ICN Delegation at the 71st World Health Assembly: Report

INTERNATIONAL COUNCIL OF NURSES

2018

Prepared by: Erica Burton
Senior Analyst, Nursing and Health Policy

On behalf of the International Council of Nurses, I would like to recognise the commitment of all of our delegates who participated at the 71st World Health Assembly (WHA). The contributions are invaluable to bringing a strong and unified nursing voice to this important event. We believe that our diverse and dynamic delegation, who shared their ideas and expertise throughout the week, contributed to the impact that will be felt as a result of this Assembly.

The WHA offers us a unique opportunity to bring the voice of nursing to the highest health policy-setting table in the world. It is, therefore, essential that we bring a diversified and representative group of nursing delegates to the Assembly. This year, as in the past, we were delighted by the number of nurse leaders who were able to join us and represent the world's nurses and the profession.

The discussions, interventions and decisions that take place at the WHA will affect not only our profession but health at large. We look forward to following up on each of these key items – our work has only just begun!

We trust that this experience was valuable to each of the delegates and their respective countries and welcome you to join next year!

Annette Kennedy
President
International Council of Nurses

INTRODUCTION

The 71st World Health Assembly (WHA) was held in Geneva at the Palais des Nations from 21-26 May 2018. The WHA is the supreme decision-making body of the World Health Organization (WHO) and is attended by delegations from all 194 Member States. The agenda focuses on specific health issues that are prepared by the Executive Board (EB) during its January meeting of the same year.

ICN's status as a non-governmental organisation in official relations with WHO allows its staff and official delegation to attend the WHA. ICN makes statements on key agenda items and participates in several meetings and events throughout the course of the meeting, making the WHA a significant platform for advocacy for nursing and global health. Participation of the ICN delegation ensures the involvement of nursing in all policies in which the role or nursing must be strengthened and supported. In addition to staff members, the WHA71 delegation comprised of ten ICN Board Members and over 50 delegates from our member National Nurses' Associations and partner organisations.

For the first time in history, ICN brought a student delegation which was led by our student intern. This offered graduate nursing students an opportunity to learn about and observe policy development in the areas of nursing and global health and the workings of the WHO. Various events throughout the week allowed them to network with a wide range of WHA delegates, including policy makers and nursing leaders, and advocate for the importance of the student voice in contributing to the nursing profession and global health. Student delegates attended committee meetings and delivered statements on behalf of ICN.

A truly global event, the ICN delegates for WHA71 came from over 25 countries covering all six WHO regions. A full list of delegates can be found at the end of this report.

ICN hosted a luncheon offering the opportunity for our 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.

ICN addressed the WHA with the delivery of statements on nine agenda items which can be found here and are in annex A-I in this report.

Achieving global health objectives requires action from a number of stakeholders and as the largest group of healthcare professionals, the importance of the nursing voice at a forum such as the WHA cannot be understated. Furthermore, the discussions that take place during the WHA are significant in informing the nursing profession about where it should focus its efforts to help shape health and an equitable and sustainable future for all. This report provides a brief background of WHA71 agenda items that are of particular importance to nursing and to ICN and its member associations. Readers may follow links in the report for more information on each topic and copies of key documents presented at the meeting.

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DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023

Background

The WHO 13th General Programme of Work (GPW13) sets out WHO's strategic direction; outlines how WHO will proceed with its implementation and provides a framework to measure progress in this effort. For each biennium, GPW13 will guide stepwise progress in strategic priorities, the development of implementation plans, the programme budget, results frameworks, and operational plans. It has taken account of the strategic plans of WHO regional offices and has been developed in collaboration with the Regional Directors. GPW13 will cover the period 2019−2023 and will serve as the basis for resource mobilisation and for the programme budgets for the bienniums 2020−2021 and 2022−2023.

> **ICN provided consultation for the GPW13. This is the first time WHO has sought consultation from Member States and stakeholders when developing the GPW.**

GPW13 is based on the Sustainable Development Goals (SDGs) and is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations. The 44 GPW 3 Impact Framework Targets and Indicators are aligned with SDGs and/or World Health Assembly (WHA) approved resolutions or action plans.

The GPW 13 targets and indicators are structured across the three strategic priorities each comprising a one-billion people goal and together coined as the 'triple billion goals'. The 'triple billion goals' include: one billion more people benefitting from universal health coverage, one billion people more people better protected from health emergencies, and one billion more people enjoying better health and well-being, respectively. Five interconnected platforms support the triple billion goals: improving human capital across the life course; accelerating action on preventing noncommunicable diseases and promoting mental health; accelerating elimination and eradication of high impact communicable diseases; tackling antimicrobial resistance; and addressing health effects of climate change in small island developing states and other vulnerable settings.

