

CNA

Global Health Partnerships

Retrospective



CANADIAN
NURSES
ASSOCIATION

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing almost 150,000 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded not-for-profit health system. CNA seeks to strengthen the contribution of nurses and the nursing profession, at home and abroad, to advance global health and equity.

This document has been prepared by CNA to provide information and to support CNA in the pursuit of its mission, vision and goals.

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The Canadian Nurses Association's (CNA) Commitment to Global Health and Equity, Nationally and Internationally

CNA's long and proud history of international work began at its founding in 1908, when it joined the International Council of Nurses (ICN). In 1965, CNA began its international cooperation with nursing associations and networks in several developing countries to advance the profession of nursing, its education and its contribution to healthy public policy and to health-care systems.

Over 37 years, from 1976-2012, CNA built partnerships in more than 45 countries to strengthen the nursing profession's contribution to global health. With financial support from the federal government's Canadian International Development Agency (CIDA) and other funding bodies, CNA was able to work with national nursing associations (NNAs) and multi-country networks in Africa, Asia/Pacific, Central and South America, the Caribbean and Eastern Europe.

The Canadian Nurses Association approached its global health partnerships with an appreciation of the responsibility and opportunity Canadian nurses hold to support their counterparts in developing countries and to respond to local, regional and international health issues.

Health itself is a fundamental human right, and global health is an area for study, research and practice that places a priority on improving health and achieving health equity for all people worldwide. CNA believes that achieving equity in health is a nursing obligation that crosses national borders.



Nurses, mainly women, make up 60 to 80 per cent of health providers in health systems around the world and play a pivotal role in the prevention and treatment of the most common causes of mortality and morbidity. Educated with a distinct body of knowledge, nurses are also guided in their work by a social contract, articulated in a code of ethics. They remain current through their affiliation with professional communities, their national associations.

As such, nurses are around-the-clock providers of front-line care; they are practitioners, educators, researchers and administrators who have a unique understanding of health and system needs that is relevant to health policy, health systems, nursing education and nursing regulation.

As key actors in their health system, NNAs and nurses in all domains of practice can and should play a pivotal role in addressing the complex challenges confronting that system. To do so, NNAs need skilled leadership, a strong professional voice and access to sufficient resources. One of the best ways to ensure that policy- and decision-makers hear the voice of nurses clearly is by maintaining vital and effective NNAs.

This retrospective describes CNA's partnership program with NNAs and its achievements in strengthening their contribution and the voice of nursing within the global health architecture.

International Council of Nurses

Since 1908, CNA has been an active member and contributor to the International Council of Nurses (ICN), a federation of 130 national nursing associations representing more than 13 million nurses worldwide. Operated by nurses, and leading nursing internationally, ICN works to represent nursing worldwide by bringing the profession together, by advancing nurses and nursing worldwide, and by seeking to influence health policy. CNA's membership and leadership in ICN ensures that Canadian nurses' knowledge and experience contribute to advancing global health and equity.

Lucille Auffrey, Rob Calnan and Ginette Lemire Rodger at ICN's Council of National Representatives meeting, 2003



Our Partnership Program — When it all began . . .

CNA began its work in international development in 1965, when Dr. Helen Mussallem, CNA’s executive director (1963-81), and nursing leaders in the Caribbean jointly conducted the first survey of the region’s 23 English-speaking nursing schools. This landmark work, funded by the Pan American Health Organization and the World Health Organization (WHO), helped reinforce the idea that both regional education for nurse registration and reciprocal relations for nurse registration were viable options.

The results of the survey and the ongoing collaboration led to the creation of the Regional Nursing Body (RNB), which marked its 40th anniversary in 2012. The RNB continues to advise regional health ministries on health and nursing issues and provide practical ways to improve nursing education and services within the Caribbean region.

From 1976 to 2012, with financial support from CIDA and others, CNA partnered with 29 NNAs and three NNA regional networks in developing countries to strengthen and promote the contribution of the nursing profession to improved health outcomes. Hundreds of Canadian nurses worked as volunteers and technical advisors over the years, sharing their knowledge and experience with colleagues abroad, enriching each other’s professional and personal lives, and advancing the nursing profession.

CNA developed many long-term, collaborative relationships working with NNAs as partners to build nursing capacity. Through these partnerships, along with technical and financial assistance from CNA, NNAs became more sustainable and more effective organizations. Today, they are better equipped to provide a strong voice for nursing, to assist in the transformation of their countries’ health systems and to address its health challenges.



