



ICN Report 74th World Health Assembly

International Council of Nurses

**Nursing action
& impact in
global health
policy making**

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FOREWORD

At this year's virtual World Health Assembly (WHA), the WHO Global Strategic Directions for Nursing and Midwifery 2021-2025 were adopted on the floor of the Assembly for the first time. This was a significant moment because it reflected a recognition of the essential contribution of our professions to the current pandemic and to the state of global health and healthcare.

Nurses have shown their extraordinary courage, compassion, competence, skill and leadership in this terrible pandemic and have never lost sight of the patients who need their help, care and support and the world has taken notice.

But the truth is that the whole world went into the pandemic unprepared and, tragically, nurses and other health and care workers had to care for patients with a deadly virus without adequate protection or support. Nurses and other healthcare workers have paid a heavy price with hundreds of thousands becoming ill and more than 115,000 losing their lives to the virus. Governments and employers have a duty of care to their employees: this must never be allowed to happen again.

It is now vital that nursing associations and all nurses hold their governments to account to ensure that WHO's global nursing and midwifery strategy is implemented, and that every country develops strong resilient health systems to meet the demands of everyday healthcare and national and international health emergencies. This requires countries to invest in nurses and nursing and means they must work in partnership with nurses in all areas of health care policy so that the lessons of this terrible pandemic, and the sacrifices of nurses and healthcare workers, will not have been in vain.

I would like to thank all the members of ICN's delegation, who made the interventions included in this report and ensured that the voice of the global nursing family was heard by all WHO Member States during the Assembly.

I commend this report to you: it shows that nurses are influencing health and care policy at the global level, and that ICN is leading the way in helping to shape how they are doing so.

ICN President
Annette Kennedy



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INTRODUCTION

The 74th World Health Assembly (WHA) opened on 24 May 2021 and closed on 31 May 2021. Due to the ongoing COVID-19 pandemic, the sessions were held virtually. The WHA is the supreme decision-making body of the World Health Organization (WHO) and is attended by delegations from all 194 Member States as well as Non-State Actors (NSAs) in official relations with WHO. The agenda is prepared by the WHO Executive Board (EB) during its January meeting of the same year. The WHA theme was “Ending this pandemic, preventing the next: building together a healthier, safer and fairer world”.

Achieving global health objectives requires action from a number of stakeholders and as the largest group of healthcare professionals, the involvement of the nursing profession at a forum such as the WHA is essential. As one of the first NSAs in official relations with WHO, ICN delivers official statements on key agenda items, providing the nursing profession a powerful opportunity to highlight developments in nursing practice and demonstrate how nurses are shaping health, as well as health and social systems. The ability to deliver these statements make the WHA a signification platform for advocacy for nursing and global health. Furthermore, ICN’s working relationship with WHO also allows it to provide input into WHO policy documents throughout the year which inform WHA decision and resolutions. The WHA is significant for ICN as the discussions that take place contribute to ICN’s policy development and advocacy strategies, particularly supporting the organisation to position these issues within the international context.

This annual ICN WHA report outlines the key nursing policy considerations as they relate to the current context of a variety of global health issues that have been prioritised by ICN for the nursing profession. It gives readers an overview of the main global health issues on the WHA agenda that are of particular importance to nursing and positions the nursing profession and its contribution within this global agenda. The report provides guidance on where and how efforts to advance health and healthcare should be focused and the most strategic ways to do so at all levels, using a multi-stakeholder approach. It can be used as a strategic document to support nursing policy development.

ICN DELEGATION & ACTIVITIES

For the first time ever, ICN hosted a virtual delegation with over 50 nurse leaders from over 45 countries around the world. The delegation consisted of Presidents of the ICN member national nursing associations (NNAs), GNLI alumni and scholars, representatives from key partner organisations, and ICN staff members. Once again, ICN also hosted a student delegation which was made up of members of ICN's Nursing Student Steering Group and who each represented a WHO region.

On the first day of the WHA, ICN hosted a delegation Welcome meeting which introduced the WHA processes, ICN's new Chief Nursing Officer, and the ICN Student Delegation. Representatives from an NNA in each region then provided an update on key WHA agenda items for their regions.

Every year during the WHA ICN hosts a luncheon offering the opportunity for its delegation to gather with nurses working in other NGOs and from member countries' delegations to exchange and consult on the profession at a global policy level. This year, the luncheon was held virtually and offered the opportunity for attendees to be updated on the outcomes of the WHA Committees, ICN's statements at the WHA, the WHO Global Strategic Directions for Nursing and Midwifery (GSDNM), and the activities of the International Year of the Health and Care Worker. Speakers included the leader of the Student Delegation and WHO nursing and health workforce colleagues. Attendees had the opportunity to actively participate and network in breakout rooms.