World Health Assembly Action

The WHA adopted resolution WHA71.1 (in report A71/4) in which it

- approved the GPW

- requested the WHO Director-General (DG) to use GPW13 as the basis for the strategic direction of planning, monitoring, and evaluation of WHO's work; to take into consideration the changing state of global health in its implementation; to provide guidance and support to regional and country offices on its implementation; and to report to the 72nd WHA to inform a potential extension of GPW13 into 2025.

IMPLICATIONS FOR ICN & NURSING

- UHC will not be achieved without the active involvement of nurses and nursing input is essential in the development and implementation of all of the strategic priorities of GPW13.

- Nurse-led models are crucial to achieve UHC, and it has been found that when nurses practice to their full scope in team-based primary care settings, it is cost-effective, improves quality of care and increases patient satisfaction, access, and equity.

- The Human Resources for Health agenda is imperative to achieve any of the States' priorities, especially achievement of UHC. This agenda is essential to support the SDG agenda and should not be overlooked or fade away.

- WHO can only accomplish GPW13 goals with partners including civil society. WHO should clearly define how it will apply the new Framework of Engagement of Non-State Actors (FENSA), which to date is not clear and has yet to be fully implemented.

- Interprofessional collaboration is a prerequisite for people-centred services, in order to avoid duplication, gaps and discontinuity of care in the patient's journey throughout the health system. Interprofessional collaborative practice requires early meaningful interprofessional learning experiences, especially during undergraduate education. This involves genuine engagement and opportunities to interact with students of other professions as opposed to learning in silos.

- Populations should not only have access to essential life-saving health services, but work should be done to attempt to maintain services for immunisation, maternal and child health, mental health, and chronic conditions. WHO should support health systems to strengthen in these areas in order to respond appropriately in times of emergencies.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Background

The 69th World Health Assembly in 2016 considered the design, oversight, implementation and financing of a new WHO Health Emergencies (WHE) Programme, as adopted in decision WHA69(9) on the reform of WHO's work in health emergency management: WHO Health Emergencies Programme. Pursuant to that decision, WHO officially launched the Programme on 1 July 2016.

In decision WHA69(9), the WHA welcomed the establishment of the Independent Oversight and Advisory Committee (IOAC) to provide oversight and monitoring of the WHE Programmes development and performance.

The International Health Regulations (IHR), entering into force in June 2007, are an international legal instrument that is binding in 196 countries across the globe, including all the Member States (MS) of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. IHR require countries to report certain disease outbreaks and public health events to WHO. IHR define the rights and obligations of countries to report public health events and establish a number of procedures that WHO must follow in its work to uphold global public health security. In 2017, in decision WHA70(11), the 70th WHA requested the DG to develop a draft five-year global strategic plan to improve public health preparedness and response to be adopted by the 71st WHA.

> **ICN is currently updated its Position Statement on the topic as well as its guidelines on disaster nursing competencies. They are expected to be released in the coming months.**
>
> **Disaster preparedness was a main topic at ICN's 2017 Congress.**

Four reports were presented to the WHA.

World Health Assembly Action

The WHA noted reports A71/5, A71/6 and A71/7.

The WHA adopted decision WHA71(15) (in report A71/8) in which it

- welcomed the five-year global strategic plan to improve public health preparedness and response noting that it is not legally binding as are the obligations in the IHR (2005)

- decided that States Parties and the DG shall continue to report annually to the WHA on the implementation of IHR

- requested the DG to provide necessary financial and human resources to support the implementation of the plan and its adaptation to regional contexts and existing relevant frameworks and support to building, maintain and strengthen core capacities under the IHR.

IMPLICATIONS FOR ICN & NURSING

- Improving public health preparedness and response is of utmost importance considering the ongoing risk of public health events occurring secondary to natural and human-induced hazards such as climate change and conflict.

- Nurses are critical to preventing, detecting, assessing, and responding to public health events and are at the frontline of care during and after, providing acute care, response coordination, information management, and mental health support.

- Nurses' technical skills and knowledge of epidemiology, pharmacology, cultural-familial structures, and psychosocial issues, coupled with our experience in health systems strengthening, makes nursing of particular value to the development of national plans and policies for public health preparedness and response.

- A significantly greater focus must be placed on recovery. As was seen with the Ebola outbreak, these events can destroy a country's health and social systems and reverse any efforts to achieving the SDG targets.

- Health emergencies create conditions such as lack of security and safety, lack of access to healthcare services, family separation, abuse, neglect and exploitation with long-term negative social impacts. Countries must keep this top of mind when developing the recovery phase of national plans.

- Management of public health events without disruption in healthcare service delivery cannot be achieved without a sufficient number of well-educated healthcare professionals.

- WHO and governments should focus on longer-term health workforce planning and continuing education.

HEALTH, ENVIRONMENT AND CLIMATE CHANGE

Background

Climate change potentially poses the largest threat to global health in the 21st century. Environmental risk factors lead to at least 13 million deaths annually. Nearly a quarter of the global burden of disease is due to known, avoidable environmental risk factors, which are now of comparable magnitude to other established risks such as tobacco and alcohol consumption, diet, and physical inactivity. Countries are faced with environmental and health challenges that result in a triple burden of environmental risks: 1) the direct impacts of emergencies; 2) persistent and, in some cases, expanding infectious disease risks; and 3) NCDs. Human influences on the global environment, leading to climate change, continue to grow.