Addis, Ethiopia, 2002

Several of CNA’s partner nursing associations identified its financial and technical assistance, as well as its collegial support, as key to gaining and supporting their membership in ICN and the international community of nurses. Among these are the Indonesian National Nurses Association (INNA) and the Ethiopian Nurses Association (ENA).

“I learned that nursing is a community that knows no boundaries. Nurses exist to deliver care to people. For that, nurses have to have tools like basic [nursing] education and an anchoring in the social system.

It’s the same thing wherever nurses may be, even if the conditions of patients may be different. . . . Nutrition, well-being, education — all of these things can bring us the same results, whether we’re in Ethiopia, Uganda or Canada.”

Former CNA chief executive officer Lucille Auffrey reflects on her international nursing partnership work in Uganda.¹

El Salvador, 2007



Association-to-Association

A key element of CNA’s partnership approach was the pairing of international partners with provincial, territorial and specialty association members in Canada. The mutual sharing and support between overseas partners and Canadian nursing associations were at the heart of the international program’s success. The value of association-to-association capacity-building, in fact, became more apparent as it progressed. Through this process CNA was able to expand the scope and reach of knowledge sharing and access to specialized nursing knowledge, which added considerable value to each project.

CNA collaborated with Canadian nursing organizations, such as the Canadian Federation of Nurses Unions, whose expertise and support enabled global counterparts to build needed expertise in labour and workforce issues, while supporting visibility in global arenas.

Within geographic regions such as Central America and southern Africa, CNA facilitated exchanges between nursing leaders and the sharing of information and resources between partners, which helped to build regional cooperation and strengthen the associations.

The exploration of common issues and experiences by these nurses contributed to the development of meaningful relationships and shared learning for Canadian nurses and international partners.

¹ (Canadian Nurses Association [CNA], 2007, p. 2)

Youth Internships

Through federally-funded youth internship programs, CNA was able to place young Canadians with international partners. These placements provided students and recent graduates with a rich learning opportunity, while giving valuable assistance to the partners by means of their project work.

The 2007 partnership with the Ethiopian Nurses Association (ENA) focused on improving nurses' occupational health and safety as it related to the heightened risk of exposure to blood-borne pathogens in clinical settings. Supported by CNA interns, activities in five locations led to increased knowledge and ability that helped nurses prevent exposure, reduce occupational risks and improve workplace policies and conditions.

A recently graduated RN, working with the Southern African Network of Nurses and Midwives (SANNAM) in 2008, described her work developing communication strategies and increasing the network's visibility in the following way:

The most striking aspect of working [in southern Africa] is that so many of the issues nurses face are universal, but they affect nurses here more than they do in Canada. The shortage of skilled health-care personnel and the out-migration of nurses is a huge concern for the . . . region. . . . HIV rates in the general population can range from 5 per cent to over 40 per cent, depending on the location. This risk, combined with increasing rates of violence in both the workplace and society, and a lack of public support for the nursing profession, are major concerns on a daily basis.²

A new nursing graduate, after working with the 2010 Ethiopian Nurses Association research project on needlestick injury, said: "I am beginning to think about health issues beyond the hospital or clinic level and at a more global level. I am trying to be more attentive to political, social, economic and environmental issues around the world and to analyze how these issues influence health outcomes."³

NNAs both benefited from and appreciated the knowledge, enthusiasm and dedication young interns brought to their placements, and in return these interns gained valuable skills and greater insight into the realities facing nurse colleagues at a global level.



Intern, Sara Belton, at the DENOSA/SANNAM office in Pretoria, South Africa, 2008

² (CNA, 2008, p. 19)

³ (CNA, 2011, p. 14)

Partner Association Study Tours in Canada

Study tours in Canada proved to be an effective way for partner associations to learn from each other and also about the Canadian health-care system. Beginning in 2004, nursing leaders representing partner NNAs from around the globe came together through CNA's International Health Partners study tours.

During a 2004 study tour, the Southern African Development Community (SADC) offered practical advice to colleagues from other countries about working with government and practitioners on precautions to prevent HIV/AIDS transmission. For Ethiopian nurses, whose weakened profession and organization were rebuilding after years of war and drought in the country, the enormity of AIDS was only beginning to be acknowledged. The information and advice shared by SADC was therefore of particular importance to their practice.

