



INTERNATIONAL COUNCIL OF NURSES

**ICN AT THE
73RD WORLD HEALTH ASSEMBLY, 2020
AND THE
148TH WHO EXECUTIVE BOARD, 2021**

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INTRODUCTION

The World Health Organization (WHO) Executive Board (EB) reports on matters which require further action, study and investigation or report. These are then considered by the World Health Assembly (WHA), the supreme decision-making body of the WHO. The WHA typically takes place in May of each year but, in 2020, due to the COVID-19 pandemic, items were discussed over a written silence procedure and in a de minimis and a resumed session. This report is organised by topic and covers the resumed session of the

73rd World Health Assembly (WHA73) which was held virtually 9-14 November 2020 and the 148th session of the WHO Executive Board (EB148) which was held virtually 18-26 January 2021. It also covers the agenda item “COVID-19 response” during the de minimis session held in May 2020 and certain written procedure items that were summarized at the 73rd WHA. It provides a brief overview of agenda items that are of particular importance to nursing and to ICN and its member National Nurses Associations.

OPENING OF THE RESUMED WHA73

Address by WHO Director-General Dr Tedros Adhanom Ghebreyesus WHA73

The Director-General (DG) opened with an acknowledgment that 2020 was the International Year of the Nurse and the Midwife.

“This Assembly was intended to be a moment of recognition for the incredible contribution that nurses and midwives make every day, in every country. The pandemic has robbed us of that opportunity. But it has only served to illustrate why nurses, midwives and all health workers are so important. Nurses and midwives have been on the frontlines of the fight against COVID-19, putting themselves in harm’s way. Many have made the ultimate sacrifice in service of humanity. Last month, WHO published the first *State of the World’s Nursing* report. It shows that the world is facing a shortfall of six million nurses to achieve and sustain universal health coverage. But it also provides a road map for governments to invest in nursing, to fill that gap and progress towards universal health coverage. Health for All. Now

more than ever, the world needs nurses and midwives. Please join me, wherever you are, in standing to show your appreciation for these true health heroes.”

Focusing on the COVID-19 pandemic, Dr Tedros spoke of the need for solidarity, the social and economic impact, the world’s existing inequalities and injustices, the failings and the successes thus far, and the need for strengthening, implementing and financing WHO. He noted the findings of the WHO Results Report which showed progress and important work in promoting healthy populations, universal health coverage, outbreak response, and prevention, testing and treatment for HIV, tuberculosis, malaria, hepatitis C, hypertension, diabetes and cancer. Dr Tedros underscored that health is a prerequisite for and must be at the centre of development, a necessity and an investment.

Keynote address by Her Royal Highness Princess Muna Al-Hussein of Jordan (HRH), WHO Patron for Nursing & Midwifery

Her Royal Highness (HRH) Princess Muna recognised the contribution of healthcare workers for their courage and relentless fight against COVID-19 and said that “applause without action is no longer acceptable.” The Princess called health workers “heroes” and recalled the WHA’s commitment to action during the Ebola crisis, saying, “Now the COVID-19 pandemic is here and, once more dear friends, health workers are dying, but this time in their thousands, the majority of which are nurses. We must invest in health workers. We must invest in educating and employing more health workers to ensure every mother, child, student, parent, and grandparent has access to safe health services. We must invest in fair pay and protection of health and care workers. We must invest in health workforce that would help the world recover.”

The Princess reminded delegates that health workers are continuing their fight against other health challenges: “Preventable diseases do not stop killing young children; mothers do not stop having babies; cancer continues to require treatment; our elders still require health and care services.” She also stressed that once a vaccine is available, “we will be faced with a staggering task of vaccinating billions of people. No country will succeed without properly preparing their health system.”

Given that 70% of the world’s health workers are women, HRH also raised the need for “investment in transformative, gender equity and rights policies”.



OPENING OF THE EB148

Address by WHO Director-General Dr Tedros Adhanom Ghebreyesus

In his opening, Dr. Tedros described drastic inequalities between countries in access to the COVID-19 vaccine saying "...the world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world's poorest countries."

Not only does this me-first approach leave the world's poorest and most vulnerable people at risk, it is also self-defeating. Ultimately, these actions will only prolong the pandemic, the restrictions needed to contain it, and human and economic suffering."

Dr Tedros called on countries to work together in solidarity to ensure that within the first 100 days of 2021, vaccination of

health workers and older people is underway in all countries. He called for countries with bilateral contracts to be transparent with COVAX and give priority to COVAX's place in the vaccine queue. Dr Tedros described lessons learnt which included the need to increase preparedness and response, that the health of humans, animals and the planet are intimately intertwined; and that the world needs a stronger WHO.