ICN wishes to thank all delegates for their participation in the ICN delegation to the 74th WHA. Their participation contributes to making the nursing voice heard at the WHA and it makes sure that the discussions and decisions that take place in this forum feedback into national nursing policy through ICN NNA members.

“Having the delegation meet virtually, and not requiring travel to Geneva, allowed several delegates to participate in this important global event for the first time. Our delegation greatly contributed to making sure that the nursing voice was heard at the WHA and that the discussions and decisions that took place in this forum are fed back into national nursing policies.”



– Erica Burton, Senior Policy Advisor & ICN Delegation Lead

HIGHLIGHTS OF THE 74TH WHA

The 74th WHA was a historic meeting for the nursing profession.

WHO Director General Dr. Tedros announced that at least 115,000 health and care workers have died from COVID-19 – this is more than 200 health care workers per day.



The WHA adopted resolution **WHA74.14** Protecting, safeguarding and investing in the health and care workforce.

The WHA adopted resolution **WHA74.15** Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

This was the first time that the GSDNM was adopted unanimously on the floor of the WHA.

The WHA adopted the Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care.

The WHA adopted resolution **WHA74.16** Social determinants of health.

The WHA adopted resolution **WHA74.7** Strengthening WHO preparedness for and response to health emergencies



“For nurses, this year’s World Health Assembly meeting has been its most historic, for reasons that we will want to remember, but also for reasons that we must never forget.”

– Howard Catton, ICN CEO

WHO Director General Opening Address (Excerpts)

“For almost 18 months, health and care workers all over the world have stood in the breach between life and death. They have saved countless lives, and fought for others who despite their best efforts, slipped away. Many have themselves become infected, and while reporting is scant, we estimate that at least 115 000 health and care workers have paid the ultimate price in the service of others.

Health and care workers do heroic things, but they are not superheroes. They are humans like the rest of us. They sweat and swear; they laugh and cry; they fear and hope. Many feel frustrated, helpless and unprotected, with a lack of access to personal protective equipment and vaccines, and the tools to save lives.

In this International Year of the Health and Care Worker, we have all been reminded that these are incredible people doing incredible jobs under incredible circumstances. We owe them so much, and yet globally health and care workers often lack the protection, the equipment, the training, the decent pay, the safe working conditions and the respect they deserve. The job can be dangerous and disheartening; but it can also be the best job on earth.

A year ago, we published the first State of the World’s Nursing Report, and just last week we launched the third State of the World’s Midwifery Report, showing the world faces a global shortage of 900 000 midwives. If we have any hope of achieving a healthier, safer, fairer future, every Member State must protect and invest in its health and care workforce as a matter of urgency. This week you will consider two draft resolutions on the health workforce. I hope you will adopt them and, more importantly, take action on them, in every country. [...]

Today I ask you not for a moment’s silence, but to make the loudest noise you can. Please join me in clapping, shouting and stamping your feet for every health and care worker everywhere...Although we have lost so many health and care workers already, we will lose many more as long as the pandemic rages.

Almost 18 months into the defining health crisis of our age, the world remains in a very dangerous situation. As of today, more cases have been reported so far this year than in the whole of 2020. On current trends, the number of deaths will overtake last year’s total within the next three weeks... No country should assume it is out of the woods, no matter its vaccination rate. So far, no variants have emerged that significantly undermine the efficacy of vaccines, diagnostics or therapeutics. But there is no guarantee that will remain the case. This virus is changing constantly. Future changes could render our tools ineffective and drag us back to square one. We must be very clear: the pandemic is not over, and it will not be over until and unless transmission is controlled in every last country.”

13.1 GLOBAL ACTION ON PATIENT SAFETY

Nursing Policy Considerations

- Having nurses involved in the design and operation of patient safety plans and policy interventions will greatly contribute to their success.
- 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.
- ICN calls on governments to sign and act on the Health Worker Safety Charter which calls on governments and local health service leaders to take five actions to better protect health workers.
- Health worker safety and patient safety are two sides of the same coin – if nurses and healthcare workers are not protected, the safety of patients cannot be guaranteed.
- As nursing care spans all areas of care delivery, nurses are well-placed to prevent harm to patients and improve the quality and safety of healthcare.
- Safe staffing is critical to preventing patient safety incidents. Governments should invest in safe staffing as it has proven to be cost-effective and lead to positive patient outcomes.
- Developing safe nurse staffing national legislation can ensure its delivery and maintenance.
- Healthcare organisations should promote a just culture of safety that supports staff to openly and honestly report near misses and incidents without fear, allowing for future learning and improvements. Patient safety learning systems should be a priority intervention to addressing patient safety.
- Interprofessional teamwork will advance quality and safety by fostering a safe work environment built on mutual respect and shared decision-making. Achieving this will require policies that promote functional multidisciplinary teams, investment in interprofessional learning and governance and funding models that support team-based care.
- There must be a greater emphasis placed on engaging patients and families as key enablers of quality and safety. Patients and families should be involved in the development of relevant patient safety policies and strategies.

