



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
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



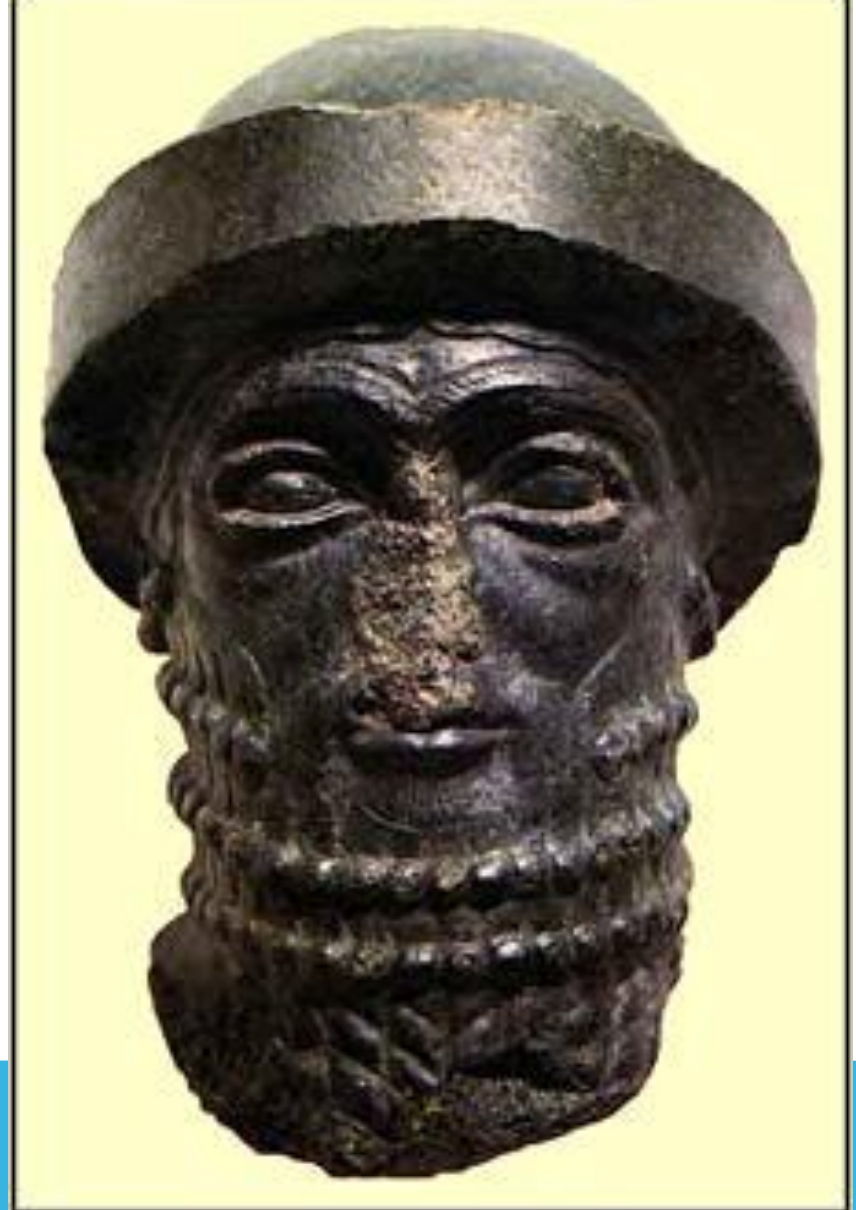
Health of all peoples is fundamental to the attainment of *peace* and *security* and is dependent upon the fullest *cooperation* of individuals and States”*

* Constitution of the World Health Organization. In: *Basic documents*. 45th ed. Suppl. Geneva, WHO, 2006

“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



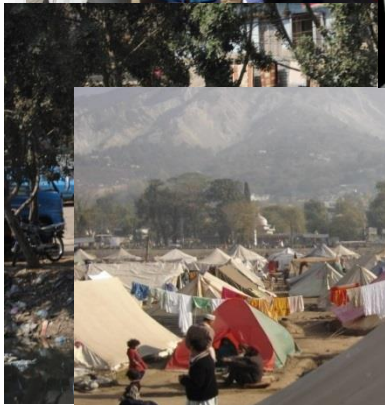
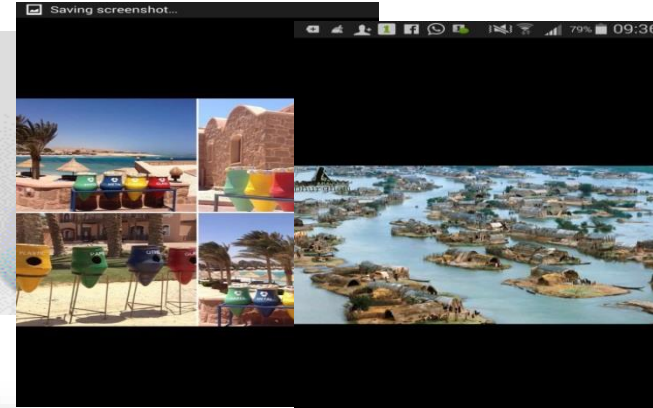
**65 million displaced
people globally**

<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



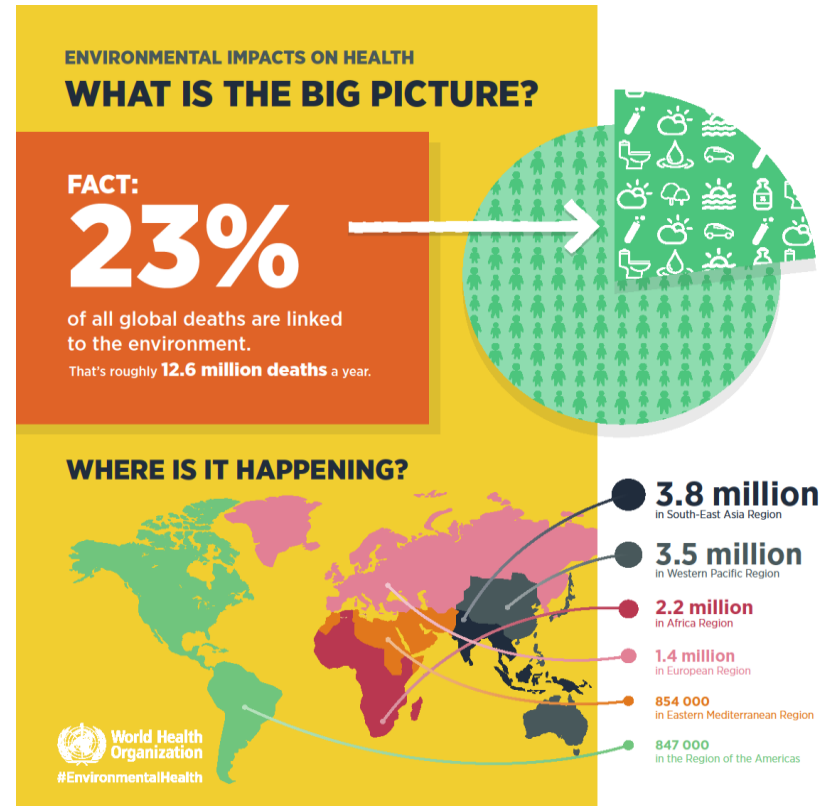
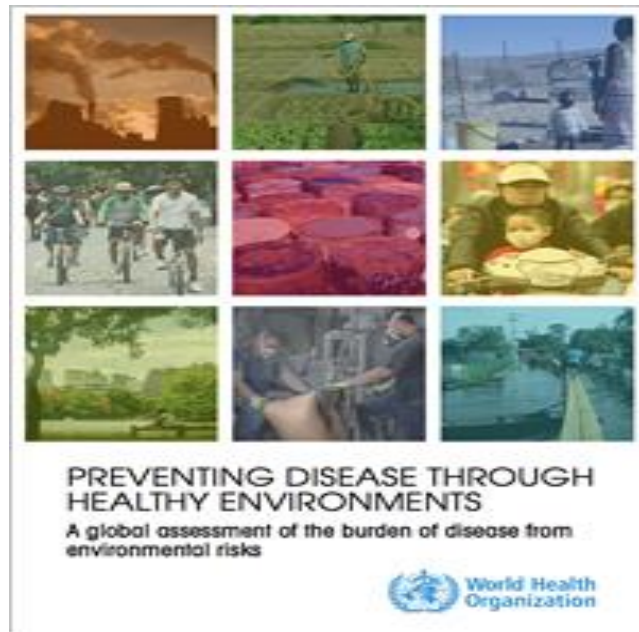
- Shortages in health staff
- Shortages in medicines
- Damaged infrastructure
- Limited power, fuel and water supplies

