Prevalence of tobacco use 15 yrs +</td>
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<tr>
<td>3.b Support R&amp;D of medicines and vaccines</td>
<td>Access to affordable medicines and vaccines on a sustainable basis</td>
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<tr>
<td>3.c Increase health financing and enhance health workforce in developing countries</td>
<td>Total net ODA to medical research and basic health sectors</td>
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<td></td>
<td>Health worker density and distribution</td>
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<tr>
<td>3.d Strengthen capacity health risks</td>
<td>IHR capacity and health emergency preparedness</td>
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THE HEALTH DATA COLLABORATIVE: COLLECTIVE ACTION AT GLOBAL LEVEL – MEGA DATA

Platform for global public goods (development, harmonization and sharing of tools and guidance) - e.g. 100 indicators 2015 published, ongoing work on facility survey instruments, global CRVS strengthening strategy

Building upon existing frameworks and their implementation: IHP+ M&E, HMN HIS, COIA accountability etc.

Leverage existing technical collaborations and support mechanisms: global and regional initiatives

Contribute and provide value add to existing strategies and global funding mechanisms: Global Strategy for Women’s, Children’s and Adolescent’s Health, global health security agenda, UHC Alliance; GFATM, GFF, GAVI etc.

Global monitoring of progress

Independent monitoring / assessment of development partner and country performance / country peer review mechanisms
WAY FORWARD:

Health in All Policies (access to safe environment/water/food/air/drug/blood/technology)

Health is the responsibility and accountability of every one – change behavior – Best Buys for NCDs

Call to protect healthy human capital, we to position health concerns over economic interests and safe green industry – Health Diplomacy;

Health Diplomacy - Private/Public and Civil Society Partnership from traditional polio eradication to MNCH to Road Safety/NCD/HIV/AIDS/Ebola/Gender Based Violence;

Research and Development – for new vaccines/medical products and technology that are safe and affordable;

Research on what works and what does not work – share – paradigm shift

Health as a Bridge for Peace in emergencies and role of prepared communities to be resilient

Disaster Risk Reduction – investing in preparedness and response pays of;

2015 end an era – second generation of MDGs till 2035 / global financing for development/high level migration;

Accountability and close monitoring, using the global and regional targets and indicators that are harmonized with the SDG indicators
Principles

1. Partnership: Working together on common objectives, shared values, acting collaboratively and supporting each other's efforts and building on each other's expertise.

2. Relevance: Developing health services and systems guided by health needs, evidence and strategic priorities.

3. Ownership: Adopting a flexible approach sustained and led by national authorities and implementing with local involvement.

4. Ethical Action: Planning and providing health care services based on equity and fairness and respect for gender and human rights issues & mutual accountability.
Opportunities to network and forge partnership