WHO notes that, considering the issue is broad and multisectoral, its role in directing and coordinating work in climate change and environmental health is essential. The health sector has a specific responsibility to inform policy-makers and the public on the health impact of climate and environmental change. Significant human and financial resources are required to support the implementation of the public health response to climate and environmental change. MS typically allocate about 3% of health expenditure to prevention, in contrast to the 97% allocated to curative medicine. Monitoring of progress of the SDGs provides an opportunity to maintain political and public will to improve health and environmental conditions.

The effects of human actions on the environment are ethical and human rights issues, as they will be felt by future generations.

Please visit the ICN website for its newly released Position Statement 'Nurses, climate change and health'

Human health and biodiversity
A report was presented to the 71st WHA on actions taken on the interlinkages between human health and biodiversity for consideration in order to prepare WHO's contribution to the Convention's 14th meeting of the Conference of the Parties due to be held in November 2018. The report contains a summary of the links between biodiversity and health and presents the state of knowledge review that has drawn on the knowledge of a multidisciplinary group of more than 100 experts. The review examines the linkages between biodiversity and health, as broadly defined by WHO, across a range of topics, including: water and air quality; agro-ecosystems; food security and nutrition; microbial diversity and noncommunicable diseases; infectious diseases; biomedical

discovery; traditional medicine; mental, physical and cultural well-being; sustainable consumption and production; climate change; and disaster risk reduction.

Road map for an enhanced global response to the adverse health effects of air pollution.

An estimated six million deaths occur annually from household and ambient air pollution. It is a major contributory factor to NCDs, accounting for between one quarter and one third of the burden of stroke, heart attack, lung cancer and chronic obstructive pulmonary disease, and more than one half of deaths due to pneumonia in childhood. Air pollution is among the top three global risk factors for disease and death; in some regions, it is the leading risk factor.

The report describes progress since 2016 on the 'road map for an enhanced global response to the adverse health effects of air pollution, 2016-2019' which mandates MS to (a) raising awareness of the impacts of air pollution on health; and (b) integrating public health considerations into decision-making and the evaluation processes of relevant national, regional and local policies leading to reduced exposures. It presents the next steps for 2018-2019. The WHO Global Conference on Air Pollution and Health in October 2018 will present a major opportunity for Member States to make bold commitments to reducing air pollution's toll of deaths and disease by 2030 and an opportunity to display health sector leadership in long-term action plans.

World Health Assembly Action

The WHA noted the reports A71/10, A71/11 and A71/12.

IMPLICATIONS FOR ICN & NURSING

- Nurses have a professional and ethical duty to mitigate climate change and support people and communities to adapt to its impacts.

- ICN and National Nursing Associations work to enable nursing leadership and nurses to support healthcare organisations to contribute to climate change mitigation through implementation of environmental policies and sustainable practices.

- Increased investment in the health workforce is required as the impact of climate change, coupled with an ageing population, will further increase the demand for well-educated nurses and healthcare professionals.

- Climate change resilience cannot occur without addressing the full spectrum of social and environmental determinants of health.

IMPLICATIONS FOR ICN & NURSING

Continued…

- Climate change results in further health inequities for already vulnerable populations and must be addressed from a human rights approach. Special attention should be paid to populations particularly exposed to disease and injury.

- Unsustainable management of biodiversity is leading to alterations in the human microbiome. Pre- and post-registration education should include antimicrobial stewardship which will be required as these alterations will have an impact on antimicrobial treatment.

- Climate change and its effects should be incorporated into nursing risk assessments, preparedness and response plans for health emergencies.

- An increased awareness in healthcare professionals and the public of the effects of air pollution on health and specifically on cardiovascular disease is needed.

- Nurses can promote actions that reduce emissions of harmful air pollutants. Examples include promoting active transportation (cycling, walking) and modifying indoor technologies to reduce emissions (cookstoves).

- The nursing profession can engage with other sectors to support strategies that reduce air pollution such as urban redesign and enhanced public transportation.

ADDRESSING THE GLOBAL SHORTAGE OF, AND ACCESS TO, MEDICINES AND VACCINES

Background

Access to safe, effective, high-quality and affordable medicines and vaccines is one of global concern and one of the SDG targets. With the rise of non-communicable diseases (NCDs) and their treatment, greater financial burden is placed on patients and governments. Due to underperforming supply chain systems, some countries have less than 10% of their facilities stocked with essential medicines needed to treat chronic diseases. Some countries are challenged with securing medication and are flooded with falsified medications or medications of low-quality. Globally, there are battles against misuse of opioids and antimicrobials leading to addictions and antimicrobial resistance.