Status of Mental Health & Trauma

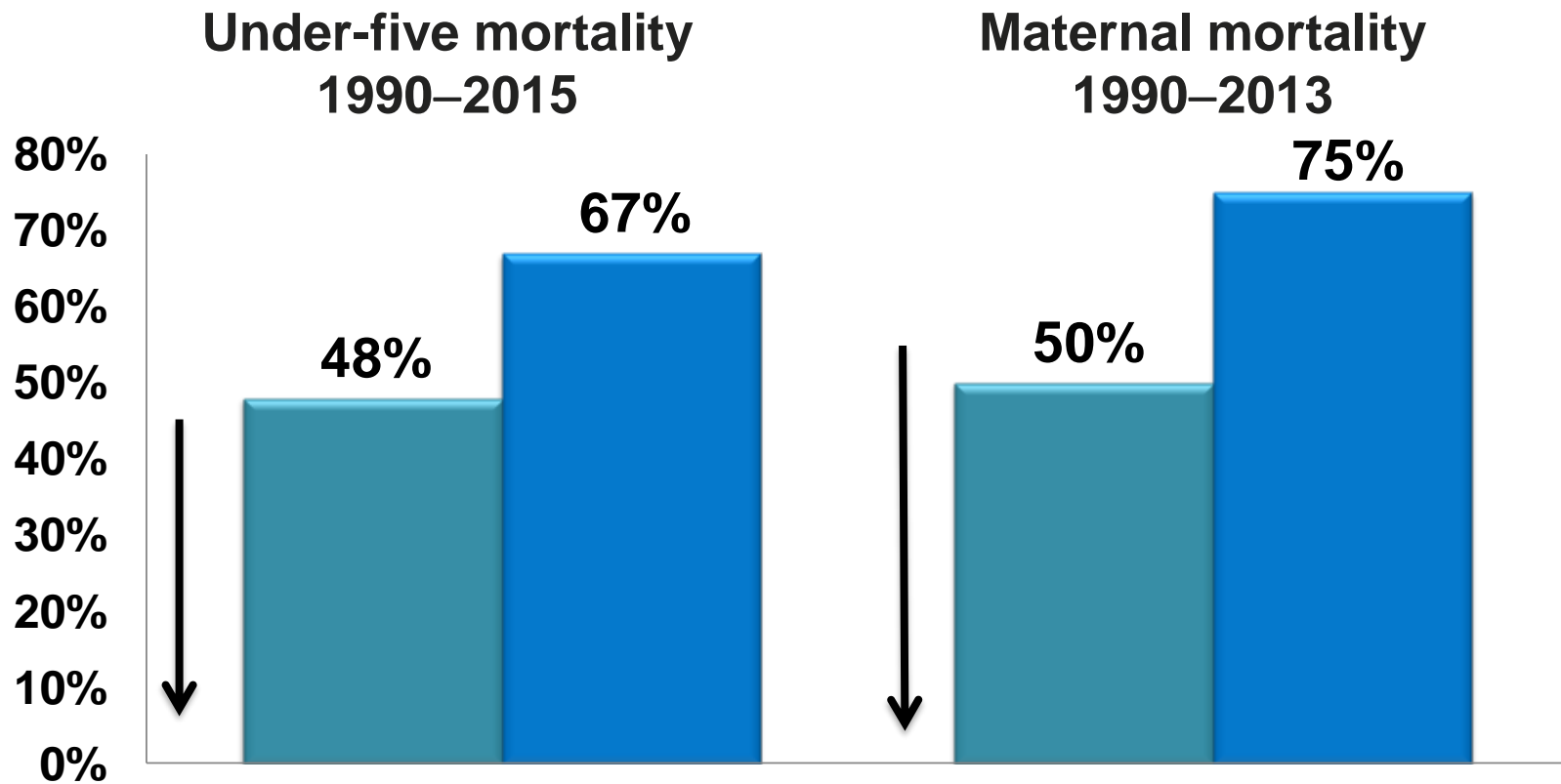
FOOD SECURITY & FOOD SAFETY



CARE OF OUR ENVIRONMENT – OPPORTUNITIES R4 HEALTH



MDGS: WHERE ARE WE NOW?



MDG 4:
Child mortality

MDG 5:
Maternal health

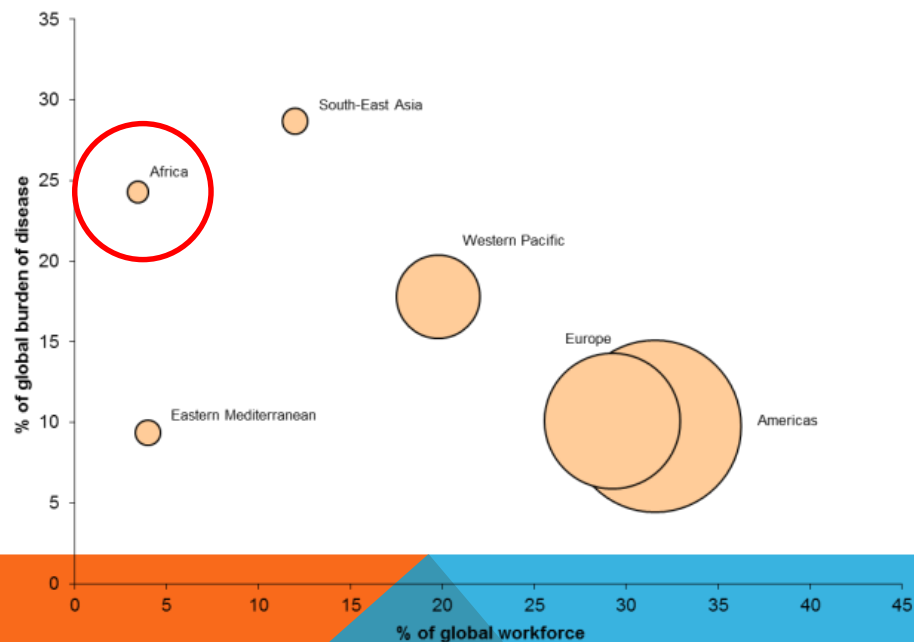
■ Regional decrease ■ Target

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.

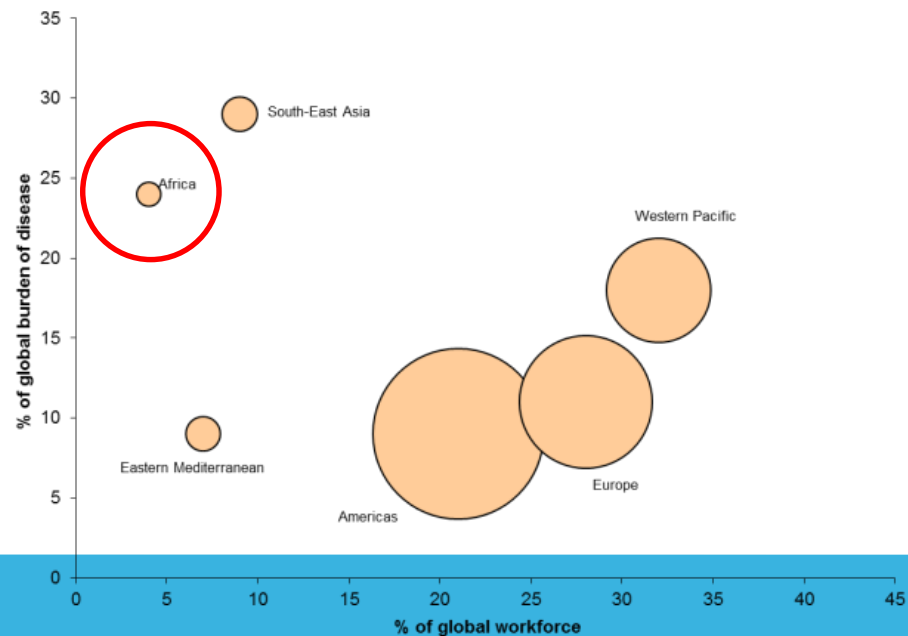
Words don't always translate to action.....