A 2010 CNA-hosted four-day workshop with representatives from eight partner associations focused on proposal writing, marketing, member engagement and best practice guidelines. Participants took full advantage of the opportunity to exchange knowledge with colleagues about nursing policy, leadership and visibility, legislative and regulatory development, primary health care and HIV/AIDS.



Visit to the Ottawa Hospital by Vietnamese and Central American partners

Globalization Workshops Examining Gender and Equity

CNA worked with adult educator Suzanne Doerge, in the development of a workshop on globalization and its impact on nursing and health-care systems. The workshop, launched as a pre-conference event at the 2000 ICN conference, resulted in a series of workshops, held both in Canada and internationally. The one- and two-day workshops used gender analysis to look at changes to health care and nursing in the previous 10 years and examined ways of promoting equity in times of globalization.

After a 2002 globalization workshop, co-sponsored by CNA and the Vietnam Nurses Association, nurses in Vietnam went on to facilitate similar workshops in three regions of their country. Participants used the completed analysis from these regional sessions to initiate a 10-year national nursing action plan that was adopted by the government later that year.

In Canada, workshops jointly organized by the provincial associations in B.C., Alberta, Saskatchewan, Ontario, New Brunswick and Newfoundland and Labrador brought together nurses and nursing students at a provincial level. Using a gender analysis lens, workshop participants examined the values upon which the Canadian health-care system is based, explored the impact of changes on nursing, health care and equity, and discussed how to build bridges to promote equity among nurses internationally.



Globalization workshop, March 2010

CNA's belief that Canadian health professionals, including registered nurses, have the right and responsibility to raise awareness of the root causes of inequity in global health, and to participate in finding solutions through collaboration, cooperation and communication, underpinned all the workshops.

“This meeting was really quite monumental. For years Canadian nurses have been contributing their immense skills and knowledge to communities in developing countries. Now we’re starting to bring everything we’ve gained from working in these communities back to Canada and share this information with each other. This valuable experience not only helps us to work more effectively overseas, but also right here in our own country. I really think that’s what international development is all about.”

June Webber, CNA’s director of international policy and development⁴

Engaging Canadian Nurses

An important aspect of CNA’s global health partnership programs was the involvement of nurses from across Canada as consultants, mentors, technical advisors, participants in Canadian study tours with overseas partners, and members of workshops on globalization. They frequently shared expertise in international collaboration through conference presentations, symposiums and other initiatives.

CNA’s global health partnership program benefited from the advice of a volunteer global health advisory committee, comprised of CNA members with global health and international development expertise and CIDA representatives.









Vietnam

⁴ (CNA, 2002, p. 36)

Partnerships with National Nursing Associations — Built on Values and Principles

CNA built its international relationships on partnership principles that include respect for human rights, shared vision and goals, inclusivity, the embodiment of equity, and accountability.⁵

CNA's projects with partner NNAs can be grouped into six thematic areas:

-  Influencing health and nursing policies
-  Developing educational and practice standards, regulatory tools and resources
-  Increasing organizational capacity and governance skills
-  Promoting nursing leadership
-  Addressing the impacts of HIV/AIDS
-  Supporting the application of primary health care principles

The following sections discuss each of these areas and provide examples of the program's accomplishments.


⁵ (Canadian Council for International Cooperation, 2009)

Influencing health and nursing policies

CNA worked with its NNA partners to support leadership development for healthy public policy and advocacy. Advocating for health and nursing policies that supported more equitable health systems and identifying policy gaps were essential elements of the strategy.

In all partner countries, not only are the majority of nurses women, most community-based programs are developed to benefit women and children. Building gender equity into health and nursing policies was therefore a key goal of CNA's partnerships, and it was a theme that cut across much of its international work. Policy development focused on areas such as maternal, newborn and child health, social justice and equity, nursing leadership, gender equity and disaster response.

Advocacy is most effective when nursing leaders are recognized as essential partners in decision-making related to transforming health systems, and also, when those decisions are evidence-based. With these principles in mind, CNA used specially developed materials to support its NNA and nursing network partners in taking leadership roles in policy development.

-  In Ecuador (1996-2006), a partnership with CNA led to improvements in the quality of worklife for nurses. The Ecuadorian Federation of Nurses, along with other professional associations, successfully persuaded Ecuador's Ministry of Health to review and revise the health professional pay scale.