ICN contributed to the development of the Global patient safety action plan, including providing consultation on the third draft.

Background

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 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.

The Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care 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 are: 1) engage patients and families as partners in safe care; 2) achieve results 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) instill safety culture in the design and delivery of healthcare.

WHA Actions

The WHA adopted the Global patient safety action plan 2021-2030 and requested the Director General (DG) to report progress on its implementation to the 76th WHA in 2023 and thereafter every two years.

Relevant Policy Documents

A74/10 Rev.1
A74/10 Add.4
Decision WHA74(13)

Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care
Health Worker Safety Charter

13.2 POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Nursing Policy Considerations

- The health workforce has an enormous contribution to make in the promotion, prevention and control of non-communicable diseases (NCDs) and needs to be a central part of any NCD strategy.
- Nurses are increasingly taking on the management of NCDs and providing high quality, accessible and cost-effective services.
- Nurses use every contact and every opportunity for health promotion, disease prevention and early detection.
- Countries must enable nurses to work to their full scope of practice and support the development of advanced and specialist roles. This may require modernising regulatory frameworks to support nurses broader decision-making authority.
- Include and strengthen the contribution of nursing leaders in high-level policy and planning decision making. This includes appointing nurses to senior positions within the health system.
- Ensure the availability of safe, effective and quality diagnostics, medicines, vaccines, technologies and palliative care.
- Nurses are local people who can work with local communities on improving health and help make community health workers more effective by providing support, supervision and a point for referral.

Background

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 which are having extremely 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 DG submitted an updated report to the 74th WHA on major obstacles to achieving the diabetes-related targets in the WHO Global action plan on the prevention and control of noncommunicable diseases (2013–2030).

WHA Actions

The WHA requested the DG to:

1. present an implementation roadmap 2023–2030 for the NCD global action plan (NCD-GAP) through the 150th EB for consideration by the 75th WHA in 2022
2. ensure the continued performance of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/ NCD) and its functions, in line with WHO's Framework of Engagement with Non-State Actors, with a more focused approach to the delivery of its functions, and with clearly defined objectives and measurable and practical milestones

3. develop, in consultation with Member States and non-State actors, a workplan for the GCM/NCD to submit to the 75th WHA and present the work undertaken and results achieved so far in 2022 to receive their further guidance on the implementation of the workplan
4. submit an independent evaluation to the 78th WHA in 2025 to assess the effectiveness of the new GCM/NCD operating model, its added value, and its continued relevance to the implementation of the NCD-GAP and its implementation roadmap

The WHA decided to extend the current terms of reference of the GCM/NCD until 2030 with a mid-term evaluation in 2025.

The WHA adopted resolution WHA74.4 Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes.

Relevant Policy Documents

[A74/10 Rev.1](#)

[A74/10 Add.1: a mid-point evaluation of the implementation of the NCD-GAP](#)

[A74/10 Add.2: a final evaluation of the GCM/NCD](#)

[A74/10 Add.3: Options paper on the GCM/NCD](#)

[Resolution WHA74.4](#)

[Decision WHA74\(10\)](#)

[Decision WHA74\(11\)](#)

[2014-2019: 5 Years of The Global Coordination Mechanism on NCDs](#)

13.5 ANTIMICROBIAL RESISTANCE

Nursing Policy Considerations

- Nurses and other healthcare workers have a vital role to play in preserving the power of antimicrobial medicines.
- Nurses play a central role in patient care and interdisciplinary communication and, as such, are in a key position to contribute to reducing antimicrobial resistance (AMR) and critical for the function of antimicrobial stewardship programmes (ASP).
- Nurses assess and diagnose infections; administer and may prescribe antimicrobials; monitor treatment outcomes and report side effects; provide vaccination; and educate patients, their families and communities.
- Individuals, families, communities and the health of populations must be central to actions aimed at preventing and eliminating AMR.
- Comprehensive, coordinated and sustained efforts in reducing global AMR through with the full collaboration of nurses, consumers, physicians, pharmacists, microbiologists and veterinarians as well as the environmental and agricultural sectors is required.
- Nurses must participate in the development of evidence-based ASPs in healthcare facilities, leading infection prevention and control (IPC) teams and initiatives and supporting the multidisciplinary team to apply IPC principles and best practices.
- Promote awareness and disseminate information to improve public understanding of AMR and the implications it has on human health and development.
- Improving vaccination rates is an effective means to reduce the risk of AMR.
- IPC policies and practices must be strengthened to prevent and control healthcare-associated infections.
- Countries must work towards eliminating the non-prudent use of antimicrobial agents in food-animal production, plant agriculture, and industrial settings and develop national guidelines on use in these areas according to internationally recognised standards.

