Statement of the Commissioner Annette Kennedy, President of the International Council of Nurses

In 2018, the International Council of Nurses (ICN) is boldly reiterating its commitment and highlighting the importance of ‘Health as a Human Right.’ We say ‘boldly’ because in these turbulent times, and after 70 years of the sentiment being adopted in the WHO constitution, still about 50% of the world’s population do not have full coverage of essential health services and more than 100 million people are still being pushed into extreme poverty because they have to pay for health care (World Health Organization, 2017).

In the 2018 International Nurses’ Day (IND) publication (International Council of Nurses, 2018), we challenge the notion health is merely affected by biological and pathological causal factors and show that there are political, social, economic, scientific and cultural actions that can advance good health for all. Currently, the majority of “health systems around the world are mainly focused on disease rather than on as a person as a whole, whose body and mind are linked and who needs to be treated with dignity and respect (Special Rapporteur, 2008).” The conditions in which people are born, grow, live, work and age have a predominant effect on the burdens of illness and the premature loss of life. It is here that nursing can have a profound effect on enabling a human rights perspective of health.

In IND 2018, we share the stories of individuals in their communities and case studies from nurses across the globe; we demonstrate that nurses are essential in transforming health care and health systems so that no person is left behind. The stories that we highlight have common threads. Despite working sometimes in resource limited settings, the nurses are educated, provide holistic care that is responsive to the needs of the individual and community, working with and amongst interdisciplinary teams, and working to their full scope of practice.
There is one case study that focuses on the transformative power that nurses can bring to countries tackling NCDs by improving their education, incorporating people-centred care and placing them closer to where the community needs them most.

No matter where in the world, the evidence is clear, the epidemic of NCDs is straining health systems budgets and diverting scarce resources away from other health and development priorities. As the Hon. Helen Clark said, “NCDs hold back national and global economies and society” (Clark, 2016). NCDs rob people of their health, their wellbeing and their wealth. It creates and further exacerbates vulnerable communities.

As recently as the 1960’s diabetes was a minor problem in the Pacific Islands. Today, every 1.3 days a Tongan individual will lose part of his or her lower limbs to this debilitating condition (Matoto, Viney, Roseveare, Colaguiri, & Marais, 2014). This is not unique to Tonga, in fact the statistics are even worse in other Pacific Island such as Fiji where there are over 800 lower leg amputations every year (Pacific Islands Report, 2017).

In the National Strategy for Prevention and Control of NCDs (Tonga Health, 2015), it outlines the critical challenges that is facing the Kingdom of Tonga. This includes:

- 99.9% of Tongan adults aged 25-64 are at moderate to high risk of developing a NCD.
- Approximately 75% of all deaths in Tonga are attributed to NCDs
- In 2012, Tonga was ranked the third most overweight country in the world.
- Obesity and overweight is commonly occurring at younger ages.
- The percentage of the population with impaired fasting glycaemia rose by around 7% between 2004 and 2012.
- Raised cholesterol affects almost half the adult population.
- Almost one in two men are smoking, and smoking appears to be increasing amongst young women.

In 2003, the then Minister for Health, Lord Viliani Tau’ Tangi, a significant advocate in the NCDs fight, has consistently seen nursing as having a central role to play in arresting and controlling NCDs. The evaluation of this first plan revealed that there were difficulties with both accurate data collection and with implementation. The next NCDs strategy (2010-2015) focused on redressing these issues and Lord Tangi recognised the critical positioning of nurses in the Tongan community as well as the acute care sector. Several years earlier, reproductive health nurses had been specifically educated and stationed in each community health centre resulting in a significant reduction in maternal and infant mortality and morbidity, and arise in immunisation rates (Secretariat of the Pacific Community, 2011).

This community–based, nursing–led model, it was believed, might also work with NCDs if a role could be introduced which would combine health promotion, early detection, illness prevention,
treatment adherence, rehabilitation and palliation. The idea of the Tonga community based NCDs nurse was born (Secretariat of the Pacific Community, 2011).

A pilot programme was set up in 2012 in five community centres and the efficacy and acceptance of this community-based service quickly became clear. Funding was sought for rolling the NCD nurse programme out to 20 community centres and by early 2014, 20 explicitly chosen experienced community nurses graduated from an innovative collaboratively constructed, and accredited Advanced Nursing Diploma in the Prevention, Detection and Management of Non-Communicable Diseases (Secretariat of the Pacific Community, 2011).

The role of the NCD nurse is to identify patients at high risk of developing an NCD, provide advice, and help those with an already diagnosed condition to manage their disease.

This nurse-led initiative has already enhanced the accuracy of data collection on NCDs; improve diabetes and cardiovascular disease monitoring and treatment; enhance community participation in exercise and nutrition programmes; and reduce the need for amputations. The latest strategic plan for NCDs (2015-2020) continues the fight in Tonga with an emphasis in this latest plan on young people and a healthy start to life. The community based reproductive health nurses and NCD nurses will continue to have a major role to play, along with many other sectors of society (Department of Foreign Affairs and Trade, 2015).

Early results from the small investment have shown that there is potential to halt and early sings indicating a reduction to the effect of NCDs. It is believed that there has been a reduction in hospital admissions and the costs to treat the diseases (The University of Sydney, 2014).

The case study highlights the importance in developing an education program in partnership with the community. Most nurses in Tonga work in the main hospitals in partnership with other health professionals. But in various outer islands and health centres, nurses are the primary health care provider responsible for preventative and promotional health. These roles require a higher degree of autonomy and have a significant component of advanced assessment and diagnostic skills. Through education (both under and post graduate), people centred care and nurses working to their optimal scope of practice, communities are reaping the benefits of better health.

This model of care in Tonga is one that could be introduced in a cost effective manner in many countries around the world. The curriculum has been developed in such a way that it could be implemented rapidly. It requires political commitment, a rethink of the ways nursing’s potential can be mobilised, education to empower the profession, and moving the profession in sufficient numbers into the community where the promotion, prevention and control of NCDs is best managed. With more than 20 million nurses around the world, effective utilisation of this valuable resource can halt and reverse the progression of NCDs.
The world is at a critical juncture in responding to NCDs. Improvements to health are currently outstripped by illness, disability, human suffering and premature deaths from NCDs. Whilst development and policies are changed to subvert the rise of NCDs, nurses will still be on the front line caring for, advocating for, educating and guiding communities to better health. I call on governments to recognise, optimise, equip, and empower this most valuable resource. As demonstrated in the example above, this can be achieved through:

- Clear understanding and recognition of the roles and responsibilities of Registered Nurses
- Undergraduate education to support entry to practice
- Post-graduate education to support continuing education and optimal scope of practice
- Safe-staffing and the recognition of the importance of nurses working in an interdisciplinary team in and with the community
- Reform to health services funding to place greater emphasis on promotion and prevention
- Supporting the principle of people-centred care including empowering nurses to assist people to navigate the health system.

For nursing to play an effective and cost-effective role in halting and reversing the impact of NCDs, it needs to be given respect – institutionally, culturally and clinically.

References