**“24% burden of disease, 3% global health workforce”
(2004-2005 vs 2013-2014)**

Distribution of skilled health professional by level of health expenditure and burden of diseases, WHO regions (2004)

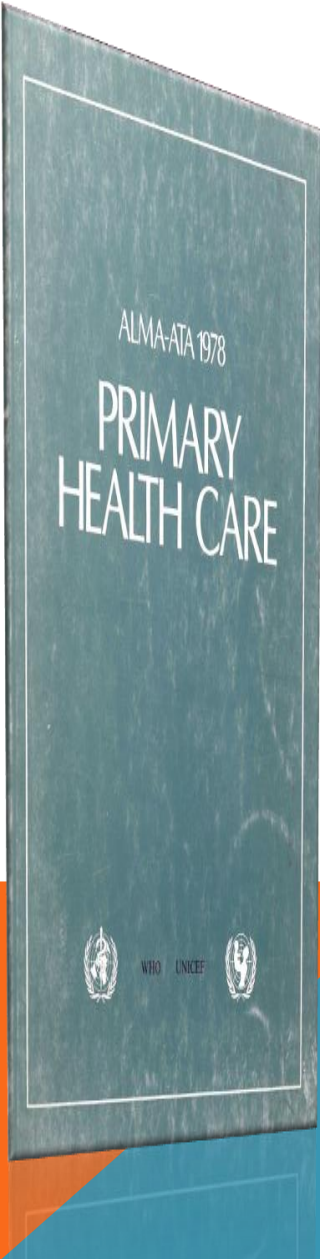


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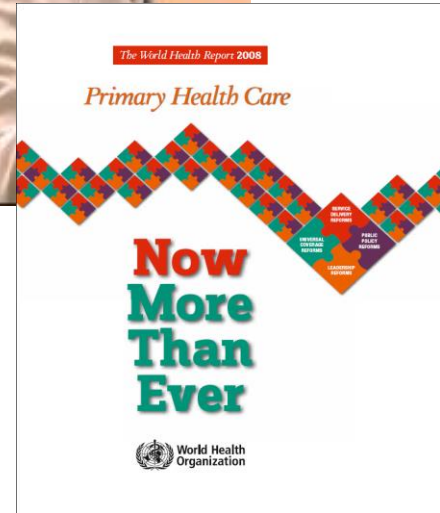


Sources: WHR 2006; Global Health Observatory (2014 update)

WHO WORLD HEALTH REPORT 00



- Health System Development
 - Revitalisation PHC
 - Universal Access
 - Equity
 - Strengthen Public Health
-
- *WHO - Halfdan Mahler – 1978*
 - *WHO - Margret Chan – 2008*



MDGS 2000–2015



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**

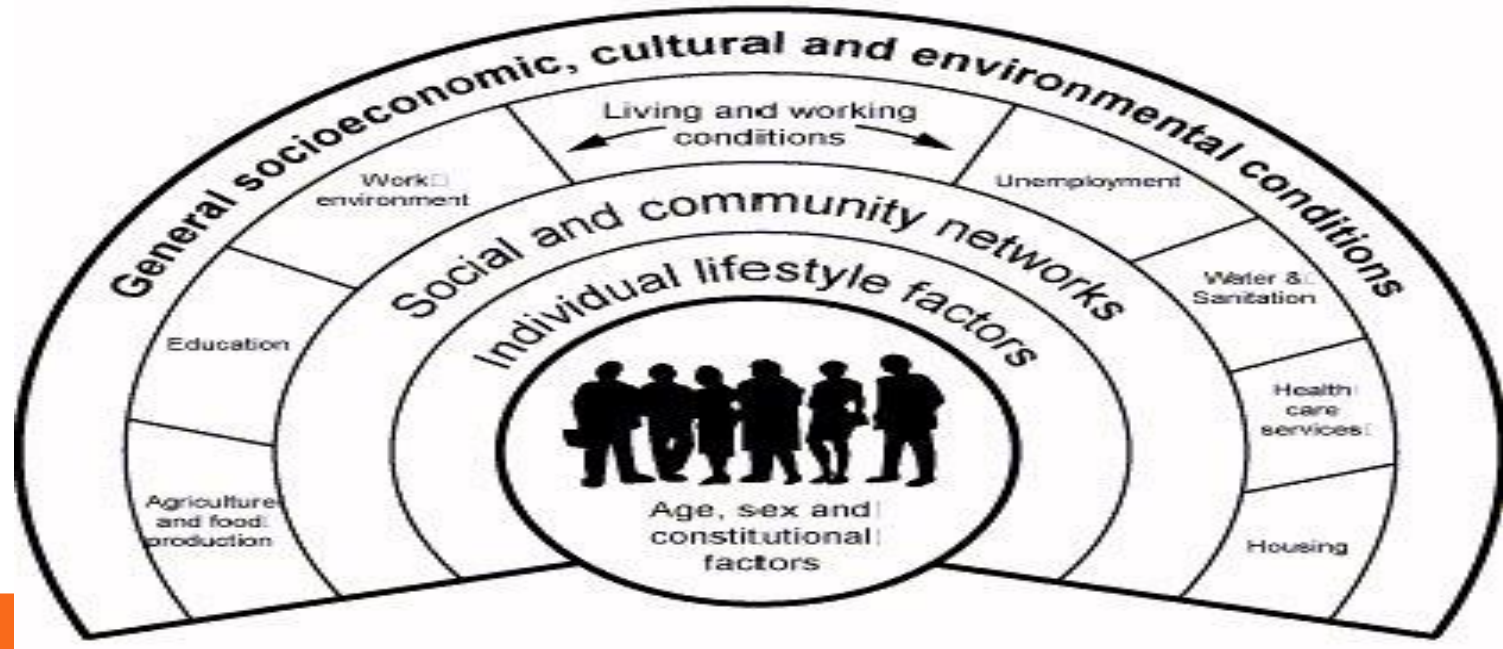


Goal 7: Ensure **environmental sustainability**



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.”



**Commission on Social Determinants of Health.
Closing the Gap in a generation: Health equity through action on the SDH.
WHO, August 2008.**