He announced that 2021 had been designated as the International Year of Health and Care Workers to "...focus on making WHO an organization that attracts the best people, gives them the best environment – inclusive and diverse – and enables and empowers them to do and be their best."

COVID-19 response

Document: [A73/CONF./1 Rev.1, EB148/16, EB148/17, WHA73.1, EB148\(2\)](#)

Read the ICN WHA statement [here](#) and the EB statement [here](#)

In May 2020, the WHA73 de minimis session was held and resolution [WHA73.1](#) COVID-19 response was adopted which: 1) calls for intensification of cooperation and collaboration at all levels in order to contain and control the COVID-19 pandemic and mitigate its impact; 2) acknowledges the key leadership role of WHO and the fundamental role of the UN system in catalysing and coordinating the comprehensive global response to the pandemic, and the central efforts of Member States; 3) expresses its highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty, of health professionals, health workers and other relevant frontline workers, as well as the WHO Secretariat, in responding to the pandemic; 4) calls for the universal, timely and equitable access to, and fair distribution of, all quality, safe, efficacious and affordable essential health technologies and products needed as a global priority, and the urgent removal of unjustified

obstacles, including the provisions of the TRIPS Agreement and the flexibilities within the [Doha Declaration on the TRIPS Agreement and Public Health](#); 5) reiterates the importance of urgently meeting the needs of low- and middle-income countries in order to fill the gaps in efforts to overcome the pandemic, through timely and adequate development and humanitarian assistance; 6) recognises the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available.

The resolution calls on Member States, international organisations and other stakeholders, and the DG to take action on a number of points. The reader is encouraged to refer to the [resolution](#) for these details.

In October 2020, the WHO held an EB Special Session on the COVID-19 response during which ICN made a [statement](#) on the agenda item "Update on

implementation of resolution WHA73.1 on the COVID-19 response”.

At its January 2021 session, the [EB report EB148/16](#) describes WHO’s continuing work while the report EB148/17 gives more background information.

In its statement to the EB148, ICN highlighted findings from its latest report showing that nurses are experiencing psychological distress, abuse and mass traumatisation as a result of the pandemic. More than 1.6 million healthcare workers have been infected with over 2262 nurse deaths. This data is unreliable as many countries do not have adequate reporting mechanisms or are failing to make the

information available. ICN reiterated the importance of data in keeping track of the impact on the health workforce and monitoring the response to the pandemic. The COVID Effect could increase the current nursing shortages to a number nearly half the size of the current nursing workforce. ICN called on Member States to establish health, education and retraining opportunity, or “HERO”, funds to support people who have lost their jobs in some sectors to retrain to join the healthcare workforce.

EB decision [EB148\(2\)](#) was made after consideration of this agenda item along with the agenda items below. Please see below for more information.

WHO’s work in health emergencies

Documents, [A73/11](#), [A73/INF./4](#), [EB148/18](#), [EB148/19](#), [EB148/INF./4](#), [EB148/CONF./4](#), [EB148/CONF./4 Add.1](#), [WHA73.1](#), [WHA73.8](#), [EB148\(2\)](#)

Read the ICN WHA statement [here](#)

The Co-Chairs of the Panel submitted the [second progress report](#) of the **Independent Panel for Pandemic Preparedness and Response**. The report highlights that the world was not prepared and must do better. Key messages of the report:

- The public health measures which would curb the pandemic need to be applied comprehensively
- The pandemic response has deepened inequalities
- The global pandemic alert system is not fit for purpose
- There has been a failure to take seriously the already known existential risks posed by pandemic threat
- WHO has been underpowered to do the job expected of it.

The report acknowledges the dire shortage of nurses world-wide, and highlights worries about so many nurses being burnt out and planning to retire from the profession earlier than planned, as a direct result of the impact of the COVID-19.

It includes information from ICN’s December 2020 webinar, in which nurses from around the world shared their experiences with one of the panel’s Co-chairs,

the Rt Hon Helen Clark, who is a former Prime Minister of New Zealand.