The 142nd Executive Board recommended WHA71 to adopt a draft decision to request the DG to elaborate a road map report outlining the programming of WHO's work on access to medicines and vaccines.

ICN is very concerned with the problem of substandard and falsified medicines and the negative consequences on the prevention and treatment of disease.

ICN supports international initiatives to combat counterfeiting and is a member of *Fight the Fakes,* the global campaign against falsified medicines. This campaign aims to raise awareness about the dangers of fake medicines and gives a voice to those who have been personally impacted. It seeks to build a global movement of organisations and individuals who will shine light on the negative impact that fake medicines have on people around the world.

World Health Assembly Action

The WHA adopted decision WHA71(8) in which it requested an elaboration of the roadmap report (A71/12) in consultation with MS, outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019-2023. This roadmap shall be submitted through the 144th EB to the 72nd WHA.

IMPLICATIONS FOR ICN & NURSING

- Achieving universal health coverage (UHC) requires access to safe, effective, high-quality and affordable essential medicines and vaccines.

- Nurses are most often the healthcare providers at the interface between patients and the healthcare system at point of care and are key to ensuring access to medicines and vaccines.

- Encourage collaboration between nurses, pharmacists, physician assistants and physicians to improve access to safe, effective and high-quality medicines and vaccines.

- Emphasize education and training of nurses (nurse prescribers and advanced practice nurses) in the accurate prescribing of medications and vaccines to ensure safe and efficient use in distribution.

- Nurses are key to promoting and improving health literacy related to medicines and vaccines in patients, families and communities.

- Advocating for adequate training and competencies of nurses and for a broadening of their autonomy will allow countries to extend the reach of vaccination programmes to the most vulnerable populations who are often in remote and deprived areas serviced solely by nurses.

PREPARATION FOR THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, TO BE HELD IN 2018

Background

The global epidemic of premature deaths from NCDs is driven by poverty, the impact of globalisation of marketing and trade of products deleterious to health, rapid urbanisation, and population ageing. Every country on the globe is affected by NCDs and low- and middle-income countries are disproportionately affected. Each year, 15 million people aged 30-69 years die from an NCD and the current levels of decline in the risk of dying prematurely from NCDs are insufficient to attain SDG target 3.4 – by 2030 reduce premature mortality from NCDS by one third through prevention and treatment and promote mental health and well-being.

ICN President Annette Kennedy serves as a Commissioner on the WHO Independent Global High-Level Commission for NCDs. Read her statement, the Commission final report and more here.

The Political Declaration of the HLM of the GA on the Prevention and Control of NCDs, to be held in 2018, has catalysed action and retains great potential for engendering progress towards achieving target 3.4. The need to prioritise tackling of NCDs as an essential pillar of sustainable development and an integral part of countries' efforts towards UHC was highlighted at the WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control in Copenhagen in April 2018.

The area of NCDs is a strategic priority for ICN whose vision is to build the capacity and capability of the nursing profession to support global efforts to prevent, control, and manages NCDs in all settings and service levels.

ICN is working to ensure that nursing is engaged in international, national and country specific NCD Action Plans; strengthen nursing leadership and fostering skills in intersectoral partnership and health promotion; and improving community health literacy and self-management skills for people living with NCDs.

World Health Assembly Action

The WHA adopted resolution WHA71.2 (in report A71/14) in which it

- welcomed the outcome document of the WHO Global Conference of the Prevention and Control of NCDs (held in October 2017) "Montevideo roadmap (2018-2030) on the prevention and control of NCDs as a sustainable development priority" as a contribution to the preparatory process leading to the third HLM. In this roadmap, Heads of State and Government and Ministers committed to pursue the following actions:

  - Reinvigorate political action
  - Enable health systems to respond more effectively to NCDs
  - Increase significantly the financing of national NCD responses and international cooperation
  - Increase efforts to engage sectors beyond health
  - Reinforce the role of non-State actors
  - Seek measure to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector and other non-State actors
  - Continue relying on WHO's leadership and key role in the global response to NCDs
  - Act in unity

- urged member states to continue to step up efforts on the topic and to actively engage at national, regional and global levels for the third HLM including representation at the level of Heads of State and Government

- requested the DG, in coordination with UN specialised agencies, funds and programmes as well as other stakeholders, to support MS in their efforts.

The outcomes of the third HLM will be reported to the 72nd WHA through the 144th EB.

IMPLICATIONS FOR ICN & NURSING

- The health workforce has an enormous contribution to make in the promotion, prevention and control of 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 must play an even greater role by using every contact and every opportunity for brief intervention, health promotion, disease prevention and early detection. This includes addressing issues such as smoking cessation, alcohol consumption, diet and nutrition, weight control and management, salt and sugar intake and individual and family health and lifestyles generally.

- Nurses must be enabled 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.

- The contribution of nursing leaders must be included and strengthened in high-level policy and planning decision making. This includes appointing nurses to senior positions within the health system.