RIO POLITICAL DECLARATION ON SOCIAL DETERMINANTS OF HEALTH

RIO DE JANEIRO, BRAZIL, 21 OCTOBER 2011

1



All for Equity

World Conference on
Social Determinants of Health

RIO DE JANEIRO | BRAZIL | 19-21 OCTOBER 2011

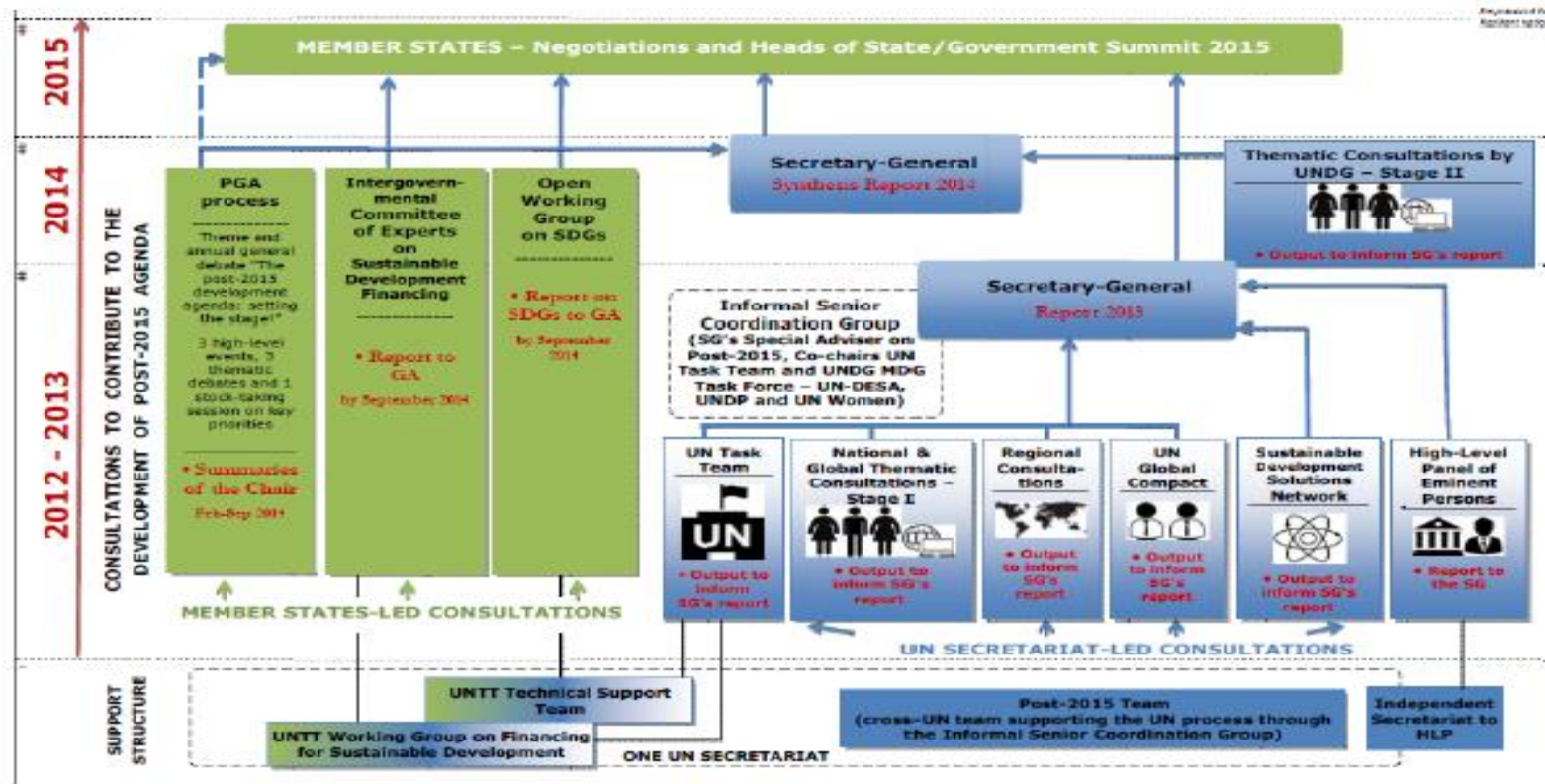


NURSES AND MIDWIVES : LEAVE NO ONE BEHIND

Overview of post-2015 processes



Revised and final
November 2014



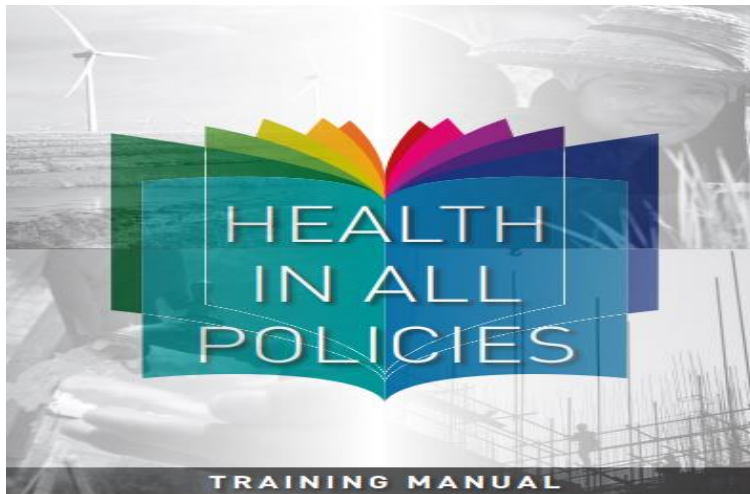
HEALTH IN THE SDG ERA



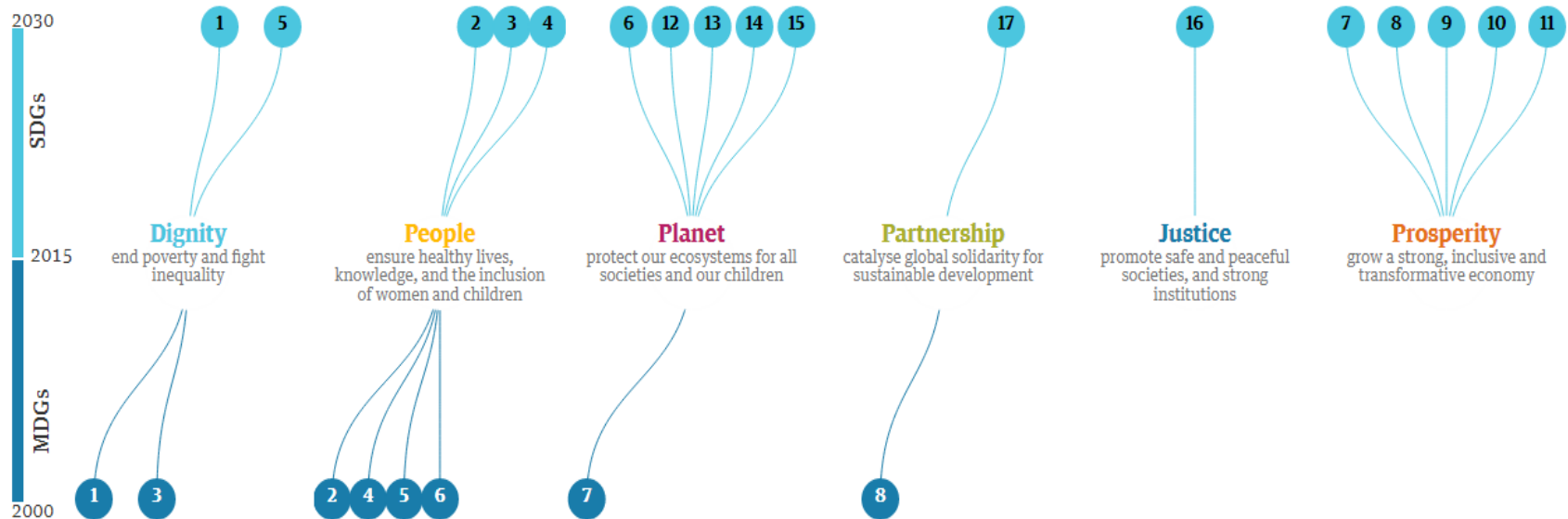


HEALTH IN ALL POLICIES

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

POLITICAL PROCESS

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

MSF



BONO



250 PPPH

WEF

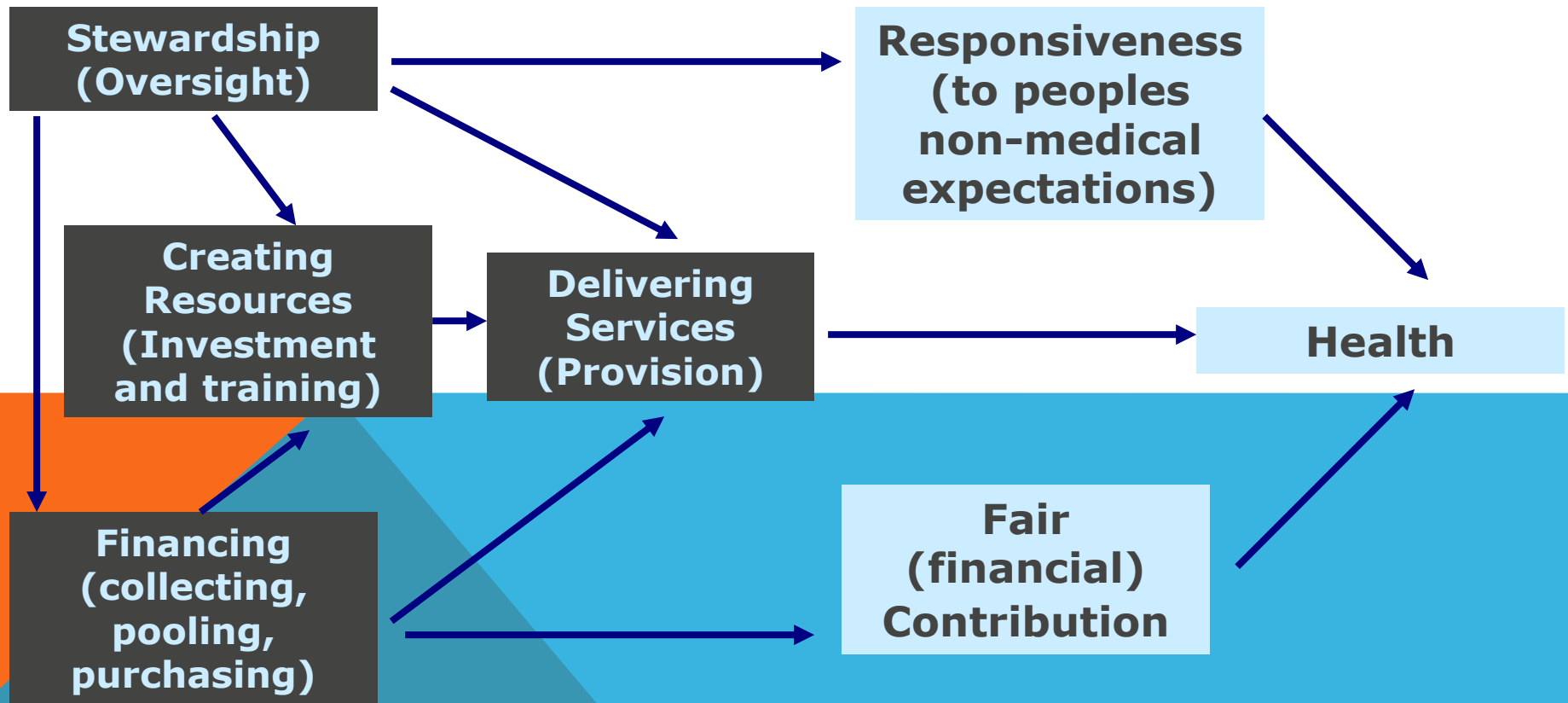


World Bank

WHO FRAMEWORK ON HEALTH SYSTEM: FUNCTIONS AND OBJECTIVES

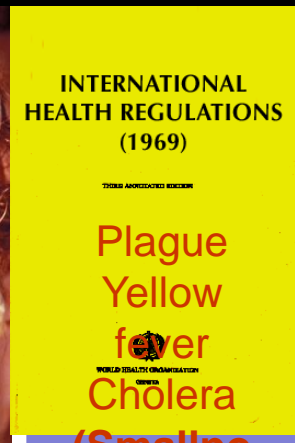
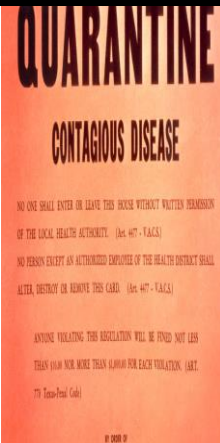
Health System Functions

Health System Objectives



INTERNATIONAL HEALTH REGULATIONS - HISTORY - HEALTH SECURITY

Origins: need for international coordination against epidemic disease



Avian Influenza 2005

Epidemics spread across world

19th Century: International Agreements against epidemics

The first effective public health intervention

1st - 1924 x)
Pan-Am Sanitary Code

1948 - WHO
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

KNOW HEPATITIS ACT NOW
DEMAND TREATMENT!