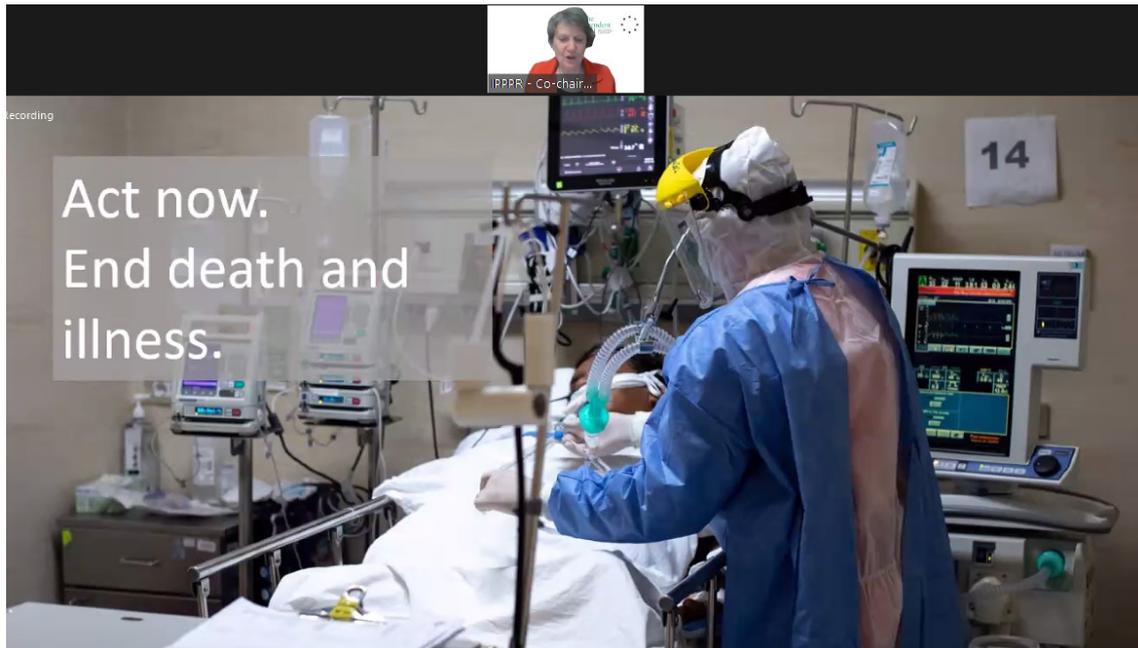
Ms Clark said: “The world needs to do two things: Act more decisively now to stem the pandemic, and fundamentally reset preparedness and response systems to help ensure that this can’t happen again.”

Addressing the EB, Panel Co-chair, former President of Liberia Ellen Johnson Sirleaf said: “We need to listen more to healthcare workers and heed their advice. Draw on the knowledge of those who manage local responses.”

Strengthening WHO’s global emergency preparedness and response

The COVID-19 crisis and other recent health emergencies have shown that the world is still not effectively able to prepare for, predict, prevent, respond to and recover from a multi-country outbreak or pandemic. Several Member States shared proposals to strengthen WHO in its capacities to plan for and respond to health emergencies. Common to all proposals for strengthening pandemic preparedness and response is the recognition that multinational leadership is required to ensure that actions are taken in solidarity and for the common good: health emergency preparedness is a paradigmatic global public good. The report (EB148/18) contains key areas for action for consideration.

the Rt Hon Helen Clark



Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)

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Interim progress report of the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 response

The Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response was convened by the Director-General on 8 September 2020 at the request of Member States in resolution WHA73.1. The EB report ([EB148/19](#)) summarises the work of the Review Committee including priorities and preliminary findings. The Committee will continue its deliberations with the aim to present a final report to the DG for the 74th WHA in May 2021. However, noting that the review of the event is taking place while the event is still unfolding, the Committee may not have all the elements necessary to conclude its deliberations by then.

The WHA adopted decision [WHA73.8](#) in which it made several requests and calls including calling on Member States to: 1) fully comply with the IHR to continue to build core capacities to detect, assess, report on and respond to public health events; 2) prioritise the improvement and

coordination of health emergency preparedness; 3) improve national coordination and collaboration regionally, internationally and with all stakeholders; 4) prioritise community involvement and capacity-building in all preparedness efforts; 5) engage women in all stages of preparedness process to mainstream gender perspective in planning and response; 6) strengthen health system capacity to continue to provide essential health services and PHC during health emergencies; 7) invest in health emergency preparedness; 8) improve governance and decision-making processes and enhance institutional and operational capacity and infrastructure for public health.

The decision requested the DG to participate in UN operational reviews after major health emergencies and to conduct a study on the need for potential benefits of complementary mechanisms to be used by the DG to alert the global community about the severity of a public health emergency in order to mobilise necessary support and facilitate coordination.

The WHA called on the Member States and the DG to work with UN entities to: 1) strengthen UN system-wide coordination in different country, health and humanitarian emergency contexts; 2) systematically review and revise UN preparedness and response strategies for outbreaks; 3) enhance UN system leadership for preparedness and response coordination; 4)

increase collaboration between relevant actors to accelerate preparedness for pandemics and disease outbreaks, in particular in fragile situations and conflict-affected areas.