Background

AMR threatens the achievement of many of the Sustainable Development Goals (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 AMR 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, IPC, water, sanitation and hygiene (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.

WHA Actions

The WHA noted the report.

Relevant Policy Documents

[A74/10 Rev.1](#)
[ICN Position Statement AMR](#)

13.8 IMMUNIZATION AGENDA 2030

Nursing Policy Considerations

- Immunization is a powerful tool for global health and sustainable development and ending the COVID-19 pandemic.
- Nurses are the largest clinical providers of immunization worldwide.
- 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, and build public confidence in immunization. Nurses have been particularly active in providing information and support to the development of education resources and tools on the importance of vaccination.
- NNAs offer important contributions to national strategies on COVID-19 immunization and are able to swiftly mobilise the nursing workforce. These associations have established relationships with policy makers, service leaders and regulators so are important agents in facilitating planning and execution of mass immunization.
- Strengthening and investing in the nursing workforce, to ensure that it is appropriately resourced to effectively and efficiently support implementation of the Immunization Agenda 2030 (IA2030) is essential for maximum impact.
- Vaccine equity and prioritisation of nurses and healthcare workers is a fundamental issue of morality, ethics and human rights and should be non-negotiable.
- ICN is extremely concerned by the gross inequalities globally in COVID-19 vaccine access and calls for COVID-19 vaccine equity.
- ICN strongly believes that healthcare workers, healthcare students and vulnerable populations in middle- and low-income settings must receive the vaccine before younger and less vulnerable people in high-income settings.
- ICN urges high-income Member States with adequate coverage to act swiftly on The Independent Panel recommendation to provide the billions of doses needed in middle- and low-income countries.

Background

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 still lack access to all life-saving vaccines.

Through a broad consultative process, the successor global vision and overarching strategy for vaccines and immunization, IA2030 was developed and adopted by the 73rd WHA in August 2020. 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. As part of the process of operationalising the IA2030, providing a comprehensive response to the COVID-19 pandemic and repairing the damage it has caused are the immediate priorities. Early implementation will focus on Member States' efforts to ensure the rapid and equitable scale-up of COVID-19 vaccines and the rebuilding of immunization and other essential primary health care services. In addition to embedding COVID-19 vaccine implementation and recovery throughout planning processes, the IA2030 strategy's technical annexes provide guidance that can be applied to the many challenges presented by COVID-19.

It is also crucial to have a broader immunization agenda. There is a need to coordinate an integrated IA2030 with PHC and this should be in line with the PHC strategy that WHO is currently rolling out. With the pandemic, countries are facing immense challenges in sustaining routine immunization services, 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.

WHA Actions

The operational elements of the IA2030 have been finalised and are available in the Framework for Action document (see below). Available on the website are the vision and strategy, strategic priority technical annexes and other annexes and companion documents. The WHA noted the report.

Relevant Policy Documents

[A74/9 Add.4](#)

[Immunization Agenda 2030](#)

[Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability, and Communication & Advocacy](#)

[Protecting nurses from COVID-19 a top priority: A survey of ICN's national nursing associations](#)

[ICN WHA Statement](#)

14. IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Nursing Policy Considerations

- The COVID-19 pandemic has revealed that health services are not fit for purpose and, unless there is a drastic reset of policies, practices and possibilities, they will not enable us to deliver on the SDGs.
- To achieve the SDGs, health systems must shift from a traditional medical approach to healthcare, towards a more holistic, preventative model. Healthcare systems must refocus to play a major role in 'creating health' and dealing with many of the underlying causes of poor health. The health system, other sectors, government and the public must work together to address the social determinants of health and build the conditions in which people can be healthy throughout the life course.
- Considerable investment in nursing education, jobs and leadership is required to strengthen the nursing workforce to deliver the SDGs, particularly those related to health, gender, decent work and inclusive economic growth.
- Nurses contribute to national and global targets related to a range of health priorities, including universal health coverage, mental health and noncommunicable diseases, emergency preparedness and response, patient safety and the delivery of integrated, people-centred care.
- Policy interventions that optimise nurses' scope and leadership will enable them to have maximum impact and effectiveness which will maximise the contributions of the nursing workforce and their roles within interprofessional health teams.
- The WHO State of the World's Nursing 2020 report aims to inform national, regional and global actions related to the nursing workforce in the decade remaining to achieve the SDGs.
- The SDGs will not be achieved unless inequities between populations are addressed. In collaboration with other health care workers, nurses and Advanced Practice Nurses are integral to the solution to addressing inequities.
- Health in the SDG era is about health in all policies. The cross connection of health and well-being to quality education, gender equity, decent work and economic growth, industry, innovation and infrastructure, peace and justice, and reduced inequities should not be minimised.

