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## **High-level messages on State of the World's Nursing 2 report SOWN Co-Chair & ICN CEO Howard Catton**

### **ICN and the development of SOWN and SOWN 2**

The International Council of Nurses (ICN) played a pivotal role in advocating for and shaping the first ever State of the World's Nursing (SOWN) report published by the World Health Organization (WHO) in 2020. The first SOWN report provided comprehensive data on the global nursing workforce prior to the COVID-19 pandemic and highlighted both the enormous contributions of the world's nurses and the urgent need to address critical shortages and workforce challenges.

**ICN strongly advocated for a second SOWN report to reflect the impact of gravely concerning increased pressures on the nursing workforce**, including the COVID-19 pandemic, growing impacts of climate change, escalating conflicts and attacks on health care workers and facilities in conflict zones in violation of international humanitarian law. ICN's publications — including the 2025 [NNA Presidents' survey](#), [IND2025 report](#), and [COVID-19 and the International Supply of Nurses](#) report — have continually documented severe strains on the nursing workforce.

In response to ICN's advocacy, WHO Director-General Dr Tedros Adhanom Ghebreyesus recognized the critical need for updated global nursing data and announced the intention to develop a second WHO SOWN report (SOWN 2) at ICN's 2023 Congress. As ICN's CEO, I was appointed **Co-Chair of the SOWN 2 report and ICN has played an active role in shaping the report's strategic focus and scope.**

### **SOWN 2: a mixed picture of a global nursing workforce under pressure**

The first SOWN report was released at a moment of health system turbulence early in the COVID-19 pandemic, and SOWN 2 is being launched in an equally challenging global environment. **SOWN 2 provides us with extraordinarily valuable and robust nursing data.** The report had impressively high participation rates: over 190 countries contributed data, a major increase from SOWN 1.

The new SOWN report **highlights real progress in areas such as advanced practice nursing, increased Chief Nursing Officer roles, increased graduate preparation of nurses**, and reducing outdated gendered associations and attracting more men to the profession.

However it also reveals **very significant, critical, and urgent concerns**. These include **little progress on the global health emergency of nursing shortages, hugely worrying indicators of inadequate working conditions and pay, troubling patterns of inequalities and nurse migration, and continued failures to fully enable nurses as leaders** working to their full scope of practice and influence.

The SOWN 2 data reinforces the **need for urgent investment to retain the world's existing nurses, make nursing an attractive profession for new recruits, and build a strong, sustainable workforce**.

### High-level takeaways

- Grave shortages persist, the stock of nurses has not kept pace with increased health demands, and we are not seeing strong growth of the nursing workforce.
- We are seeing a shocking lack of effective policy and practice to ensure fair working conditions, protect nurses from attacks, and support their mental health.
- Nurses continue to be undervalued with unacceptably low pay that fails to reflect their skill, education, and dedication.
- The world's nurses are extremely inequitably distributed and high levels of nurse migration to high-income countries are exacerbating these inequalities.
- We have seen progress in the growth of advanced practice nursing roles and Chief Nursing Officers, but nurses are often blocked from practicing to their full scope or not granted sufficient authority and influence as leaders.
- Urgent action is needed to invest in strengthening the nursing workforce by improving nurses' working conditions, compensation, supports, and leadership opportunities.

### Workforce shortages and supply and demand gaps

The **estimated nursing shortage has dropped slightly in SOWN 2, now reported as 5.8 million (previously 5.9 million)**, based on an estimated increase from 27.9 million nurses to 29.8 million. However, **this is fragile progress and higher workforce numbers result from increased country reporting**, as many more nations contributed workforce data to SOWN 2, rather than indicating consistent, across-the-board workforce growth. For example, Africa's nursing workforce shows an increase from 0.9 million to 1.7 million, which can largely be attributed to several smaller African countries reporting workforce data not previously included. There is also inconsistency across regions, with **the Americas experiencing a concerning decline from 8.4 million to 7.5 million nurses and Europe dropping slightly from 7.3m to 7.2 million** between SOWN 1 and SOWN 2 reports. In other cases, progress is concentrated in specific countries or regions, e.g. a substantial increase in China.

**While the report projects that the nursing workforce shortage will drop to 4.1 million by 2030**, this depends on increased nursing stock in regions including the Americas and Europe where nursing personnel have decreased since 2019. **It is clear that to reduce the nursing shortage even by this amount will require major changes** and a strong, unified

commitment to investing in and enabling nurses. We must also remember that health demands are increasing, meaning even more nurses will be needed. Aging populations, rising non-communicable disease burdens, climate-related health emergencies, and more ambitious Universal Health Coverage goals all require a substantially larger nursing workforce.