In its statement to the WHA, ICN highlighted that nurses make a vital contribution to preventing and responding to epidemics, pandemics and health emergencies and efforts to build capacities of nurses must be accelerated. It is crucial to include the health and safety of the health-care workforce in all health emergency preparedness and response plans. ICN encouraged Member States to consult the updated Core Competencies in Disaster Nursing to support workforce development and encouraged nursing educational

programmes, institutions employing nurses and organisations participating in disaster and emergency response to adopt these competencies.

As outlined in decision [148\(2\)](#), the EB called for the development of a resolution on strengthening WHO's health emergency preparedness and response capacities, including to address the recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

Mental health preparedness and response for the COVID-19 pandemic

Documents: [EB148/20](#), [EB148\(3\)](#)
Read the ICN WHA statement [here](#)

Before the coronavirus disease (COVID-19) pandemic, almost one billion people globally had a mental disorder. Mental health is one of the most neglected areas of health. Human rights violations against people with mental health conditions are numerous and widespread around the world. The pandemic is profoundly affecting mental health and well-being. Mental and neurological manifestations, such as depression, anxiety and delirium/encephalopathy, are reported in COVID-19 patients. Many people with pre-existing mental, neurological and substance use disorders are facing exacerbation of symptoms due to stressors, while the limited available services are disrupted. Of the 130 countries participating in a recent WHO survey, 93% reported disruptions in one or more services for mental, neurological and substance use disorders.

The EB adopted decision [EB148\(3\)](#) in which it recommended that the 74th WHA endorse the updated comprehensive mental health action plan 2013-2030; and urged Member States to develop and strengthen, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports; to allocate adequate

funding for mental health; to take action to mainstream knowledge of mental health among other health professionals; and to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences. The EB requested the DG to support Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial supports; to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels; and to systematically integrate mental health into all aspects of the work of the Secretariat on UHC.

In its statement to the EB, ICN noted that the impact on the mental health of health workers who are disproportionately affected by the pandemic and at risk of full-blown stress response syndromes, anxiety and burnout must not be overlooked. Service disruptions, underfunding and continued neglect of mental health will increase the number of nurses leaving the profession, worsening future nursing workforce shortages. Nurses are invaluable for mental health promotion, prevention and care. We need nurses now more than ever to support the COVID-19 response and to ensure the delivery of mental health services. ICN urged governments to place mental health at the centre of national

COVID-19 response and recovery plans.

WHO Global Code of Practice on the International Recruitment of Health Personnel

Documents: [A73/9](#), [WHA73\(30\)](#)

Read the ICN WHA73 statement [here](#)

[WHO Global Code of Practice on the International Recruitment of Health Personnel](#) establishes and promotes voluntary principles and practices and facilitates health system strengthening. It was designed by Member States to serve as a continuous and dynamic framework for global dialogue and cooperation. The WHO Expert Advisory Group (EAG) reviews the relevance and effectiveness Code and the report of its second review is included in the WHA report. The EAG confirms that the relevance of the Code is high and growing and that both Code effectiveness and underlying availability of information to assess its effectiveness, have strengthened considerably since 2015. However, there are critical gaps in the Code's implementation with current levels insufficient to realise the Code's full potential as required to progress towards UHC and the SDGs.

The WHA acknowledged synergies with the global agenda on nursing and midwifery in the International Year of the Nurse and the Midwife and the role of health and care workers at the forefront of the fight against the pandemic and adopted decision [WHA73\(30\) Human resources for health](#). It commended the successful conclusion of the work of the EAG, encouraged Member States to implement recommendations of the EAG, and requested the EAG to further assess the Code's relevance and effectiveness after the period 2023-2024. To acknowledge the tireless efforts of the

Global action on patient safety

Documents: [EB148/6](#) and [EB148/6 Add.1, EB148\(5\)](#)

Read the ICN EB statement [here](#)

Evidence suggests that hospitalisations in low- and middle-income countries lead to 134 million adverse events annually, contributing to 2.6 million deaths and that, in high-income countries, about one in ten patients is harmed while receiving hospital

health and care workers in response to COVID-19, the WHA designated 2021 as the International Year of Health and Care Workers. The WHA requested the DG to engage WHO and Member States to make the best use of the International Year of Health and Care Workers to advance progress on SDG 3 and to engage with WHO regions to update the [Global Strategic Directions for Nursing and Midwifery 2016–2020](#) to be considered by the 74th WHA.

