



SANNAM

**Southern African Network Of Nurses and Midwives**

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## **Resolutions of the 2010 Network meeting and Policy Conference held at Burgers Park Hotel on 2 -4 December 2010**

Whereas SANNAM is a regional body made up of the 15 National Nurses Organisations / Associations (NNO/NNA's) in the SADC region representing nurses and midwives, professional, socio-economic and health issues affecting our region at large. In a meeting and a conference held on 2- 4<sup>th</sup> December 2010 respectively, at Burgers Hotel, Pretoria, South Africa wherein speakers from Canadian Nurses Association, WHO - Afro, ECSACON, Equinet, SADC Health Sector, FUNDISA and the Deputy Minister of Health: South Africa; were invited, after robust discussions SANNAM resolved on the following:

### **1. Midwifery**

Majority if not all SANNAM member countries are still struggling to reduce the incidence of child and maternal MDG targets, we therefore resolve that:

- A position statement be developed on the kind and level of training for skilled (birth attendants) personnel to address MDG targets;
- Midwifery to be declared a specialization after completing the basic training like mental health, ophthalmic, community etc.

### **2. Regulatory Bodies (Councils)**

Not all SANNAM member countries have Regulatory bodies and this hinders development of nursing in those countries, therefore resolve that:

Member Countries:

Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia  
Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe

- SANNAM should have a position statement on this matter and assist the countries concerned with lobbying tactics and strategies and resources to make sure these bodies are established.

### **3. Constitution of SANNAM**

The amended constitution should be ready and sent to all countries within three (3) months. The constitution should respond to the challenges the region is faced with. The boundaries of SANNAM should be revisited to include other interested countries in Southern Africa.

### **4. Movement of nurses within the region**

SANNAM should have a position statement on this matter that seeks to remove the stabling blocks.

### **5. Sustainability and strengthening of SANNAM**

Sustainability of SANNAM is at stake yet the existence of the structure is becoming more and more important looking at the challenges our countries are faced with. We therefore resolve that:

- The SANNAM Executive Committee should re-look at the affiliation subscription fee with the view of increasing the fees,
- Develop regalia that could be sold during the meetings/conferences etc;
- Strive to reduce dependence on donor funding even at country level;
- A structure should be developed to support the secretariat (e.g. Scientific Committee)
- Fundraising Committee be established
- A project proposal on maternal and child health should be submitted to CNA not later than 10<sup>th</sup> of December.

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## **6. Establishment of a bigger gathering**

Resolved that regional conference be held biennially and this should be rotated in member states as this will revitalize and make SANNAM be known and also sharpen our ideas.

## **7. Monitoring of the Code of Practice**

National authorities in the region need to put into practice what seems to be a slogan '**Nurses are the backbone of healthcare services**'. We therefore resolve to:

- Call upon WHO and SADC to recognize SANNAM as a partner in monitoring the implementation of Global Code of Practice;
- Maintain a database on information on health worker migration in the region.

## **8. Proposed ICN workforce forum**

Different views, one says SANNAM should be strengthened first before embracing the proposed ICN Africa Region Workforce Forum. Another view was that SANNAM should strengthen the labour component within member states.

## **9. Twinning Program**

Resolve that a twinning program be developed such that a stronger NNO is twinned with the weaker one.

## **10. Zambia triad model**

This model should be adopted as a way to strengthen nursing at country level.

## **11. Community health workers**

Resolve to undertake initiative to be involved in a systematic way in the capacity building of community health worker cadre in our countries.

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**12. MDG's**

Resolve to lobby Institutions of Higher learning to include the content that address achieving of the MDG's by including them in the nursing training curricula.

**13. Harmonization of Nursing Curriculum in the region**

Resolve that the entry qualification for the nursing be similar.

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