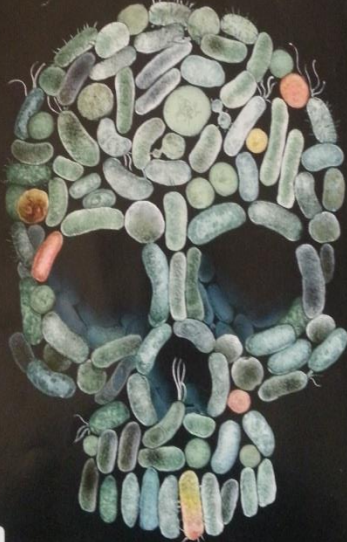


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 of people with Hep C can be completely cured of the virus within 3–6 months

The Economist
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 **World Health Organization**

GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030

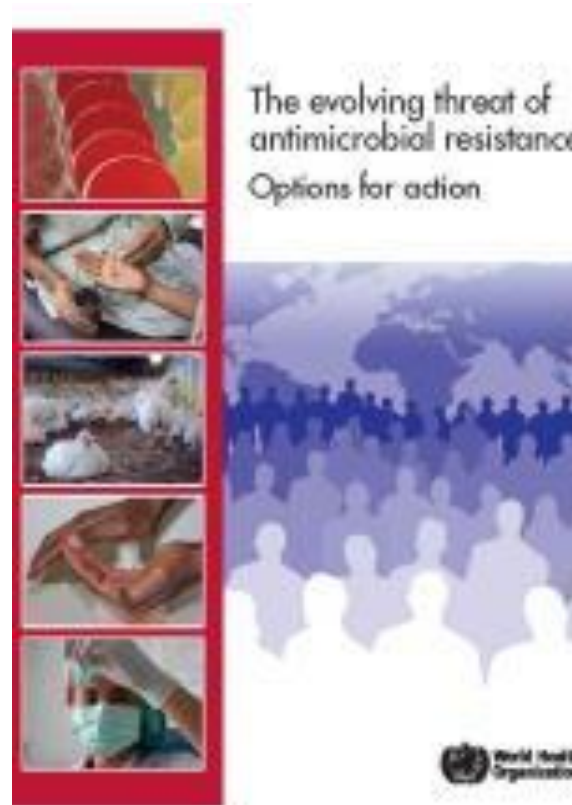


HEALTH SECURITY

NURSES AND

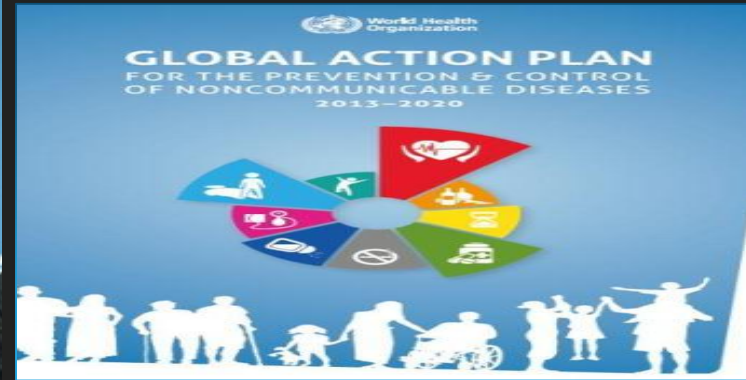
MIDWIVES

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”

By
2015

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

By
2015

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

By
2016

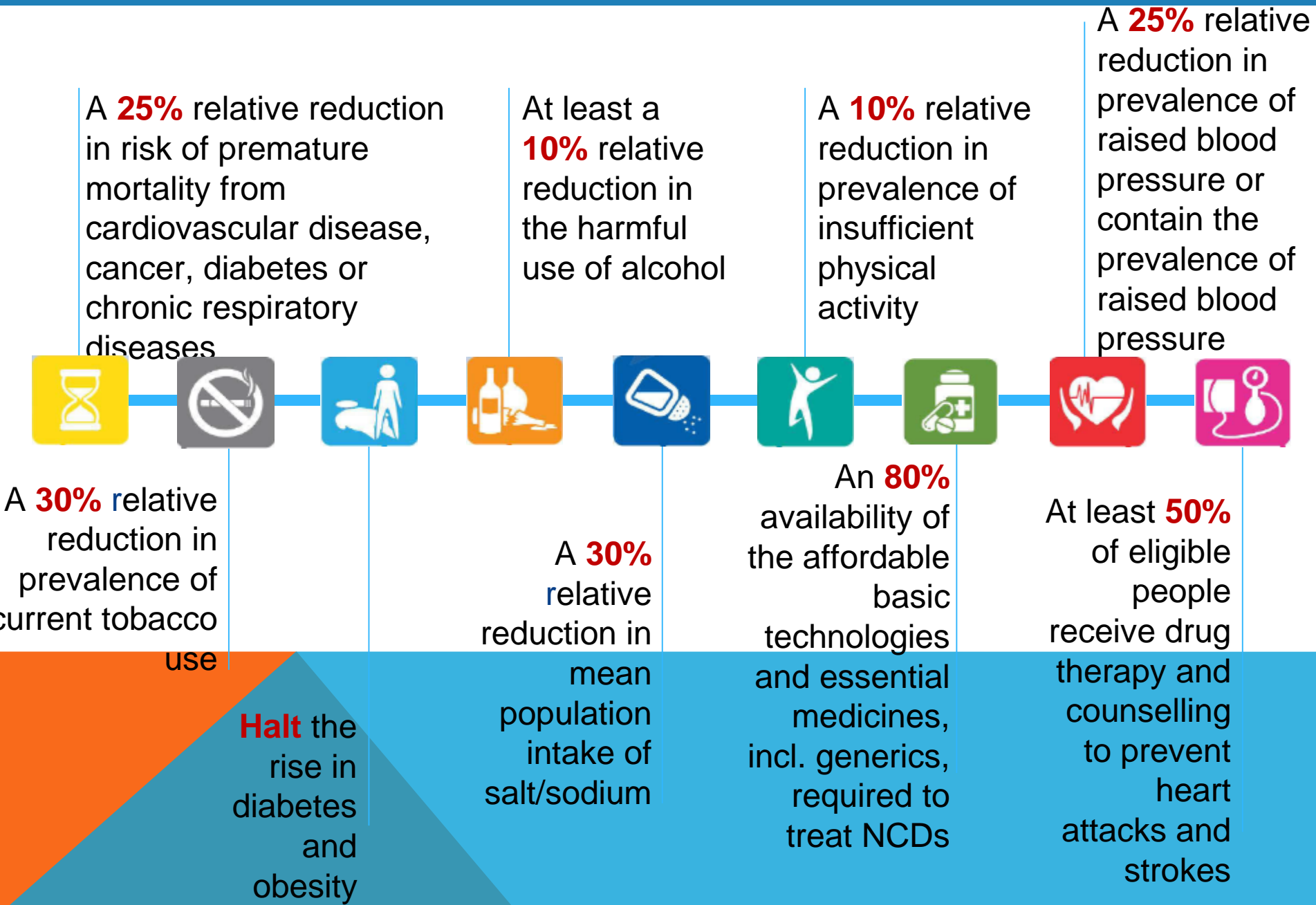
3. Reduce **risk factors** for NCDs, building on guidance set out in the WHO Global Action Plan (2013-20)

By
2016

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



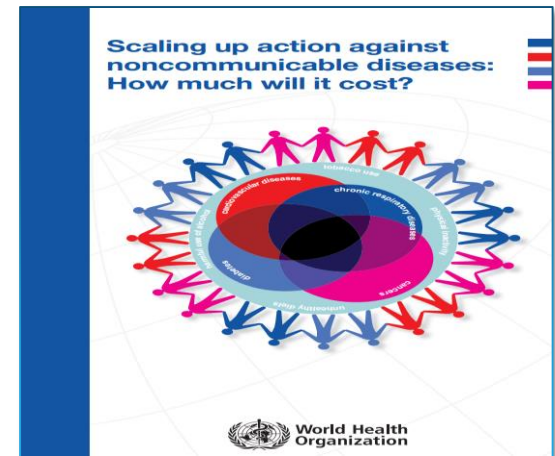
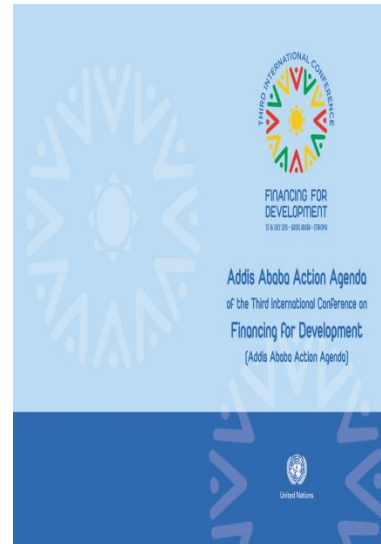
SDG targets for 2030 are aligned with the NCD targets for 2025



Addis Ababa Action Agenda (resolution A/RES/69/313)



**FINANCING FOR
DEVELOPMENT**
13-16 JULY 2015 • ADDIS ABABA • ETHIOPIA
TIME FOR GLOBAL ACTION



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

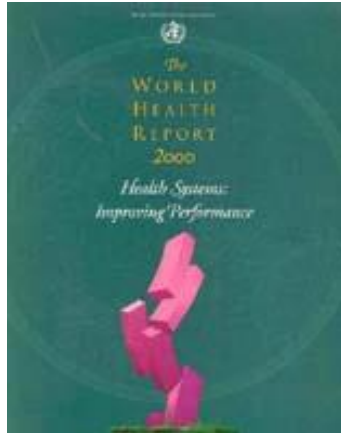
Unite in key priorities for the future nursing &
midwifery vision within and between
different stakeholders

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 Health workforce impact recognised....