The COVID-19 pandemic has exposed the vulnerabilities of nurse supply flows, highlighted existing nurse supply gaps and the effect of staffing shortages at country level and has disrupted international nurse supply. Country-level nursing workforce policy change, guided by the Code and supported by international organisations, is now more important than ever. In its statement to the EB, ICN recommended Member States implement a self-sufficiency indicator of level of percentage reliance on foreign trained nurses to give policy makers insight into the extent of dependence on international nurse supply and would also enable tracking and monitoring of the milestone commitment of the Global Strategy on Human Resources for Health, that by 2030 all countries will have made progress towards having their dependency on foreign-trained health professionals and implementing the Code.

ICN also extended its support to the update of the Global Strategic Directions for Nursing and Midwifery.

care. The COVID-19 pandemic has shone light on the importance of patient safety issues such as personal protective equipment (PPE), health worker safety, medication safety and patient engagement.

In order to create a world in which no one is harmed in healthcare, and every patient receives safe and respectful care, every time, everywhere, the [Global patient](#)

[safety action plan 2021-2030: Towards eliminating avoidable harm in health care](#) was drafted. The action plan will provide strategic direction for all stakeholders in improving patient safety in their practice domain through policy actions as well as implementation of recommendations at the point of care. The guiding principles of the action plan are: 1) engage patients and families as partner in safe care; 2) achieve result through collaborative working; 3) analyse data to generate learning; 4) translate evidence into measurable improvement; 5) base policies and action on the nature of the care setting; 6) use both scientific expertise and patient experience to improve safety; 7) instil safety culture in the design and delivery of health care.

ICN welcomes the global patient safety action plan and is pleased to have contributed to its development, including providing consultation on the third draft. Having nurses involved in the design and operation of patient safety plans and policy interventions will greatly contribute to their success. In its statement to the EB, ICN noted that World Patient Safety Day has

been important in gaining global attention on the importance of patient safety and crucial for ICN to highlight the impact of nurses in ensuring patient safety. World Patient Safety Day 2020 highlighted the launch of the [Health Worker Safety Charter](#) which calls on governments and local health service leaders to take five actions to better protect health workers. ICN noted its strong support for the Charter and called on governments to sign and act on it. [ICN's September 2020 report](#) revealed the true extent of the dangers nurses face at work including violence and abuse, unsafe staffing levels, work-related stress, and severe PPE shortages. ICN believes that health worker safety and patient safety are two sides of the same coin and that if nurses and healthcare workers are not protected, the safety of patients cannot be guaranteed.

In decision EB148(5), the EB recommended to the 74th WHA to adopt the action plan and that the DG report back progress on its implementation to the 76th WHA and annually thereafter.

Global vaccine action plan & Immunization Agenda 2030

Documents: [A73/7](#), [EB148/14](#), [WHA73\(9\)](#)
 Read the ICN WHA73 statement [here](#)
 Read the ICN EB148 statement [here](#)

Immunization is important now more than ever for wellbeing and the economy. The global vaccine action plan (2011-2020) expired at the end of 2020. Despite significant progress made in the last decade, most of the global and regional immunization goals were not achieved and one in five children will still lack access to all life-saving vaccines. Through a broad consultative process, the successor global vision and overarching strategy for vaccines and immunization: [Immunization Agenda 2030](#) (IA2030) was developed. It provides the strategic framework to tackle key issues related to immunization within primary health care (PHC) and universal health coverage during 2021–2030 and is a living document. The immediate task and focus should be the COVID-19 vaccine rollout in an equitable manner. However, it is crucial to have a broader immunization agenda and its adoption by WHA73 was a

major milestone. There is a need to coordinate an integrated immunization agenda with PHC and this should be in line with the PHC strategy that WHO is currently rolling out. Countries are facing immense challenges in sustaining routine immunization services with the pandemic resulting in huge setbacks. WHO expressed its reliance on Member States to continue to empower communities and health workers to improve the reach and efficacy of immunization services.

The WHA adopted decision [WHA73\(9\)](#) in which it endorsed IA2030. The report presented to the EB contains progress made on the operational elements. Member States, development partners and civil society organisations will contribute to operationalising IA2030. They will build on the ownership and accountability and monitoring and evaluation frameworks, and strengthened implementation planning, as well as communications and advocacy.