Background

The WHO's Triple Billion targets are an ambitious initiative to improve the health of billions of people by 2023. They are the foundation of WHO's Thirteenth General Programme of Work (GPW 13) acting as both a measurement and a policy strategy. A results framework is in place to track the joint efforts of Member States, the Secretariat and partners to meet the Triple Billion targets and achieve the SDGs; it also measures the Secretariat's contribution to that process. The COVID-19 pandemic has resulted in tragic loss of lives and livelihoods and in worsening inequalities and is threatening to reverse progress made towards the achievement of health-related Goals and the Triple Billion targets.

In May 2016, the 69th WHA adopted resolution WHA69.11 on health in the 2030 Agenda for Sustainable Development. The report to the 74th WHA contained the third report on the implementation of the 2030 Agenda including improvements, challenges and plans in five areas:

1. progress towards attainment of the triple billion targets and the Sustainable Development Goals
2. the impact of COVID-19 on implementing the Thirteenth General Programme of Work 2019–2023 and attaining the Sustainable Development Goals
3. the Global Action Plan for Healthy Lives and Well-being for All
4. working with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators
5. strengthening country data and health information systems

WHA Actions

The WHA noted the report.

Relevant Policy Documents

[A74/11](#)

[State of the World's Nursing 2020](#)

[Thirteenth General Programme of Work 2019–2023](#)

15 HEALTH WORKFORCE

Nursing Policy Considerations

- This was the first time the nursing and midwifery strategy has been adopted from the floor and the message was clear: countries must own this strategy and implement the policy recommendations.
- With the COVID-19 pandemic revealing the existing and deepening fault lines in health systems, there could not be a more important time to develop an action-orientated strategy to support real change and improvements for nurses.
- Governments must take drastic action to invest in nursing education, jobs, leadership and service delivery to safeguard our future healthcare systems and must strengthen the role of nurses in the health, social and education systems.
- Nurses are integral to building strong and resilient health systems that are required to achieve UHC and the SDGs. Investing in nursing is not a cost: it is an investment in all our futures.
- Integrating the planning for and investing in nursing into broader national health systems and health workforce planning will be critical in the post-COVID-19 era and the GSDNM provide clear recommendations to Member States to do so.
- Countries must include implementation of the GSDNM in their COVID-19 recovery plans to enable the full contribution of nurses in managing and recovering from the pandemic.
- It is important to monitor the strategy over the next four years and to create measurable indicators for the data and the four policy areas against which implementation of the GSDNM can be monitored.

The 74th WHA adopted the Global Strategic Directions for Nursing and Midwifery 2021-2025 (GSDNM)

- The pandemic has put the nursing workforce under immense pressure – nurses are experiencing heavy workloads, insufficient resources, unsafe working conditions, high rates of COVID-19 infection, burn-out and stress, and violence and abuse, something ICN is calling the “COVID-19 Effect”.
- Before the pandemic, global data indicated a shortage of at least six million nurses. ICN’s own research suggests a further four million nurses will retire over the next decade, and the cumulative influence of the mass traumatisation caused by the COVID-19 Effect, could see a further two or three million leaving the profession over the same period.
- A recent ICN survey showed that one in five NNAs surveyed reported an increase in the number of nurses leaving the profession.
- In response to rising global unemployment rates and health workforce shortages, ICN has proposed that governments establish Health Education and Retraining Opportunity funds, or HERO funds. This dedicated funding would increase the capacity of the education sector to educate more nurses and support individuals who have lost their jobs to transition into the health workforce.
- Considering the impact that the COVID-19 Effect will have on the nursing workforce over the coming years, ICN recommends an assessment of progress at the mid-point of the GSDNM in 2023. This could be particularly useful if coinciding with a second *State of the World’s Nursing 2020* report.

ICN was closely involved in the development of the GSDNM and strongly supports the strategy’s call for investment in nursing and midwifery education, jobs, leadership, and service delivery.



“The new Strategic Directions document addresses many of the issues that ICN has campaigned on over the past 18 months, including the ongoing shortage of nurses, the need for investment in nursing jobs, education, leadership and practice, nurses’ safety in the face of the pandemic and the vital importance of establishing government-level chief nurses in every WHO Member State.”

– Michelle Acorn, ICN CNO

Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)

The 70th World Health Assembly, through resolution WHA70.6, adopted Working for Health: the ILO, OECD and WHO five-year action plan for health employment and inclusive economic growth (2017–2021) as a mechanism for coordinating the intersectoral implementation of the ten recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth (UNCommHEEG) supporting WHO’s Global Strategy on Human Resources for Health: Workforce 2030. Its goals are to invest in both the expansion and transformation of the global health and social workforce.