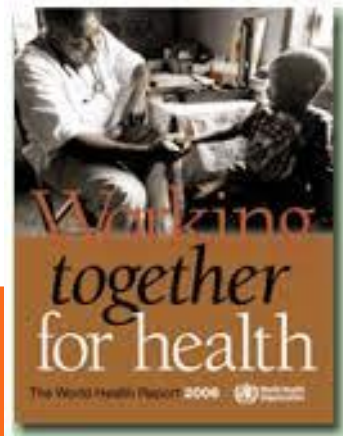


“The performance of health care systems depends ultimately on the knowledge, skills and motivation of persons responsible for delivering services.”

Source: ***The World Health Report 2000*** – Health systems: improving performance

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.”

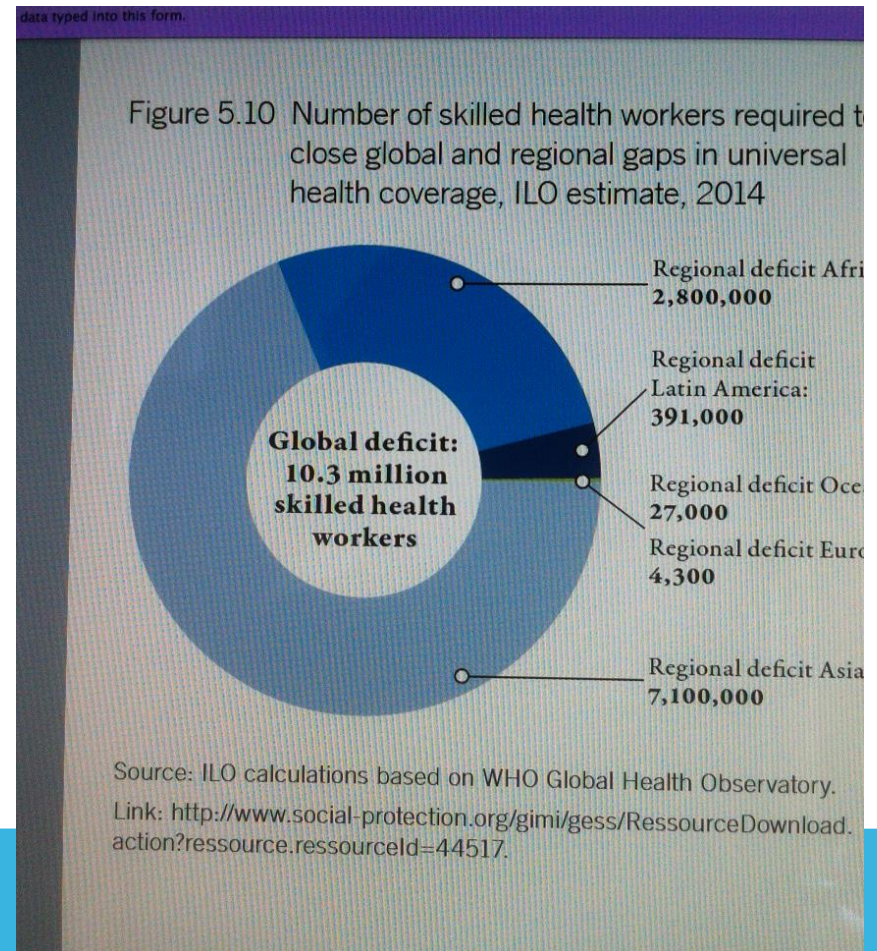


Source: ***The World Health Report 2006*** – Working Together for Health

UHC: shortages and deficits....

ILO – World Social Protection Report (2014): 10.3 million?

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



Source: ILO <http://www.ilo.org/global/research/global-reports/world-social-security-report/2014/lang--en/index.htm>

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

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***



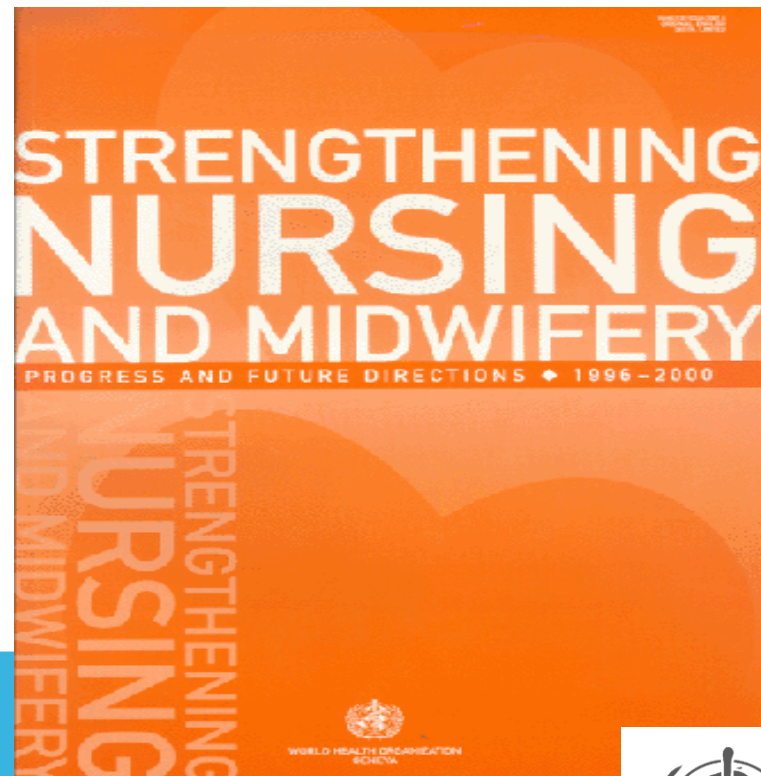
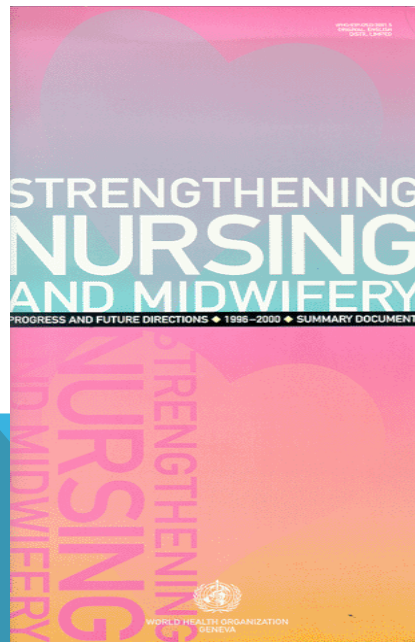
STRENGTHENING NURSING AND MIDWIFERY PROGRESS AND FUTURE DIRECTIONS

1996-2000

Strengthening Nursing and Midwifery Progress and Future Directions

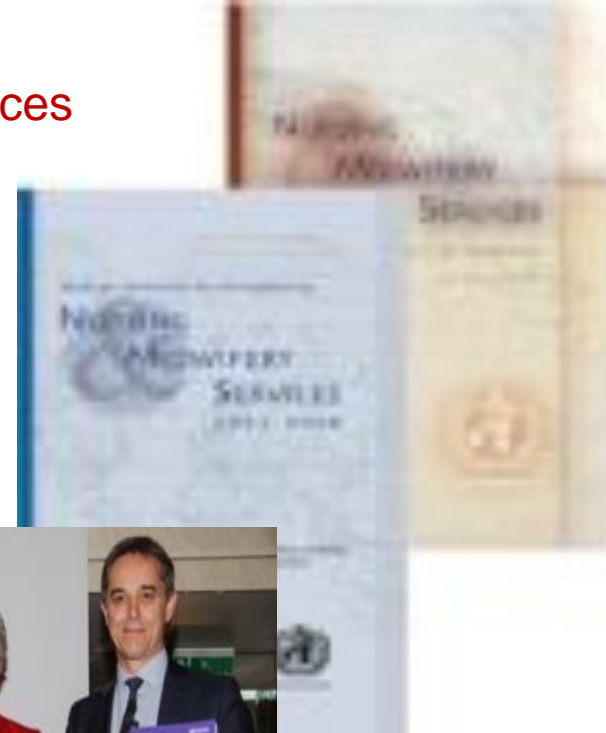
1996-2000

Summary Document



Three Consecutive Global Nursing & Midwifery Services

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)

KNOW HEPATITIS ACT NOW
DEMAND TREATMENT!