ICN welcomes IA2030 and strongly

believes in the power of immunization as a tool for global health and sustainable development. The strong involvement of nurses at all stages: planning, design, implementation and delivery, is essential for the success of this agenda. Nurses offer valuable expertise in behavioural and social strategies to address under-vaccination, support effective communication, increase health literacy, build public confidence in immunization and are driving

forward PHC with integrated immunization structures. The rate of nursing and mid-wifery personnel is included as a Global Strategic Priority Objective Indicator in the Agenda and shortages are one cause of success or failure in achieving IA2030. As such, ICN asked governments to ensure the availability and appropriate distribution of a skilled and motivated nursing workforce to achieve IA2030.

Antimicrobial resistance

Documents: [EB148/11](#)

Antimicrobial resistance (AMR) threatens the achievement of many of the SDGs and the objectives of the WHO General Programme of Work. WHO is spearheading the response to AMR and coordinating the global One Health response, through the newly established Antimicrobial Resistance Division. A risk assessment by the Secretariat shows that the COVID-19 pandemic has disrupted the planned and ongoing national AMR activities. Strategies for addressing antimicrobial resistance, including surveillance, infection prevention and control, WASH, antimicrobial stewardship, awareness and multisectoral coordination, have been incorporated into the

COVID-19 response. Key national and global challenges to implement the AMR action plan include prioritisation of key activities and integration of mode of service delivery aligned with the COVID-19 response; operationalisation of the One Health approach into multisectoral work; lack of access to quality diagnostics and antimicrobials; sustaining political commitment; and lack of financial and technical resources.

The EB noted the report which provides a summary of WHO action at all levels since May 2019.



Decade of Healthy Ageing

Documents: [A73/5](#), [A73/INF./2](#), [WHA73\(12\)](#)

Healthy Ageing is the process of developing and maintaining the functional ability that enables well-being in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. As of 2019, there are more than one billion people over the age of 60, most of whom live in low- and middle-income countries and many of whom do not have access to basic resources and are faced with multiple barriers that prevent their full participation in society. By the end of 2030, that number will be 34% higher, increasing to 1.4 billion.

The WHA adopted decision WHA73(12) in which it endorsed the proposal for a Decade of Health Ageing 2020-2030 and requested the DG to transmit the decision to the United Nations Secretary-General for consideration by the UN General Assembly (UNGA). In December 2020, the UNGA welcomed the Decade proposal and decided to proclaim 2021-2030 the

United Nations Decade of Healthy Ageing ([Resolution 75/131](#)). WHO will lead this work in close collaboration with the UN Department of Social and Economic Affairs and its regional commissions, the UN Population Fund, the Office of the High Commissioner for Human Rights, UN Development Programme, UN Habitat, UN Women, World Bank, and other relevant international and regional organisations.

The Decade of Health Ageing is based on the Global strategy and action plan on ageing and health (2016-2030) and builds on the Madrid International Plan of Action on Ageing. Older people will be at the centres of the Decade which will address four areas for action: change how we think, feel and act towards age and ageing; ensure that communities foster the abilities of older people; deliver person-centred integrated care and primary health services responsive to older people; and provide access to long-term care for older people who need it.

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Documents: [A73/5](#), [EB148/7](#), [EB148/7 Add.1](#), [EB148/7 Add.2](#), [EB148\(7\)](#)

Only 17 and 15 countries are on track to meet SDG target 3.4 to reduce premature mortality from NCDs by a third by 2030 in women and men respectively. The COVID-19 pandemic is having a deadly interplay with the NCD epidemic. Early analysis of data from the May rapid survey indicates people with hypertension and/or diabetes are two to four times more vulnerable to becoming severely ill with or die from COVID-19. There are widespread disruptions in NCD services and they are having very negative consequences: under-diagnosis of cancers, an increase in out-of-hospital death and long-term complications. Tackling NCDs must be an integral part of the immediate response to COVID-19 and of the recovery at global, regional and national levels, as well as part of the strategies to build back better. The current capacities for NCD surveillance remain inadequate in many countries and

urgently require strengthening. Currently, many countries have few usable mortality data and weak information on risk factor exposure and morbidity. Data on NCDs are often not well integrated into national health information systems. Improving country-level surveillance and monitoring remains a top priority in the fight against NCDs.

The reports included a mid-point evaluation of the implementation of the [WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020](#) (NCD-GAP), which has now been extended to 2030 to align with the SDG agenda. They also included a final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD).

The EB adopted decision [EB148\(7\)](#) and requested the DG, in consultation with Member States, to develop an option paper on the GCM/NCD for further guidance by

the 74th WHA and to present a 2023-2030 roadmap for the NCD-GAP 2013-2030 for consideration by the 75th WHA.