Global strategic directions for nursing and midwifery 2021–2025

The 73rd WHA requested WHO to engage with all WHO regions to update the GSDNM 2016–2020. The GSDNM presents evidence-based practices and an interrelated set of policy priorities that can help countries ensure that midwives and nurses optimally contribute to achieving universal health coverage and other population health goals.

Background

2020 was designated by the WHO as the International Year of the Nurse and the Midwife and designated 2021 as the International Year of Health and Care Workers. The COVID-19 pandemic has had detrimental impact on health and care workers, who have gone beyond their call of duty in responding to this global emergency. UHC will not be achieved without strong commitments by governments to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health and care workers, and to secure equitable distribution in rural, hard-to-reach areas, including by providing decent and safe working conditions and appropriate remuneration.

WHA Actions

- The WHA considered whether the five-year action plan has fulfilled its mandate and as further action adopted resolution WHA74.14 Protecting, safeguarding and investing in the health and care workforce.
- The WHA considered the DG's report on the GSDNM and adopted resolution WHA74.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.

The resolutions outline several urgent actions to be taken by Member States, the WHO DG and all relevant stakeholders. Please refer to the resolution for further details.

The WHA requested a report on the progress made in implementing these resolutions, integrated with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and aligned with the WHO Global Code of Practice on the International Recruitment of Health Personnel, in 2022, 2025 and 2028.

Relevant Policy Documents

[A74/10 Rev.1](#)

[A74/10 Add.4](#)

[Resolution WHA74.14](#)

[Resolution WHA74.15](#)

[State of the World's Nursing 2020](#)

[The WHO Global Strategic Directions for Nursing and Midwifery \(2021-2025\)](#)

[Working for Health: the ILO, OECD and WHO five-year action plan for health employment and inclusive economic growth \(2017–2021\)](#)

[ICN WHA Statement](#)

16 COMMITTING TO IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030)

Nursing Policy Considerations

- Nurses are a key member of the sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce.
- Access to SRMNAH services needs to be prioritised, and provided in a safe environment, despite the pandemic. SRMNAH workers need protection from infection, support to cope with stress and trauma, and creative/innovative solutions to the challenges of providing high-quality education and services.
- Often the only health professional working in remote areas are nurses who consequently take on multiple roles across specialties to best deliver care and provide a link with other allied health workers.
- The lack of access to services by women, low socio-economic status and societal values that tolerate violence, sexual abuse and other violations of women's rights have a direct impact on the health of women and girls.
- Given the important role that nurses play in improving access to services for vulnerable populations, the need to support them is even more crucial as it requires not only effective skills and quality education, but also recognition of their status and decision-making abilities to allow them to carry out their role to their full potential.
- Often the first point of care and working across all settings, nurses are in a unique position to support nurturing care by reaching out to families and caregivers during the early years.
- Policies, information and services should be family-centred in order to provide knowledge and resources to parents and families and to empower them to provide nurturing care.
- Environmental risk factors account for some 25% of the disease burden among children under five – the health community should raise awareness of the health implications of climate change and scale-up its contribution to addressing it.
- Unsafe abortion and associated morbidity and mortality in women are avoidable and governments should implement measures to improve access to safe abortion services in order to protect women and girls' health and human rights.

Background

Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls. Women's health is negatively impacted through the reallocation of resources and priorities, including sexual and reproductive health services. COVID-19 lockdowns have increased gender-based violence. Of the 105 countries surveyed, more than 50% reported partial or severe disruption of reproductive, maternal, newborn and child health services (except facility-based births) from May to July 2020. Some of the most severely impacted services have been routine immunization services, malaria bed net distribution campaigns, family planning and antenatal care services.

Between 2015-2019, 121 million unintended pregnancies occurred each year. Of these, 73 million per year ended in abortion, around which half were unsafe and a third were carried out in the least safe conditions. Neonatal deaths accounted for 47% of all under-five deaths in 2019. Among older children, adolescents and young adults aged 5–24 years, the leading causes of death and lifelong disability are injuries (including road traffic injuries, drowning, burns and falls) and violence. In girls and young women aged 15–19 years, the leading cause of death is maternal conditions.

WHA Actions

The WHA noted the report.