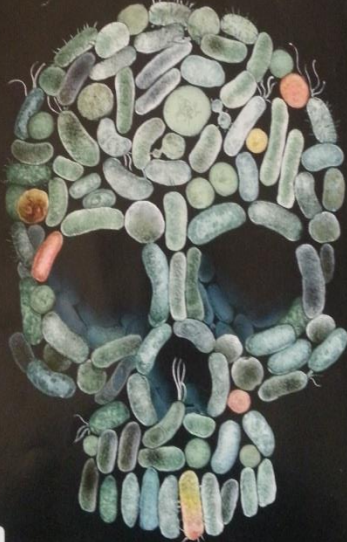


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France	€1.50	Germany	€1.50	India	€1.50	Japan	€1.50	Netherlands	€1.50	Romania	€1.50	Spain	€1.50	Sweden	€1.50	Switzerland	€1.50
Germany	€1.50	India	€1.50	Japan	€1.50	Netherlands	€1.50	Romania	€1.50	Spain	€1.50	Sweden	€1.50	Switzerland	€1.50	Taiwan	€1.50
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Romania	€1.50	Spain	€1.50	Sweden	€1.50	Switzerland	€1.50	Taiwan	€1.50	Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50
Spain	€1.50	Sweden	€1.50	Switzerland	€1.50	Taiwan	€1.50	Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50
Sweden	€1.50	Switzerland	€1.50	Taiwan	€1.50	Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
Switzerland	€1.50	Taiwan	€1.50	Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
Taiwan	€1.50	Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
Turkey	€1.50	USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
USA	€1.50	UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
UK	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50	USA	€1.50
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 **World Health Organization**

GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030



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

OPEN ACCESS Freely available online

PLOS NEGLECTED TROPICAL DISEASES

The Effects of Weather and Climate Change on Dengue

Felipe J. Colón-González^{1,2,3*}, Carlo Fezzi⁴, Iain R. Lake³, Paul R. Hunter⁵

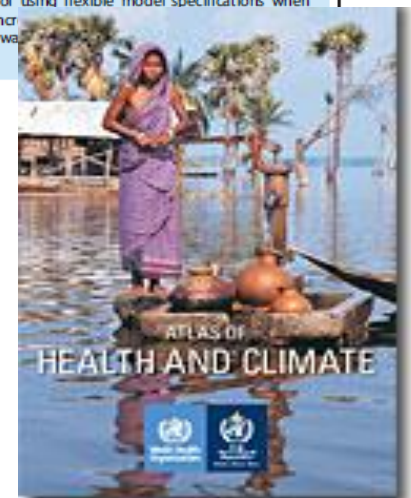
1 The Abdus Salam International Centre for Theoretical Physics, Earth System Physics Section, Trieste, Italy, **2** Tyndall Centre for Climate Change Research, School of Environmental Sciences, University of East Anglia, Norwich, United Kingdom, **3** School of Environmental Sciences, University of East Anglia, Norwich, United Kingdom, **4** Department of Economics, University of California, San Diego, La Jolla, California, United States of America, **5** Norwich Medical School, University of East Anglia, Norwich, United Kingdom

Abstract

Background: There is much uncertainty about the future impact of climate change on vector-borne diseases. Such uncertainty reflects the difficulties in modelling the complex interactions between disease, climatic and socioeconomic determinants. We used a comprehensive panel dataset from Mexico covering 23 years of province-specific dengue reports across nine climatic regions to estimate the impact of weather on dengue, accounting for the effects of non-climatic factors.

Methods and Findings: Using a Generalized Additive Model, we estimated statistically significant effects of weather and access to piped water on dengue. The effects of weather were highly nonlinear. Minimum temperature (Tmin) had almost no effect on dengue incidence below 5°C, but Tmin values above 18°C showed a rapidly increasing effect. Maximum temperature above 20°C also showed an increasing effect on dengue incidence with a peak around 32°C, after which the effect declined. There is also an increasing effect of precipitation as it rose to about 550 mm, beyond which such effect declines. Rising access to piped water was related to increasing dengue incidence. We used our model estimations to project the potential impact of climate change on dengue incidence under three emission scenarios by 2030, 2050, and 2080. An increase of up to 40% in dengue incidence by 2080 was estimated under climate change while holding the other driving factors constant.

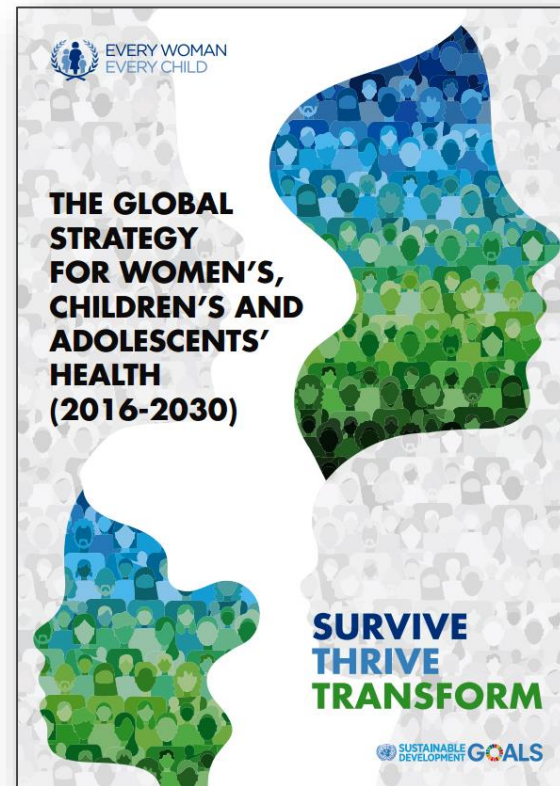
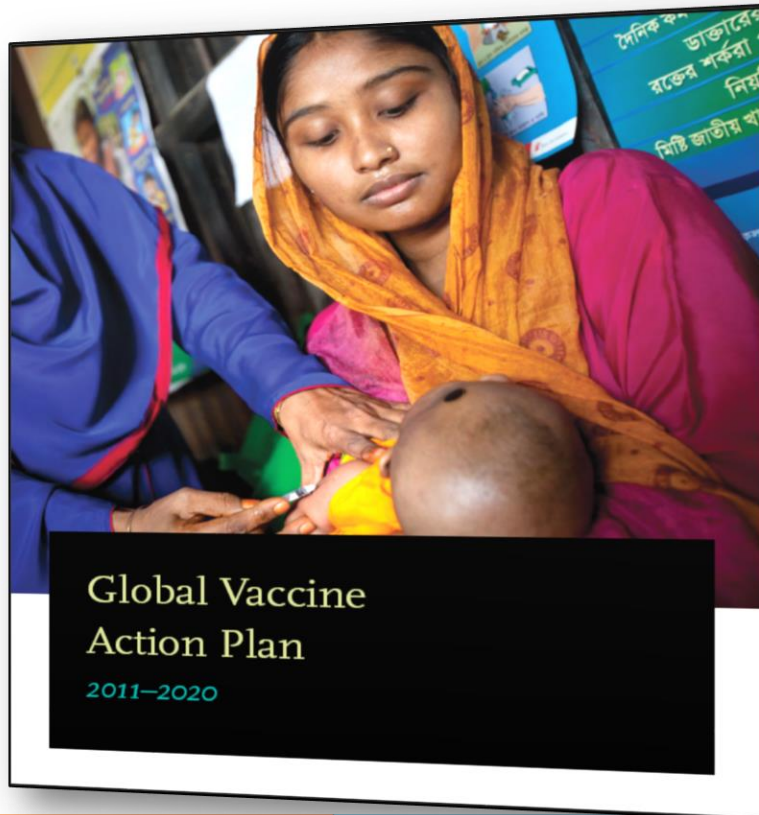
Conclusions: Our results indicate that weather significantly influences dengue incidence in Mexico and that such relationships are highly nonlinear. These findings highlight the importance of using flexible model specifications when analysing weather–health interactions. Climate change may contribute to an increased dengue incidence if it leads to increased domestic water storage, which may influence the success or failure of future efforts against dengue.