- Necessary and appropriate diagnostic and treatment tools must be developed and made widely available.

- 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.

- Nurses provide specialist advice and support for people living with chronic and long-term conditions ranging from arthritis, cancer, respiratory disease, diabetes and mental health issues. Nurses provide help and support to people to manage these conditions, maintain maximum independence and engage in activities of daily living.

- Nurses work as a part of multidisciplinary teams. Frequently and increasingly, they also lead such teams. These teams work closely providing support and supervision to each other. This can be strengthened and NCDs recognized and embossed in the mandate of all health workers through Nursing Now – the global campaign on nursing, supported by WHO and ICN.

PREPARATION FOR A HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON ENDING TUBERCULOSIS

Background

Tuberculosis (TB) is the leading cause of death worldwide from a single infectious agent, one of the top 10 global causes of death and leading cause of death due to antimicrobial resistance (AMR). Multiple Drug Resistance-TB (MDR-TB) is especially concerning because patients require longer treatments using more expensive and toxic second-line drug regimens, furthering the health burden of TB.

ICN's TB/MDR-TB Project aims to build global nursing capacity in the prevention, care and treatment of TB through the training of experience nurses to cascade information to nursing colleagues and other health workers with the purpose of making improvements to patient care delivery.

The 67th WHA (2014) adopted the End TB Strategy, globally targeting the prevention, management and control of TB, and ultimately aimed at ending the TB epidemic. A report submitted to the 70th WHA (2017) on the implementation of the End TB Strategy concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that the high-level global support and regional and national commitments were required and noted that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households).

It is expected that the HLM will be convened in the second half of 2018 in conjunction with the

ICN is currently developing the 'Nursing Guide for Managing Side Effects to Drug-resistant TB Treatment'.

General Assembly (GA), with the participation of heads of State and government and that the President of the GA will preside over the HLM. It is envisioned that it will result in the adoption of a concise and action-oriented political declaration endorsed by heads of State on ending the TB epidemic as its outcome.

World Health Assembly Action

The WHA adopted resolution WHA71.3 (in report A71/16) in which it

- noted that to achieve TB targets and milestones of the SDGs and of the End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, in the context of each country's path towards achieving UHC and considering social, economic and environmental determinants and consequences of TB

and requested the DG to

- support the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the UN HLM and to prevention and care and the specific actions requested of WHO in the Declaration, including: actions to strengthen health systems towards achieving UHC, including for TB prevention and care; to urgently support high multidrug-resistant TB (MDR - TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health security by supporting implementation of the global action plan on AMR, including TB-specific actions in all countries

- develop a global strategy for TB research and innovation

- continue to develop the multisectoral accountability framework as recommended in the Moscow Declaration that enables the monitoring, reporting, review and actions needed to accelerate progress to end TB, especially in the highest burden countries. This should be presented at the HLM in 2018.

IMPLICATIONS FOR ICN & NURSING

- Countries must invest in human resources for health to ensure an adequate number of well-educated healthcare professionals for TB prevention, treatment and delivery of quality person-centred care as part of integrated health services in line with UHC targets.

- Healthcare professional are at high risk of TB/MDR-TB and an increased focus on occupational health is needed in order to protect the health workforce.

- Priority must be given to strengthening health systems, focusing on countries with the highest burden of disease.

- Countries must develop and introduce legislation, regulation and policies that support optimal use of the nursing workforce in its delivery of TB and TB/HIV programmes.

- TB negatively impacts global social and economic development by disproportionately affecting poor and marginalised communities and those in the productive age group. Nurses can create solutions that could reduce exposure to those in vulnerable populations as well as provide an outlet for public health information in educating communities about prevention of TB.

PHYSICAL ACTIVITY FOR HEALTH

Background

Physical inactivity is a leading risk factor for premature death from non-communicable diseases (NCDs). Regular physical activity is associated with reduced risks of heart disease, stroke, diabetes, breast and colon cancer, improved mental health and quality of life. Worldwide, the percentage of individuals who do not meet the global recommendations for physical activity ranges between 23% of adults and 81% of adolescents. Inactivity increases with changes in economic development, owing to the influence of changing patterns of transportation, use of technology, urbanisation and cultural values.

The WHA report presented the draft global action plan on physical activity 2018-2030 presents Member States with four strategic objectives containing a prioritised list of 20 policy actions to address the multiple cultural, environmental and individual determinants of inactivity. The goal is a 15% relative reduction, using a baseline of 2016, in the global prevalence of physical inactivity in adults an in adolescents by 2030. It acknowledges inequities and the limits to progress and accordingly proposes solutions to strengthen leadership, governance, multi-sectoral partnership, workforce capabilities, information systems and advocacy.