Ecuador

■ In 2002, the Vietnam Nurses Association (VNA) successfully lobbied the Ministry of Health to establish a chief nurse position in all 58 provincial health bureaus. As a result of VNA's growing influence and credibility, they were invited to comment on national health policies and strategies in addition to those directly affecting nursing.

■ The Indonesian National Nurses Association (INNA) gained credibility with government policy-makers, as demonstrated by an invitation from the health ministry to be part of the Indonesian delegation to the World Health Assembly in 2001 and 2002. In addition, the government appointed a nurse as director of the Ministry of Health's department of nursing and medical technician services. INNA's president was also invited by the World Health Organization in 2007 to participate in the global consultation on nursing and midwifery, held in Pakistan.

■ Through a strategic planning process, SANNAM, a network of 14 southern African NNAs, identified the importance of addressing how power imbalances and access to resources impact women affected by HIV/AIDS. During the project (2002-2007), activities used gender analyses and worked to ensure that gender equity was included in programs related to HIV/AIDS awareness, prevention and care. The NNAs also conducted training workshops to build leadership capacity and skills for policy development, nursing association management and effective advocacy for universal health-care access.

■ In Senegal, a 2010 workshop on gender issues by the Association Nationale des Infirmiers et Infirmieres Diplômés D'Etat du Senegal (ANIIDES) was attended by 30 regional nursing representatives. The workshop examined the relationships between gender, health and nursing, while focusing on the following themes: HIV/AIDS, female genital mutilation, early marriage, teen pregnancies and violence against women and girls. Following the workshop, ANIIDES created a gender committee to work with the ministries of family and gender to more closely monitor gender and health issues.



Joan Lesmond, mentor to Southern African Network of Nurses and Midwives, and Thembeke Gwagwa, general secretary of DENOSA

■ A gender and nursing workshop in Nicaragua led to the development and implementation of a survey on workplace violence. Because the survey revealed more workplace violence than expected, there was a need for the Nicaraguan Nurses Association to engage the Ministry of Health, their membership and the public to seek solutions. In 2012 the association reported its findings to the Ministry of Health and planned to release an official statement denouncing workplace violence.

“Although preliminary, these results, including who inflicts the violence, are similar to nurses’ experiences in other countries, and they will be important for AEN [the Nicaraguan Nurses Association] to discuss with the Ministry of Health, their membership and the general public.”

Gladys Peachy, McMaster University professor and project mentor⁶



Banner advertising workshop jointly organized by CNA and the Senegalese NNA, Senegal, 2010

⁶ (CNA, 2012, p. 16)

Developing educational and practice standards, regulatory tools and resources

In many countries where CNA worked, there were few educational or professional standards for health professionals. As a result of cooperation with CNA, NNA partners were able to establish standards for the approval of nursing schools and for admission, curriculum and teaching methods. CNA's approach was to ensure that education programs prepared nurses to meet the needs of the population in general, while respecting and responding to particular demographic, social, economic, cultural and geographic characteristics.

- In the 1970s, Canadian nurses worked with their Cuban counterparts to develop a curriculum for the new nursing faculty and undergraduate program at the University of Havana.
- With CNA's technical support (1999-2007), the Vietnam Nurses Association developed a curriculum to upgrade nurses' education to the baccalaureate level, and then successfully lobbied the national government to support the program and the establishment of the first Vietnamese university program for nurses at Nam Dinh University
- Indonesia's 682 nursing schools had no national nursing exam when CNA began its partnership with INNA in 2002. At that time, students received a graduation certificate without reference to national competency standards. With technical assistance from CNA, INNA began to prepare for the introduction of a national exam. In 2011, the federal Ministry of Health established the Indonesia Health Professional Council and gave it responsibility for regulating and



Vietnam, 2004

running the national exams for 17 health professions, including nurses. Since the nurses association was the only profession ready to implement a national competency exam, the ministry asked INNA to be the role model and technical advisor for the other 16 professions and to assist them in developing national exams and accreditation programs.

█ Advocacy by the Ethiopian Nurses Association (ENA) led to the creation of four generic baccalaureate degrees in university nursing programs during 2003-2004. A review by the ENA of their country's undergraduate nursing curriculum also resulted in the extension of nurse training from 3 to 4 years, as ENA recommended. The association then worked with other NNAs to standardize required competencies for medical-surgical nursing, obstetric and gynecological nursing, pediatric nursing, and community nursing. ENA went on to develop plans for a graduate nursing program.