Relevant Policy Documents

[A74/14](#)

[Global Strategy for Women's, Children's, Adolescent's Health 2016-2030](#)

17.1 COVID-19 RESPONSE

Nursing Policy Considerations

- The COVID-19 pandemic has highlighted the crucial role of nurses in emergency response and the essential work they do in public health and beyond.
- Nurses have seen at close quarters the weaknesses, fragilities and fault-lines that must be addressed both in the continued response and for the design of future healthcare systems.
- The COVID Effect, caused by ongoing demands placed on nurses and other healthcare workers, is having a profound effect on the mental and physical health of the health workforce.
- The pandemic has caused the mass traumatization of the nursing workforce from poor working conditions, PPE shortages, lack of mental health support, high rates of burnout, fear of spreading the virus to family, an increase in violence and discrimination.
- At least 115,000 healthcare workers have died from COVID-19, which is more than 200 deaths per day.
- The average range of healthcare worker infection rates across countries is 6-10%, with some countries reporting up to 30% of infections in healthcare workers. Continued under-reporting of such information means that the true extent of healthcare worker infections and deaths will be much higher than ICN's data.
- Since May 2020, ICN has consistently called for the systematic and standardised collection of data on healthcare worker infections and deaths in order to protect the safety of patients and healthcare workers.
- Adequate reporting mechanisms and comparable country data are essential to ensure data availability for monitoring the impacts on the health workforce and for the COVID-19 response.
- All countries must classify and treat COVID-19 as an occupational disease.
- ICN supports the findings and recommendations of the IPPPR report.

ICN contributed to the work of the IPPPR through co-hosting a webinar and focus group discussions in which nurses and other healthcare workers shared their experiences of working on the frontlines of COVID-19 pandemic.

Background

The 73rd WHA adopted resolution WHA73.1 (2020) on the COVID-19 response which sets out the steps taken to ensure that appropriate lessons are learned and best practices are implemented as the pandemic evolves. In May 2020, the WHA requested the WHO DG to review lessons learned from the response to the COVID-19 pandemic. In response, the Independent Panel for Pandemic Preparedness and Response (IPPPR) was convened. In May 2021, the IPPPR released a report presenting key findings, strengths upon which to build, and two sets of recommendations, one with immediate actions to end the pandemic and one directed at preventing future pandemics.

Information from a webinar, hosted by ICN and Nursing Now in December 2020, in which nurses shared experiences of working on the frontlines of the COVID-19 pandemic, contributed to the IPPPR report.

Relevant Policy Documents

[A74/9](#)

[A74/15](#)

[A74/INF./2](#)

[Resolution WHA73.1](#)

[Main report of the Independent Panel for Pandemic Preparedness and Response](#)

[ICN WHA Statement](#)

WHA Actions

The WHA noted the report.

17.3 WHO'S WORK IN HEALTH EMERGENCIES

Nursing Policy Considerations

- The involvement of nurses is essential to prevent epidemics and pandemics and reduce existing health emergency risk.
- Nurses are critical to providing essential health services for the COVID-19 pandemic and beyond.
- Nurses, often working in difficult situations with limited resources, play vital roles when disasters strike, serving as first responders, triage officers and care providers, coordinators of care and services, providers of information or education, and counsellors.
- There is an urgent need to accelerate efforts to build capacities of nurses at all levels to limit morbidity and mortality and maintain health system functioning and community wellbeing in the midst of continued health threats and disasters.
- Considering the vital contribution that nurses make to preventing and responding to health emergencies, it is crucial to include the health and safety of the healthcare workforce in all health emergency preparedness and response plans at every level.
- The impacts of the COVID-19 pandemic on the healthcare workforce have severely negatively affected the world's ability to respond to this health emergency. Governments must take urgent action required to protect their healthcare workforce.

ICN's Core Competencies in Disaster Nursing aim to improve disaster prevention, preparedness, response and recovery and support workforce development.

In a letter to the Secretary General, ICN has called on the United Nations to make a Declaration on Pandemic Preparedness and create a supra-governmental body to oversee global responses to international health emergencies.

- To fully leverage the nursing workforce requires nursing leadership in policy making at all levels. All countries should establish a Government Chief Nursing Officer (GCNO) position within Ministries of Health, with sufficient resourcing and senior level decision-making responsibilities and authority. The WHO should establish a GCNO position in each WHO Region.

Background

Preparing for, and responding to, health emergencies is primarily the responsibility and crucial role of government. In decision WHA69(9) (2016), the WHO Health Emergencies Programme was established and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme was set up. The COVID-19 pandemic has revealed serious shortcomings in preparedness for, timely and effective prevention and detection of, as well as response to, potential health emergencies, including in the capacity and resilience of health systems, indicating the need to better prepare for future health emergencies. WHO plays a key leadership role within the United Nations system in preparing for and in catalysing and coordinating a comprehensive, early, effective, transparent, sustainable response to health emergencies that is age- and disability-sensitive and gender-responsive, that ensures respect for human rights and fundamental freedoms, and that recognises the centrality of Member States' efforts. The international community's expectations generally outweigh WHO's current capacities and its ability to support Member States to develop strong, resilient, quality, inclusive and efficient health systems for emergency outbreak prevention and response. As such, the 148th Executive Board called for the development of a resolution on strengthening WHO's global health emergency preparedness and response.