World Health Assembly Action

The WHA adopted resolution WHA71.6 (in report A71/18) in which it

- endorsed the global action plan on physical activity 2018-2030
- adopted the voluntary global target of a 15% relative reduction in the global prevalence of physical inactivity in adults an in adolescents by 2030
- urged MS to implement the global action plan and to monitor and report on progress regularly in order to improve programme performance
- invited relevant partners and stakeholders to implement the global action plan and contribute to the achievement of its strategic objectives

and requested the DG to

- implement the action for the Secretariat in the global action plan including providing support to MS

- finalise a monitoring and evaluation framework on the implementation of the global action plan including a recommended set of process and impact indicators, by the end of 2018

- produce before the end of 2020 the first global status report on physical activity, including on sedentary behaviour

- incorporate reporting on progress made in implementing the global action plan in the reports submitted to the WHA in 2021 and 2026 and a final report in 2030

- update the global recommendation on physical activity for health 2010.

IMPLICATIONS FOR ICN & NURSING

- Promoting physical activity has wide reaching benefits such as reducing the risk of NCDs including mental illness and reducing health disparities between populations and will directly contribute to achieving the SDGs.

- Nurses play a key role in health promotion and disease prevention throughout the life course. They are driving forward primary health care and work in a wide variety of settings where they can directly support the activities described in the policy actions of the global action plan.

- ICN encourages the strengthening of pre- and post-registration education of nurses to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society.

- Most of the health problems of older age are linked to chronic conditions, particularly NCDs. Many of these can be prevented or delayed by healthy behaviours including physical activity

GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030): EARLY CHILDHOOD DEVELOPMENT

Background

The report presented new data and initiatives concerning women's, children's and adolescents' health to the WHA but gives special consideration to early childhood development. As of 2015, an estimated 246 million children, many under that age of five, resided in conflict zones where abuse, neglect, and disruption are pervasive and their health is compromised due to limited access to safe medical facilities. Experiences in early childhood have a major impact on brain development and affect learning, health, behaviour, and eventually social relationships and earnings. Investing in early childhood development is the best way countries can eliminate poverty, promote prosperity, and create human capital needed for economies to diversify, expand, and improve. Parents and primary caregivers nurture young children creating a stable environment and protecting them from harm. Information should be designed to provide caregivers the knowledge and skills of appropriate child care. WHO and partners are developing guidelines and operational guidance for nurturing in early childhood. Suboptimal child development can be attributed to poverty, malnutrition, low parent education, violence, and poor environmental health.

Work is being done to strengthen data related to women, children and adolescent's health. For example, WHO, UNFPA, UNICEF, ICM, ICN, FIGO, and IPA are working together to define 'skilled birth attendant" in order to assess progress in the proportion of births attended by skilled health personnel.

More information is given in the report on the progress towards the 2030 targets of the Global Strategy report here.

ICN's Position Statements 'Breastfeeding' and 'Women's health' can be found here.

World Health Assembly Action

The WHA noted the report **A71/19 Rev.1**.

ICN has joined fellow healthcare professionals' associations in supporting a number of maternal and child health initiatives and campaigns. More information on ICN's work in this area can be found **here**.

IMPLICATIONS FOR ICN & NURSING

- ICN supports a vision in which every woman, child and adolescent has the right to physical and mental health and well-being, has social and economic opportunities and is fully able to participate in shaping prosperous and sustainable societies.

- The urban-rural gap in health status is significant and greatly affects the health of women and children. Often the only health professionals working in remote areas are nurses who consequently take on specialist roles 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.

- Nurses must advocate for policies, information and services to be family-centered 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 and as such, nurses and the health community must raise awareness of the health implications of climate change and to scale-up its contribution to addressing it.

- Unsafe abortion and associated morbidity and mortality in women are avoidable and governments should implement measure to improve access to safe abortion services in order to protect women and girls' health and human rights.

mHEALTH

Background

The use of mobile wireless technologies for public health, or mHealth, is an integral part of eHealth, which refers to the cost-effective and secure use of information and communication technologies in support of health and health-related fields. Digital technologies are becoming an important resource for health services delivery and public health.

> **Related ICN Position Statements can be found here.**

> **ICN is currently developing its Digital Health Strategy to help guide nursing's contribution to this important and continuously expanding area of health systems.**
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> **The International Classification for Nursing Practice (ICNP), a product of ICN, is a formal terminology that nurses can use to describe and report their practice in a systematic way. Find out more here.**

World Health Assembly Action

The WHA adopted resolution WHA71.7 (Digital health) (in report A71/20) in which it

- recognised that digital technologies have the potential to advance the SDGs by supporting health systems in all countries in health promotion and disease prevention and by improving accessibility, quality and affordability of health services

- recognised that while technology and innovations can enhance health service capabilities, human interaction remains a key element to patients' well-being

- underscored the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and health equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects

and urged MS to

- assess their use of digital technologies for health to identify areas of improvement and to prioritise the development, evaluation, implementation and scale-up and greater utilisation of

digital technologies, as a means of promoting equitable, affordable and universal access to health, including the special needs of groups that are vulnerable in the context of digital health