A regulatory framework for nursing protects the public by promoting good practice, ensuring structures are in place to guide professional accountability and establishing a mechanism to intervene when practice is unacceptable. To establish such frameworks for regulating their profession, and to develop codes of ethics and standards of practice, CNA provided guidance and technical input to support NNAs around the globe.

█ In 2002-2003, the Indonesian National Nursing Association prepared the groundwork for government to establish a regulatory system for nurses. This work involved drafting guidelines for nursing regulation, which were reviewed in a workshop attended by 40 provincial and district members, purchasing software to implement the regulatory system, and drafting and field-testing a nursing code of ethics and competencies for nursing practice standards.

Indonesia



- With technical support from CNA, nursing leaders of the Nicaraguan Nurses Association developed and published its voluntary code of ethics in 2008. A consultative process with its members and national health union leaders contributed to creating the code. The association also presented draft nursing legislation to the National Assembly's health committee.
- Significant progress on nursing regulation was achieved in Ethiopia between 2007 and 2012. As CNA's work with the Ethiopian Nurses Association (ENA) began, there was no national nursing registry, no self-regulation of nursing and no official role for nursing within the Ministry of Health. With technical support provided through CNA, ENA created a draft nursing act. After conducting workshops throughout the country to gather input from nurses, nursing leaders and representatives from the Ministry of Health, ENA submitted the nursing act to the national legislature and lobbied for its passage.
- In the final years of CNA's global health partnership program (2007-2012) four NNA partners — Ethiopia, Indonesia, Nicaragua and Vietnam — developed voluntary codes of ethics, setting out the ethical values that are important to their respective nursing professions and the nursing standards that contribute to public protection. In each case, the NNA developed a communication strategy to disseminate and share the adopted codes with nurses across their respective countries.

“My international work in Vietnam has been both inspiring and motivating! And as a nursing practice consultant, I have cited my Vietnamese experience and even shown photos from Vietnamese projects to illustrate points for nurses here in Newfoundland. The hard work of the Vietnam Nurses Association to establish national regulation of the profession demonstrates the importance of the regulatory role for nursing. Furthermore, my Vietnam project work makes me appreciate what nurses have here at home.”

Lynn Power, nursing practice consultant, Association of Registered Nurses of Newfoundland and Labrador⁷

⁷ (CNA, 2007, p. 9)



Colourful wares on a Soweto, South Africa, street corner



Ethiopian Nurses Association with CNA mission, 2006

“ENA members took very seriously the suggestions that arose out of workshops and meetings with CNA. They paid particular attention to the development of relationships with stakeholders, especially government, and that allowed them to start to have influence within the health system. I was particularly impressed during my visits by their understanding of what it meant to be a professional nurse and the dedication and commitment they had to nursing and to the clients and patients they served.”

Debbie Phillipchuk, policy and practice consultant, College and Association of Registered Nurses of Alberta⁸

⁸ (personal communication, December 6, 2012)

Increasing organizational capacity and governance skills

CNA's international program, with its focus on helping to build capacity for national nursing associations, achieved excellent results. CNA's approach was to adapt to each partners' needs while maintaining the overall goals of strengthening the voice of nursing, creating democratic entities and expanding NNA memberships.

CNA collected the tools and resources that were developed over the years into an Association Development Resource Kit. The three modules of this kit were intended to guide each NNA as it worked through an environmental scan, an internal assessment of its own capacity and a strategic planning process. The kit included printable questionnaires and forms, an Excel file to keep track of self-assessment scores and a PowerPoint presentation that gave an overview of how the package worked.

For some NNAs, capacity-building included creating processes to ensure representation for nurses living outside the capital city in more rural and remote regions. For others, key activities involved a strategic planning process, a computerized membership registration and support for member communication through a website, newsletter and/or nursing journal. To create a strong and representative nursing association, CNA activities included: training board members on fiscal and governance roles and responsibilities; providing guidance on organizing a general assembly for all members; revising a constitution or registering the association as a legal entity; and equipping a basic office.