Ending tuberculosis

Documents: [A73/4](#), [WHA73.3](#)

Tuberculosis (TB) is the leading cause of death from a single infectious agent globally with approximately 1.5 million deaths in 2018 and drug-resistant TB poses a serious threat to health security and antimicrobial resistance. There is an overwhelming urgency to make available new TB medicines, diagnostics, and vaccines but the pace of local innovation is impeded by weak links between national TB programmes and public research institutes, and by a lack of adequate research infrastructure in many countries with a high burden of TB. Furthermore, commitments made through United Nations high-level meetings on AIDS, universal health coverage, and antimicrobial resistance are

critical to ending TB and advancing related research and innovation. The 2030 milestone of ending the TB epidemic will not be met without strengthening linkages between elimination of TB and relevant SDG targets, including through universal health coverage and intensified research and innovation.

The [global strategy for tuberculosis research and innovation](#) will support the efforts of governments and other stakeholders to accelerate TB research and innovation and improve equitable access to the benefits of research.

The WHA adopted resolution [WHA73.3](#) in which it adopted the global strategy.

Data and innovation: draft global strategy on digital health

Documents: [A73/4](#), [WHA73\(28\)](#)

The SDG agenda notes that the spread of information and communication technology and global interconnectedness has great potential to accelerate human progress, bridge the digital divide and develop knowledge societies. Strategic and innovative use of digital technologies will be an essential element of achieving the WHO triple billion goals. The [Global Strategy on Digital Health 2020-2025](#) aims to strengthen health systems through the application of digital health technologies for consumers, health professional health care providers and industry towards empowering patients and achieving the

vision of health for all.

The Strategy has four strategic objectives: 1) promote global collaboration and advance the transfer of knowledge on digital health; 2) advance the implementation of national digital health strategies; 3) strengthen governance for digital health at global, regional and national levels; 4) advocate people-centered health system that are enabled by digital health.

The WHA adopted decision WHA73(28) in which it endorsed the global strategy on digital health.

Substandard and falsified medical products

Documents: [EB148/12](#)

Substandard and falsified medical products continue to pose an unacceptable global public threat. WHO has identified this issue as one of the urgent health challenges for the next decade given that more than one in ten medicines in low- and middle-income countries are estimated to be substandard or falsified. No country remains untouched

from this issue, with reports of substandard or falsified medical medicines, vaccines and in vitro diagnostics from all regions of the world.

The EB noted the report which contains the reports of the 8th and 9th meetings of the Member State mechanism on substandard and falsified medical products which took place in October 2019 and

2020 respectively. The list of prioritised activities for 2020-2021:

- Develop and promote training material and guidance documents to strengthen the capacity of national/ regional regulatory authorities for the prevention and detection of, and response to, substandard and falsified medical products
- Expand and maintain the Global Focal Point Network among national medicines regulatory authorities to facilitate cooperation and collaboration
- Improve Member States' understanding of detection technologies, methodologies and "track and trace" model
- Increase Member States' knowledge of the links between substandard and falsified medical products and access to quality, safe, efficacious and affordable medical products
- Develop and leverage existing activity for effective risk communication and make recommendations for awareness campaigns on substandard and falsified medical product
- Enhance Member States' capacity to expand awareness, effectiveness, impact and outreach in their work on substandard and falsified medical products'
- Promote shared understanding among Member States from a public health perspective regarding medical products in transit;
- Identify and develop appropriate strategies to understand and address the distribution or supply of substandard and falsified medical products via the internet.



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The global voice of nursing



ICN Congress
Nursing Around the World
2-4 November 2021



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Social determinants of health

Documents: [EB148/24](#), [EB148.R2](#)

The first principle of the WHO Constitution includes the need to tackle the root causes of disease which involves systematically addressing social, environmental and economic determinants of health (SDoH). SDoH negatively affect health outcomes and lead to health inequities (avoidable and unfair difference in health status between groups) which undermine human

development. The COVID-19 pandemic has disproportionately affected already vulnerable communities, highlighting the scale of health inequalities at all levels. There is growing evidence of the role played by SDoH on the differentials in expose, vulnerability, health outcomes and consequences of the COVID-19 pandemic.

The EB report outlines the rationale for integrating a focus on SDoH into global

and national health responses, the importance of which has been brought into sharp relief by the pandemic of coronavirus disease (COVID-19).