- consider how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimising existing platforms and services, for the promotion of people-centered health and disease prevention and in order to reduce the burden on health systems

- optimise, in health systems development and reforms, the use of resources by developing health services alongside the application and use of digital technologies

- identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools

- work towards and support interoperability of digital technologies by promoting the use of international and open standards as an affordable, effective and easily adaptable solution

- disseminate best practices and successful examples of digital health architecture, programmes, and services, in particular effective policy design and practical implementation, with the international community

- strengthen public health resilience and promote opportunities through the use of digital technologies, including to improve access to, and monitoring, sharing and use of, quality data, direct citizen, health worker and government engagement, and to build capacity for rapid response to disease incidents and public health emergencies, leveraging the potential of digital information and communication technology to enable multidirectional communications, feedback loops and data-driven "adaptive management"

- build, capacity for human resources for digital health across both health and technology sectors, and to communicate areas of specific need to WHO in order to receive appropriate technical assistance

- improve the digital skills of all citizens, including through working with civil society to build public trust and support for digital health solutions, and to promote the application of digital health technology in the provision of, and access to, everyday health services

- develop legislation and/or data protection policies around issues such as data access, sharing, consent, security, privacy, interoperability and inclusivity consistent with international human rights obligations

and requested the DG to

- develop a global strategy on digital health identifying priority areas including where WHO should focus its efforts

- elevate the strategic capacity of WHO in digital technologies and to mainstream these in WHO's work, operations and relevant programmes, including when working with Member States

- provide technical assistance and normative guidance to MS for scaling up the implementation of digital health

- ensure that WHO builds on its strengths, by developing guidance for digital health, including health data protection and usage, on the basis of its existing guidelines and successful examples from global, regional and national programmes, including through the identification and promotion of best practices, such as evidence-based digital health interventions and standards

- develop a repository on regulations, evidence related to improvements and unintended effects regarding health promotion, disease prevention and access to, and quality and cost – effectiveness of, health services, and best practices relating to digital health technologies, provided by MS

- monitor developments and trends of digital technologies in health systems, public health and data science, and analyse their implications for the achievement of the health-related SDGs

- submit a report to the WHA73 in 2020 on the progress made in implementing this resolution.

IMPLICATIONS FOR ICN & NURSING

- Nurses must be integral contributor to the development, rollout and policy roadmap construction of mHealth innovations.

- mHealth is key to increasing access to healthcare services and supports an extended reach of nurses and nursing to vulnerable populations who may be isolate from information and healthcare services by either geography or socioeconomic status.

- mHealth provides additional channels of communication and opportunities for greater collaboration, encouraging people to engage more fully with their own health.

- mHealth can be effectively used to tackle the NCD burden through education, surveillance or other opportunities such as a decision support. This could enable prevention, early detection and safe treatment in a more accessible way i.e. detection of diabetes, hypertension and the ability to initiate treatment based on protocols.

IMPROVING ACCESS TO ASSISTIVE TECHNOLOGY

Background

Assistive technology is any external product or service that enables individuals to maintain or improve well-being and independence. Assistive technology (wheelchairs, hearing aids, walking frames, spectacles, pill organisers and prosthetics) reduces morbidity and mortality and enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with co-morbidities in the family, community and all areas of society, including the political, economic and social spheres. Ninety percent of those who need assistive technology do not have access to it. As of 1 February 2018, 175 Member States had ratified the UN Convention of the Rights of Persons with Disabilities and are obliged to ensure access to affordable assistive products through international cooperation. In 2014, WHO established the Global Cooperation on Assistive Technology to improve access to high-quality, affordable, assistive products globally.

World Health Assembly Action

The WHA adopted resolution WHA71.8 in which it

- noted that the inclusion of assistive technology into health systems is essential for realising progress towards the SDG targets relating to UHC, inclusive and equitable quality education, inclusive and sustainable economic growth, full and productive employment and decent work for all, reducing inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, making cities and human settlements inclusive, safe and sustainable, and providing universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities

and urged MS to

- develop, implement and strengthen policies and programmes to improve access to assistive technology within universal health and/or social services coverage

- ensure that adequate and trained human resources for the provision and maintenance of assistive products are available at all levels of health and social service delivery

- ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively

- where appropriate, develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list

- promote or invest in research, development, innovation and product design in order to make existing assistive products affordable; and to develop a new generation of products including high-end or advanced assistive technology, taking advantage of universal design and new evidence-based technologies, in partnership with academia, civil society organisations, in particular with persons with disabilities and older persons and their representative organisations, and the private sector

- encourage international and/or regional collaboration for the manufacturing, procurement and supply of priority assistive products, ensuring that these remain affordable and available across borders

- collect population-based data on health and long-term care needs, including those that may be met by assistive technology in order to develop evidence-based strategies, policies and comprehensive programmes

- invest in and promote inclusive barrier-free environments so that all people who need assistive technology can make optimum use of it, in order to live independently and safely and participate fully in all aspects of life

and requested the DG to

- by 2021, prepare a global report on effective access to assistive technology, giving consideration to the possibility of establishing an Expert Advisory Group

- provide the necessary technical and capacity-building support for MS, in the development of national assistive technology policies and programmes

- provide technical and capacity-building support to countries to assess the feasibility of establishing regional or sub regional manufacturing, procurement and supply networks for assistive technology and cooperation platforms

- contribute to and engage in the development of minimum standards for priority assistive products and services, in order to promote their safety, quality, cost-effectiveness and appropriateness

- report on progress in the implementation of the present resolution to WHA75 and thereafter every four years until 2030.