Lynn Power, Vietnam, 2002

- The Uganda National Association of Nurses and Midwives (UNANM) expanded their membership over the life of the project (1990-1996) from 300 to 2700 members.
- During the apartheid era in South Africa, black nurses had to leave the South African Nurses Association (SANA) when government policies created 14 separate nursing bodies for black South African registered nurses in the Bantu homelands. In 1995, the Democratic Nursing Organisation of South Africa (DENOSA) was created to unify nursing and nurses by negotiating the dissolution of the homeland organizations and a merger with SANA. DENOSA shifted focus to promoting the professional and labour interests of nurses and health care in general. CNA then helped DENOSA develop its constitution, supporting a constitutional conference that brought nurses together to adopt the new organization.
- In the 1990s, due to the dismantling of professional associations, the vibrant Ethiopian Nursing Association (ENA) shrank to only four members. In 1997, once there was greater openness in the country, ENA asked CNA to assist its rebuilding efforts. With CNA's support Ethiopian nurses' awareness of the benefits of an association increased over the next few years, and the association's institutional capacity was also strengthened. ENA used CNA's Association Development Resource Kit to help it form a plan that would focus its activities over several years. During the planning process, the constitution was revised, the first general assembly was held and a board of governors was elected. Staff members were recruited to work with the volunteer board, and a strategic plan was created. Based on this plan, ENA launched its *Voice of Nurses* newsletter. By 2012, ENA's membership was 3,500.

“One of the CNA project goals was to strengthen [the El Salvador Nursing Association (ANES)]. We now have the evidence. For example, our membership has grown over the last five years with 1,100 new members. I would say this gain alone has shaped the future of ANES. In addition, the association now has an image as an entity that is committed to social well-being. The people of El Salvador have all benefited as a result of ANES obtaining the technical tools for improving the nursing care delivered to people.”

Luz Amanda Interiano, project coordinator for the El Salvador Nursing Association⁹

⁹ (CNA, 2007, p. 5)

■ When CNA's partnership with the Nicaraguan Nurses Association (AEN) began in 1996, AEN's administrative model was completely centralized. Its board of directors was drawn exclusively from the nation's capital and was assuming total responsibility for all activities. This arrangement led to limited participation by the largely rural membership; yet with CNA support a new board of directors was formed that included regional representatives. The new board restructured the organization and changed its constitution — modifications that reinvigorated both the organization and its members. Within a few years, three new provincial chapters were established and membership had grown by forty per cent. By 2012, AEN had 1423 members from across the country.

■ During its 2002-2007 partnership with CNA, the Indonesian National Nurses Association (INNA) became a strong, cohesive organization. In one year alone, membership rose by 11 per cent, while development of their website allowed online member registration and improved communication between the association boards at national and provincial levels. In response to a devastating tsunami in 2004, INNA was able to mobilize rapidly, having been strengthened through partnership with CNA, to deploy 500 nurses into the affected areas.

■ In Senegal, CNA began its partnership with the Association Nationale des Infirmiers et Infirmieres Diplômés D'Etat du Senegal (ANIIDES) in 2007. With CNA support, ANIIDES improved their governance structure so that the board of governors had regional representation and met every six months; developed a survey for nurses in the regions to have a baseline study of nursing in the country; established an operational headquarters, a logo and a website; and increased its membership from 10 to 800 members in just three years (2007-2010).

“The unforgettable supports of CNA to INNA helped us respond to nurses who survived the tsunami disaster at Aceh. Immediate phone calls and financial support, followed by regular teleconferences with CNA and the visit of [former CNA president] Dr. Ginette Lemire Rodger to Indonesia, made us realize we have a real friendship and that we were not alone during a difficult time.”


Achir S. Hamid, president of the Indonesian National Nurses Association¹⁰


¹⁰ Ibid.

Promoting nursing leadership


Creating nursing leadership involves several distinct tasks: developing the vision and imagination to create the future of nursing and health care; building the policy and leadership capacity of the nursing workforce; advocating in the broad arena of healthy public policy; and providing mentorship and engaging novice nurses.

Throughout the 37 years of the program CNA and its partners made the development of leadership capacity a key focus.


 In 2007, the El Salvador Nursing Association (ANES) requested CNA support to develop an integrated family health-care community model that would be appropriate to the country's rural communities. After reviewing models in El Salvador, Colombia, Spain and Costa Rica, ANES produced its own model and presented it at several well-attended workshops. In October 2009, ANES began a pilot project with local health and community-development organizations and trained 14 local nurses. Activities included: family health profile sheets for households in the community; support meetings for alcoholics; more garbage cans; and coordination among non-government organizations on literacy and nutrition needs. Building on their success, a second stage of activities then began, which included: improved community sanitation; better occupational safety conditions for nurses; nutrition and hygiene programs; and outreach to teens on all aspects of health.