WHA Actions

The WHA adopted resolution WHA74.7 in which it decided to establish a Member States Working Group (WG) on Strengthening the WHO Preparedness and Response to Health Emergencies which has a Bureau comprising six officers, one from each WHO region, and which will hold its first meeting no later than September 2021. The WG will submit a report with proposed actions for the WHO Secretariat, Member States and NSAs for consideration by the 75th WHA through the 150th Executive Board. The resolution also lays out several urgent actions to be taken by Member States and the WHO DG. Please refer to the resolution for further details. The implementation of this resolution will be reported on at the 75th WHA through the 150th Executive Board.

Relevant Policy Documents

[A74/9](#)

[A74/9 Add. 1](#)

[Resolution WHA74.7](#)

[Decision WHA69\(9\)](#)

[ICN Core Competencies in Disaster Nursing](#)

18. MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC

Nursing Policy Considerations

- 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 reported feeling isolated from their families and are anxious about avoiding infecting their family members with COVID-19.
- Nurses are invaluable for mental health promotion, prevention and care and are needed now more than ever to support the COVID-19 response and to ensure the delivery of mental health services.
- ICN urges governments to place mental health at the centre of national COVID-19 pandemic response and recovery plans.
- ICN calls on governments to urgently scale up investment for sustainable community-based mental health services and support services.
- Close to 80% of ICN's NNAs responding to a recent survey have received reports of mental health distress from nurses working in the COVID-19 response.

ICN endorses the WHO updated comprehensive mental health action plan 2013–2030.

Background

Prior to the COVID-19 pandemic, almost one billion people globally had a mental disorder. In addition, around 50 million people have dementia, and around 250 million people have an alcohol or drug use disorder. Around half of all mental disorders start by the age of 14 years. Suicide is the second leading cause of death in young people aged 15–29 years. 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 and anxiety, 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. ICN's reports show that in every region of the world nurses are reporting extremely concerning and rising rates of mental distress. This rise is the result of issues including poor working conditions, PPE shortages, lack of mental health support, understaffing, fear of spreading the virus to family and an increase in violence and discrimination against nurses. ICN called this phenomenon the "mass traumatisation" of the global nursing workforce and called on governments to act now to support nurses and address these issues.

WHA Actions

The WHA endorsed the updated comprehensive *Mental health action plan 2013–2030*, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, by means including promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.


Relevant Policy Documents

[A74/10 Rev.1](#)
[A74/10 Rev.1 Add.1](#)
[Decision WHA74\(14\)](#)
[Mental health action plan 2013–2030](#)
[ICN COVID-19 Update, 13 January 2021](#)
[ICN Position Statement on mental health](#)

22.1 SOCIAL DETERMINANTS OF HEALTH

Nursing Policy Considerations

- Social and health inequities are profoundly and unevenly impacting the mental and physical health and spiritual, cultural and social wellbeing of people.
- Health equity, social justice and the social determinants of health (SDoH) must all be addressed using a human rights-based approach.
- Experiences of discrimination, racism and historical trauma are important SDoH inequities for certain groups of people such as LGBTQ+ people, Black, Indigenous and people of colour, women, and older persons.
- The COVID-19 pandemic has and will continue to exacerbate health, social and economic inequities and requires countries to make a substantive commitment to addressing the SDoH.
- With the knowledge and skills to work at all levels, from bedside to ministries of health, and supported by leadership, evidence and resources, nurses are in a precious and powerful position to strategically address the SDoH.
- Nurses are strong health advocates on the multidisciplinary health team and in policy and decision-making settings and this should be leveraged to address health inequities.
- Nursing pre-service and continuing education should increase awareness of and attention to the SDoH.



ICN is committed to identifying trends related to the SDoH to inform the current and future direction of nursing across practice settings and will provide relevant nursing expertise in education, clinical care delivery, research and policy domains for the health and social care of individuals and communities.

Background

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 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 exposure, vulnerability, health outcomes and consequences of the COVID-19 pandemic.

WHA Actions

The WHA adopted resolution 74.16 Social determinants of health in which it called 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-policies approach
4. along with all stakeholders, mobilise financial human and technological resources to enable the monitoring and addressing of SDoH
5. consider SDoH in COVID-19 recovery and for future public health emergencies

and requested 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

Relevant Policy Documents

[A74/9](#)

[Resolution WHA74.16](#)

[Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health](#)
[ICN WHA Statement](#)

“We are extremely concerned about the persistent and pervasive inequity that exists in societies and health systems, and we strongly back the adoption of the resolution. The pandemic requires countries to make a substantive commitment to addressing the social determinants of health. Nurses have the knowledge and skills to work at all levels, which puts them in a powerful position to make a difference.”



– Hoi Shan Fokeladeh,
ICN Policy Advisor