Insufficient progress on addressing these severe workforce gaps has intensified pressure on existing nurses, creating **significant barriers to sustainable nurse retention and recruitment**. In ICN's recent survey of National Nurses' Association (NNA) Presidents, almost half of NNAs reported **a widening gap between supply and demand**, while half also report observing **substantial increases in nurses leaving the profession** since 2021, increasing stress on the staff who remain. Almost a third of ICN's NNAs rated workforce staffing policies as poor, which is alarming given that **understaffed health systems not only increase strain on staff but also jeopardize patient safety** and quality of care.

SOWN 2 data also raises concerns that aging nursing workforces in high-income countries could result in a more inexperienced workforce as large numbers of older nurses retire, reinforcing the importance of ensuring that countries plan for an appropriate skill mix as well as appropriate staffing levels.

### **Policies on working conditions and workforce mental health**

SOWN 2 reveals an alarming lack of basic protections for the global nursing workforce. Though nurses form the backbone of health care systems worldwide, **only about half of countries have regulations governing working hours and conditions**. Shockingly, **41% do not have measures in place to protect health workers from attacks** and **58% do not have provisions in place for mental health support** and wellbeing, an extremely low number for a profession experiencing unprecedented levels of stress and burnout.

ICN's NNA Presidents survey backs up these findings, showing policy gaps in many countries. **Even where policies are in place, it is often unclear how well they are designed or to what extent they are implemented**, with less than 40% of NNAs rating existing policies for staffing, violence prevention, and mental health support as good or excellent.

### **Compensation**

The new SOWN data also shows that nurses are consistently undervalued, with **unacceptably low levels of compensation that fail to reflect nurses' skills, education level, and intense dedication**.

Median annual salaries range from just **\$4,320 in low-income countries to \$27,624 in high-income nations**. These findings echo ICN's recent reports, where many NNAs (40% of high- and upper-middle-income countries and 25% of low-income countries) reported a **decrease in pay in real terms**, when adjusted for inflation and increased cost of living.

## **Inequitable distribution of nurses & migration**

SOWN 2 highlights an **extremely unequal distribution** of nurses across countries and regions, with **80% of the world's nurses concentrated in countries that account for just half of the world's population**, leaving many communities with insufficient access to care.

The report also indicates **concerning international migration patterns which can exacerbate inequities**. Findings suggest that one in seven nurses worldwide are foreign-born, with the highest levels (almost a quarter) found in high-income countries. When wealthy countries recruit from low-income nations, they risk depleting already-fragile nursing workforces. Migration can also be driven by underemployment of nurses in low-income countries. In these cases, high numbers of unemployed nurses may not indicate a genuine surplus but instead points to financial constraints preventing vulnerable health systems from employing sufficient nurses.

The combination of **workforce shortages, poor working conditions and compensation, and imbalanced distribution all fuel the vicious cycle of inequitable migration patterns**.

## **Advanced practice and leadership**

On a positive note, we have seen improvements in advanced practice roles, with **62% of countries now reporting advanced practice nurse roles** (up from 53% in SOWN 2020). However, restrictions on nursing scope of practice continue to limit this potential in many regions, representing a significant missed opportunity for health system strengthening.

There are similar **missed opportunities and inequalities in enabling the world's nurses as leaders**. 66% of countries globally report having nursing leadership programs, but only 25% of low-income countries have these in place, indicating a significant gap. While 82% of countries now have Chief Government Chief Nursing Officers (CNOs) in many cases, they are **not provided with the proper resources and authority** or are not fully included in major decisions. CNOs must be involved in key health policy decisions and enabled with responsibilities for the management and planning of the nursing workforce.

## **Conclusion**

SOWN 2 presents important insights into the global nursing landscape, and ICN conveys **sincere thanks to the WHO Workforce and Nursing Directors and their teams as well as the SOWN Steering Committee for their immense work and expertise to bring forward this critical report** and their commitment to supporting the global nursing workforce.

The report shows that persistent **workforce shortages, inadequate working conditions, inequitable distribution** of nurses, and **limited leadership and advanced practice opportunities** are threatening the sustainability of the nursing workforce at a moment when we need our nurses more than ever.

We are used to nurses safeguarding society when health disasters strike, just as airbags deploy to protect us in a collision. But **our world is not doing anywhere near enough to make nursing an attractive profession to new recruits or to retain the valuable nurses we have.** Without immediate action, **we risk a future where the nursing airbag will not inflate to offer vital protection to individuals' and populations' health.** Recent global health financing cuts to health care, education, and international aid only increase this risk.

The world's leaders must act now to safeguard the future of global health. ICN calls on WHO member states to **extend the Strategic Directions for Nursing and Midwifery at this month's World Health Assembly** and to **meaningfully commit to improving nurses' working conditions, compensation, supports, and leadership opportunities.**

Strengthening the nursing workforce is not a cost: it is a vital investment with substantial returns in terms of improved population health and economic stability and growth. Caring for nurses today ensures resilient health systems tomorrow.