 The Canada-Russia Initiative in Nursing (CRIN) worked with 38 Russian partners, including the Russian Nurses Association (RNA) and the Russian Ministry of Health and Social Development. The broad range

and level of influence held by CRIN partners demonstrated Russia's intent to draw upon Canadian best practices and technical expertise to support the modernization of its health-care system. Throughout this 2005-06 project, CNA supported RNA in its goal of becoming a full-fledged professional organization with regulatory authority. Among other activities, CNA delivered a workshop on influencing policy and developing advocacy tools to address public health issues, which regional RNA presidents later replicated for their members.

 South African nursing students, participating in the HIV/AIDS project (2003-2008) with the Democratic Nursing Organisation of South Africa (DENOSA), reported that being part of a support group strengthened their leadership capacity with HIV issues. As members of a support group, they found themselves being viewed as role models by their peers. The behaviour by these peers, along with their frequent approaches for advice, encouraged the students to behave as appropriate role models themselves. These members then reached out to form networks on other campuses to discuss HIV issues as young people within the nursing profession. Leadership was strengthened through the experience of forming partnerships with other student bodies that shared a common aim: "to fight the spread of HIV." Together,

group members found innovative ways of dealing with HIV/AIDS, both on spiritual and practical levels. For instance, they encouraged families and patients during hospital visits to get tested, and they made referrals to help patients get further support.

 From 2007 to 2012, the Vietnam Nurses Association (VNA) undertook research into nursing and broader health-care issues with CNA's support and technical expertise. As a pilot project to demonstrate the importance of evidence-based input into nursing policies, VNA conducted surveys at 11 hospitals, observing infection control procedures, primarily handwashing. The survey found that less than 50 per cent of health-care workers followed through on handwashing opportunities. After the results were presented to management, the 11 hospitals implemented stricter hygiene policies. The survey results and methodology were also presented to the Ministry of Health to be considered for replication at a national level.

“We act as role models. Other students have high expectations for us. We cannot do anything negative. We must do the right thing, even in the nurse’s home.”

“The group has made me be more responsible in my actions . . . especially because other students are looking up to me as a group member.”

South African nursing students participating in the DENOSA project¹¹

Leadership training workshop in Central America




¹¹ (CNA, 2009, p. 24)

Addressing the impacts of HIV/AIDS

Recognized by the United Nations as a global emergency, HIV/AIDS was identified as a priority by CNA's global health partnerships. Nurses were and are actively engaged in HIV/AIDS prevention, care, treatment and support at every level of their health systems. With their expertise and commitment, nurses are ideally positioned to identify innovative strategies and best practices to address the needs of people living with HIV/AIDS, as well as those of their families and communities.


CNA worked with its international partners, particularly in Africa, to ensure that nurses and midwives were equipped with the knowledge, attitudes and skills they needed for enhanced HIV/AIDS prevention and comprehensive, compassionate care.

 In advance of the 2000 International AIDS Conference, which brought together 500 nurses (primarily from southern Africa) to identify the challenges related to HIV and AIDS, the Democratic Nursing Organisation of South Africa (DENOSA) convened the Nursing Satellite Symposium. The workshop inspired the formation of the Southern African Development Community (SADC) AIDS Network of Nurses and Midwives and led to a multi-million dollar project partnership between CNA and DENOSA. This unique project, called the Canada-South Africa Nurses HIV/AIDS Initiative, became known both as C-SAN and the Caring for the Caregiver project. Between 2003 and 2008, the project developed the capacity of the nursing profession to improve health and health care for women, men, and children infected and affected by HIV/AIDS. It operated in four areas of primary intervention: personal support services for nurses, technical HIV/AIDS support



Nancy DiPietro, showing one of the advocacy resources developed for nurses' work on HIV/AIDS

services, HIV and gender awareness, and integrated home care models. The emotional burden on nurses providing HIV/AIDS care was heavy; however, caring for nurses was often overlooked when caseloads were high and resources spread thin. One result of the project was that all hospital administrators involved saw Caring for the Caregiver as an essential and relevant component of a wellness program. Providing nurses with confidential, professional counseling support was found to be a best practice in a comprehensive approach to HIV/AIDS.