**“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



Thank you



<http://www.who.int/hrh/resources/en/>



The Roadmap for Health Measurement and Accountability



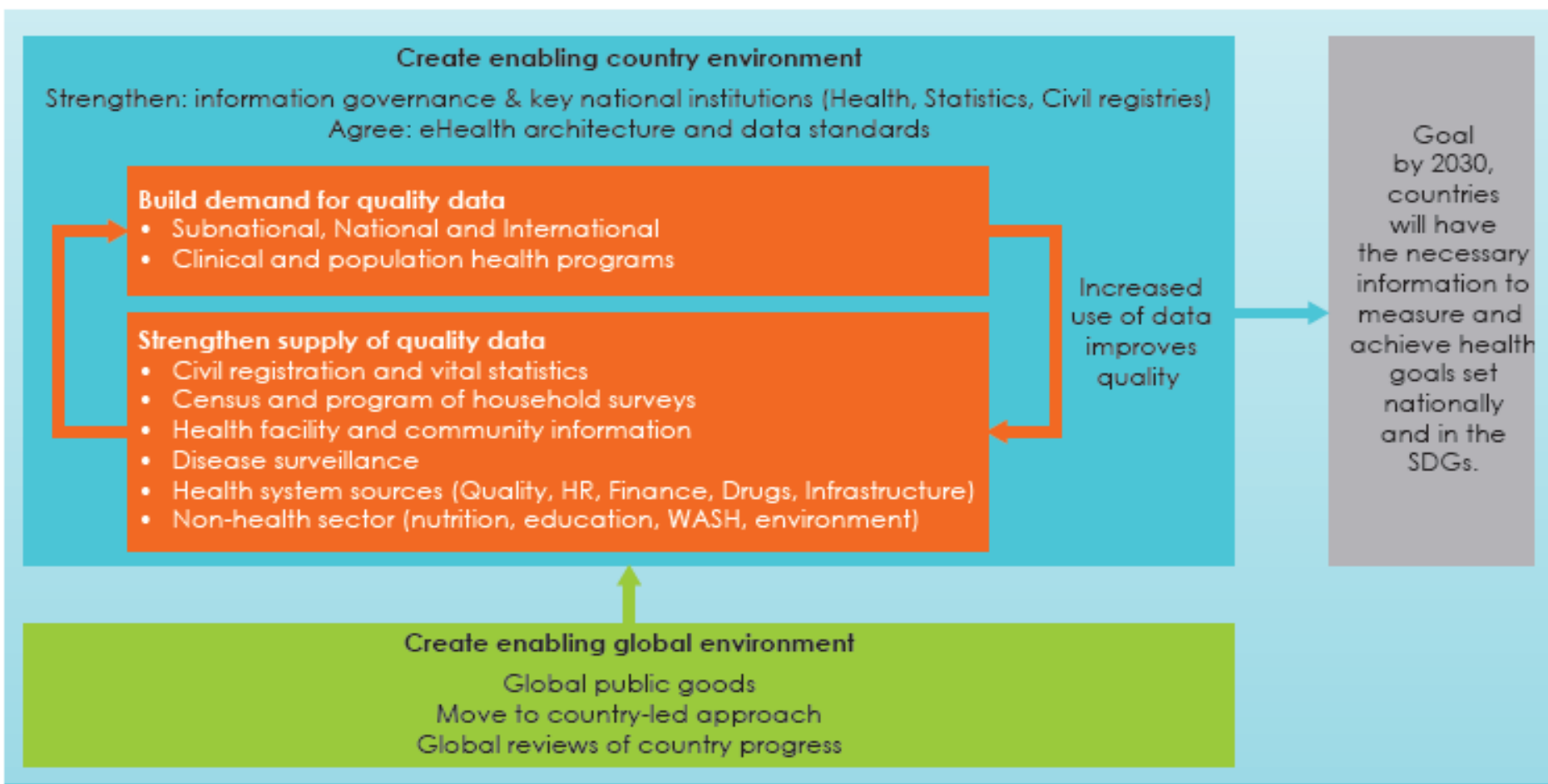
June 2015

Focus on health & related inequities by gender/locality/minority/geography (migrant/IDPs/Refugee;

Role for Advocacy & Policy

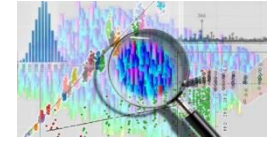
M•A4Health
Measurement and Accountability for Results in Health:
A Common Agenda for the Post-2015 Era

Figure 1: Roadmap to Improved Health Measurement Reporting and Status



HEALTH GOAL: 13 TARGETS; 26 INDICATORS “FINAL”	
Target	Indicator
3.1 Reduce maternal mortality to <70	Maternal mortality ratio (< 70 per 100,000 live-births) Skilled birth attendants
3.2 End newborn and child preventable deaths	Under-5 mortality rate (no more than 25 per 1,000 live births) Neonatal mortality rate (no more than 12)
3.3 End epidemics	Number of new HIV infections per 1,000 TB incidence per 1,000 population Malaria incidence per 1,000 population Hepatitis B incidence per 100,000 population Number of people requiring interventions against NTD
3.4 Reduce NCD mortality and improve mental health	Mortality rate due to CVD, cancer, diabetes, or chronic respiratory disease Suicide mortality rate
3.5 Strengthen prevention and treatment of substance abuse	Treatment coverage for substance abuse disorders(at least 80%) Alcohol per capita consumption
3.6 Halve deaths & injuries -road traffic accidents	Death rate due to road traffic accidents
3.7 Ensure Universal access to sexual and reproductive health care services	Family planning coverage rate Adolescent birth rate (10-14 yrs; 15-19 yrs) per 1,000 women
3.8 Achieve Universal health coverage	Coverage of essential health services Number of people covered by health insurance or a public health system per 1,000 population
3.9 Reduce mortality and illness from hazardous chemicals and air, water and soil pollution and contamination	Mortality rate attributed to household and ambient air pollution Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene Mortality rate attributed to unintentional poisoning
3.a Strengthen implementation of tobacco control	Prevalence of tobacco use 15 yrs +
3.b Support R& D of medicines and vaccines	Access to affordable medicines and vaccines on a sustainable basis
3.c Increase health financing and enhance health workforce in developing countries	Total net ODA to medical research and basic health sectors Health worker density and distribution
3.d Strengthen capacity health risks	IHR capacity and health emergency preparedness

THE HEALTH DATA COLLABORATIVE: COLLECTIVE ACTION AT GLOBAL LEVEL – MEGA DATA

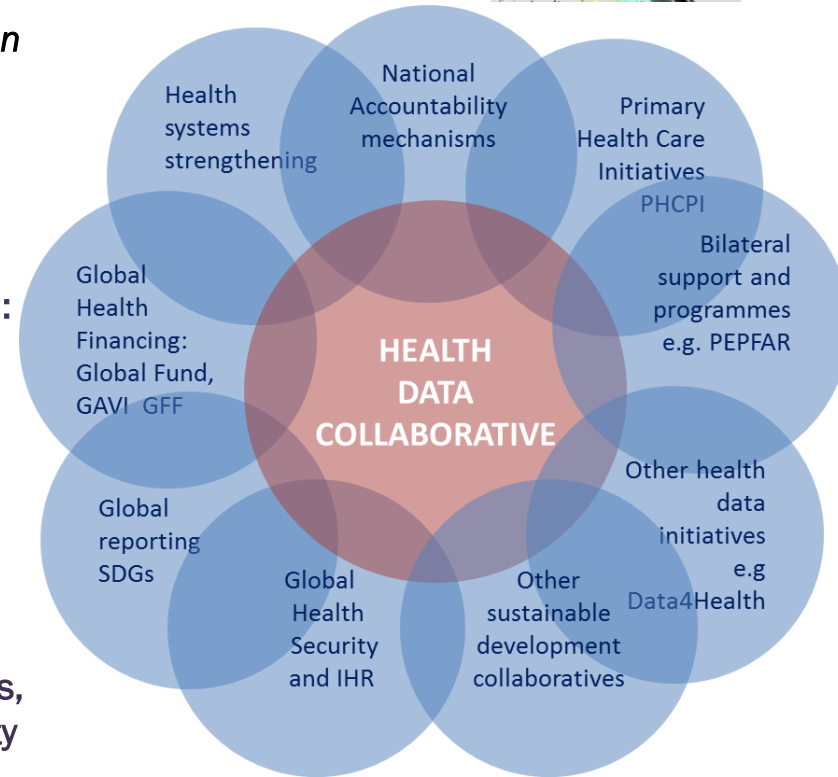


Platform for global public goods (development, harmonization and sharing of tools and guidance) - e.g. 100 indicators 2015 published, ongoing work on facility survey instruments, global CRVS strengthening strategy

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 others efforts and building on each other expertize
- 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

FOURTH GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH VANCOUVER, 14–18 NOVEMBER 2016

Opportunities to network and forge partnership



LEAVE NO



Pakistan Flood 2010



**Yemen –Ebola
Assesement 2014**



Road Safety 2012 with African Ambassadors - Egypt



With Al Azhar Mufti 2013