The EB recommended to the 74th WHA the adoption of resolution EB148.R2 which calls on Member States to: 1) strengthen efforts on addressing SDoH with the aim of reducing health inequities and address unequal distribution of health resources; 2) monitor and analyse inequities in health using cross-sectoral data to inform national policies that address SDoH; 3) integrate considerations related to SDoH in public policies and programmes using a health-in-all-polices approach; 4) along with all stakeholders, mobilise financial human and technological resources to enable the monitoring and addressing of SDoH; 5) SDoH in COVID-19 recovery and for future

public health emergencies. The resolution requests the DG to: 1) support Member States in monitoring and capacity-building to address SDoH and to facilitate knowledge exchange on best practice for intersectoral action on SDoH; 2) prepare an updated report on progress made in addressing SDoH and recommendations for future action for consideration by the 76th WHA in 2023; 3) prepare an operational framework for measuring, assessing and addressing SDoH and health inequities and their impact on health outcomes for consideration by the 76th WHA; 4) strengthen collaboration with UN agencies, civil society and the private sector; 5) work collaboratively with academia and scientific research to generate evidence and best practices.

Accelerating the elimination of cervical cancer as a global public health problem

Documents: [A73/4](#), [WHA73.2](#)

Cervical cancer is the fourth most common cancer among women worldwide but is preventable and curable through vaccination, screening and treatment. There is a disproportionate burden in remote and hard-to-reach areas, on marginalised communities or those in vulnerable situations, and on women and girls living with HIV, in which this is the most common cancer. The human papillomavirus (HPV) is the primary cause of cervical cancer and prioritisation of vaccination of girls against HPV is the most effective long-term intervention for reducing the risk of cervical cancer. The disease burden is the highest in low- and middle-income countries where many do not have national vaccine implementation and have limited screening and treatment.

The [global strategy to eliminate cervical cancer as a public health problem](#) sets 90-70-90 targets to reach by 2030: 90% of girls fully vaccinated with the HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated and 90% of women with invasive cancer managed).

The WHA adopted resolution [WHA73.2](#) in which it adopted the global strategy and its associated goals and targets for the period 2020-2030; urged Member States to implement the interventions in the global strategy; called upon stakeholders to support implementation of the strategy, coordinate efforts, and work collaboratively to avoid shortages and strengthen the supply of vaccines, tests and diagnostic tools, medicines, radiotherapy and surgery in respect of human papillomavirus in order to meet the growing demand, including by reducing prices and increasing global and local production, and to develop further cost-effective and innovative interventions for vaccination, screening, diagnosis, treatment and care; and requested the DG to provide support to Member States on a number of issues in implementing the strategy including build health workforce capacity and to prioritize support for interventions for high-burden countries being mindful of the burden on vulnerable and marginalised communities and on women and girls living with HIV.

The highest attainable standard of health for persons with disabilities

Documents: [EB148/36](#), [EB148/CONF./8](#), [EB148.R6](#)

The rights of people with disability are not being met when it comes to equal access to health services, protection during health emergencies and achieving the highest attainable standard of health through access to cross-sectoral public health interventions, such as water, sanitation and hygiene services. This failing inevitably reflects the lack of inclusion of people with disability in society more widely and perpetuates discrimination against them.

The [WHO global disabilities action plan 2014-2021](#): better health for all people with disability, developed to scale up the health sector response for people with disability, will expire in 2021 and the EB report laid out the progress made thus far. Much progress has been made, but it is clear that major gaps still exist; people with disability continue to face significant barriers and inequalities in accessing everyday health services. WHO noted that failure to include people with disability in health responses to COVID-19 has left them particularly exposed to the risks of contracting COVID-19, developing severe symptoms or dying from COVID-19, as well as having poorer health in general during and after the pandemic.

The EB recommended that the 74th WHA adopt resolution EB148.R6 in which it urges Member States to: 1) incorporate a disability- and gender-sensitive and inclusive approach in decision making and designing programmes in order that they receive effective health services as a part of UHC, equal protection during complex humanitarian emergencies and disasters, and equal access to cross-sectoral public health interventions to achieve the highest

attainable standard of health; 2) address all obstacles that prevent persons with disabilities from accessing health care services, information, skills and goods by making facilities accessible, training health professionals on the human rights, dignity, autonomy and needs of person with disabilities and by providing appropriate measures for exercising legal capacity; 3) develop, implement and strengthen policies and programmes that improve access to rehabilitation; 4) collect health-related data, disaggregated by disability, age and sex, education level and household income; 5) provide health services and care of the same quality as others without discrimination on the basis of disability; 6) take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognising the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19. The resolution invites other stakeholders to collaborate with Member States, forge partnerships to share knowledge, amplify the voices of persons with disabilities, and include these persons in health research. The resolution further requests the DG to: 1) develop a global report on the highest standard of health for persons with disabilities that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and wellbeing, by the end of 2022; 2) fully implement the UN Disability Inclusion Strategy across all levels of WHO; 3) support the creation of a global research agenda; and 4) provide Member States with technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach.



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