 Having secured research funding, the Ethiopian Nurses Association (ENA) undertook a research study on needlestick safety in 2007. The study found that 75 per cent of nurses in Ethiopia had experienced a needlestick injury at least once in their career; yet, because there were virtually no reporting systems in place, only 0.7 per cent reported incidents to managers. This finding led the association to issue a policy statement, called *Impact of HIV/AIDS and Other Blood Borne Pathogens on Nursing Personnel*, which then served as a platform to advocate for improvements in hospital and health-centre practices. As a result of the credibility ENA gained on needlestick injury, the Ministry of Health subsequently invited its nurse leaders to participate in discussions on the national nutrition strategy, the non-communicable disease strategy, the health profession's code of conduct and a review of private health-facility standards.

“The 2000 International AIDS Conference was pivotal in making visible the issues facing nursing, health and health systems related to HIV and AIDS. We were fortunate to have Minister Maria Minna, CIDA’s Minister for International Cooperation attend the satellite meeting and hear directly the powerful stories of regional nurses who were at the forefront of HIV and AIDS care. With CIDA’s support, needed resources and a partnership with Canada’s registered nurses helped to leverage the leadership of Southern African nurses to respond to the pandemic.”

June Webber, CNA’s director of international policy and development¹²

¹² (personal communication, November 30, 2012)

Supporting the application of primary health care principles

The World Health Organization's Declaration of Alma-Ata in 1978 launched the primary health care movement, defining health as a fundamental human right. The declaration states that the attainment of the highest possible level of health is a most important world-wide social goal, whose realization requires the action of many other social and economic sectors in addition to the health sector.

From its beginning, CNA's partnership program focused on primary health care, understanding that health promotion, disease prevention and the social and economic determinants of health would make the most difference in addressing health inequities. CNA championed nurse-led initiatives at the community level throughout its global health program.

- CNA's first global health partnerships in the late 1970s were already focused on primary health care. A partnership in Haiti led to the provision of a postgraduate training course for nurses in disease prevention and community health. In 1979, through an international workshop in Kenya, CNA helped bring together NNAs from developing and developed countries to create a plan of action for promoting primary health care at national and international levels.
- In Benin (1986-1988), CNA worked with the Association nationale béninoise des infirmiers(ières) diplômé(e)s d'état (ANBIIDE) to provide multiple training workshops that introduced ways of developing a primary health care approach in the community.



Child in Africa

- In the first phase of CNA's partnership with the Nurses Association of Thailand (1986-1989), 84 nurse leaders who participated in a five-day training program returned to their provinces and gave a series of two-day workshops to 1,037 nurses. In turn, each of these nurses trained approximately 10 birth attendants and "provincial maternals" during one-day training sessions.
- In partnership with the Tonga Nursing Association (TNA) in 1989-1990, CNA supported the production of an innovative radio program on primary health care for TNA members and the archipelago population. This program successfully reached TNA members across the 45 inhabited islands of the Kingdom of Tonga.
- In Peru (1990-1993), CNA partnered with the College of Nurses to conduct seven primary health-care workshops for 461 nurses in marginal urban and rural communities. As a followup, each participant undertook a research assignment in their workplace. Afterward, using a train-the-trainer approach, participants went on to repeat the workshop in their workplaces.
- CNA was a partner in Canada's International Immunization Program (CIIP). Between 1986 and 1997, with funding from CIDA, channeled through the Canadian Public Health Association, CNA provided technical assistance on global efforts to strengthen primary health care systems and increase immunization coverage for vaccine-preventable diseases. CNA partnered with national nursing associations in Belize, Benin and Uganda to carry out this work.

Crowds gather at a local market in the Southern Nations, Nationalities, and People's Region in Ethiopia.



Conclusion

CNA takes great pride in the long history of its global health partnerships. Through these endeavours, CNA and Canadian nurses worked to advance policies and programs for global health and equity in Canada and abroad. CNA has been recognized, nationally and internationally, for this well-respected and unique program.

Most importantly, through CNA's support, nurses and partner NNAs gained the capacity to contribute to and advocate for strengthened health policy and health systems, deliver better care through improved professional regulation and expand nurses' leadership proficiency. These dynamic global partnerships also increased the ability of nursing leaders and the partner associations to respond to the emerging needs of their membership. In turn, Canadian nurses benefited enormously from the program, learning from their international colleagues while sharing their technical expertise.

Since the program ended in 2012, CNA has maintained the ongoing relationships with NNAs that were built through years of cooperation, joint programming and partnership. CNA will continue to bring the expertise and perspectives of nursing to inform and influence Canada's position on global health issues and will remain an active member of the International Council of Nurses. CNA remains committed and active globally in support of health as a human right.

**CNA remains committed
and active globally in
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