IMPLICATIONS FOR ICN & NURSING

- Disability is an important issue for the nursing profession. Attention should be paid to the impact on people's health, their vulnerability to extreme breaches of basic human rights and entrenched discriminatory attitudes in many sectors including existing health and disability care systems and infrastructure.

- Nurses can play a significant role in raising awareness and understanding of the benefits that assistive technology makes to the quality of life of people with disabilities including enhancing their ability and opportunities for social participation and offering greater independence in activities of daily living.

- Nurses can promote inclusive barrier-free environments so that all individuals who need assistive technology can make optimum use of it.

- Healthcare facilities should ensure that primary care nurses can provide basic assistive products at the primary care and/or community levels and are given specialised training when needed.

MATERNAL, INFANT AND YOUNG CHILD NUTRITION: COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION: BIENNIAL REPORT

Background

Breastfeeding is critical for child survival, nutrition and development and maternal health. Nearly two in every three infants under six months of age are not exclusively breastfed; fewer than one in five infants are breastfed for 12 months in high-income countries; and only two in every three children between six months and two years of age receive any breast milk in low-and middle-income countries. The SDGs aim to end all forms of malnutrition by 2030 and countries have committed to implement WHO's global maternal, infant and young child nutrition targets for 2025 including increasing to at least 50% the proportion of infants under six months of age who are exclusively breastfed.

ICN strongly supports the recommendations for infants to be exclusively breastfed for six months with continued breastfeeding thereafter along with appropriate complementary foods up to two years of age and beyond. Read more in the ICN Position Statement.

World Health Assembly Action

The WHA adopted resolution WHA71.9 (in report A71.22) in which it

- affirmed that the protection, promotion, and support of breastfeeding contributes substantially to achieving the SDGs on nutrition and health and is a core element of quality healthcare
- welcomed the inclusion of support for exclusive breastfeeding in the 13th GPW

and urged MS to

- increase investment in development, implementation and monitoring and evaluation of laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding, including through multisectoral approaches and awareness raising

- reinvigorate the Baby-friendly Hospital Initiative (BFI), including by promoting full integration of the revised Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health

- implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes, as well as other WHO evidence-based recommendations

- promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child, as well as guiding principles for the feeding of the non-breastfed child 6 – 24 months of age

- take all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children

- take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations

and requested the DG to

- provide technical support to MS in mobilising resources, including financial resources, and monitoring and implementation of WHO recommendations to support infant and young child feeding, including in emergencies, and to review national experiences from this implementation and continue to update and generate evidence-based recommendations

- provide technical support to MS to establish, review and implement national laws, policies and programmes to support infant and young child feeding

- continue developing tools for training, monitoring and advocacy on the revised Ten steps to successful breastfeeding and the BFI, to provide support to MS with implementation

- support MS in establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document of the Food and Agriculture Organization's and WHO's Second International Conference on Nutrition and the UN Decade of Action on Nutrition (2016 – 2025) and the timeframe of the SDGs (2015 – 2030)

- continue providing adequate technic al support to MS in assessing national policies and programmes, and other measures, including quality data collection and analyses

- develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support MS to review experiences in its adaptation, implementation and monitoring

- report to the 73rd WHA in 2020 on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

IMPLICATIONS FOR ICN & NURSING

- Overweight and obesity are risk factors for non-communicable diseases. Improving nutrition and promoting health diets in mothers before and during pregnancy is essential as overweight and obesity can affect the risk of developing obesity in later life in the infant.

- The increasing trend of overweight among children under five years of age and the low rate of exclusive breastfeeding among infants under six months of age is highly concerning.

- Nurses play an important role in achieving the global targets with interventions such as

  o helping future mothers, including adolescent girls, maintain their health before and after pregnancy;

  o supporting mothers to exclusively breastfeed for the first 6 months and beyond and;

  o providing parents and caregivers with information and support on optimal infant and young child feeding.

- Nurse prescribers provide/prescribe vitamins and supplements high in iron to women of reproductive age to combat the rise in anaemia;

- Helping young children acquire health life style behaviours through school nursing programmes.

RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Background

Acute rheumatic fever (RF) and rheumatic heart disease (RHD) is a preventable yet serious public health problem in low- and middle-income countries and in marginalised communities in high-income countries, including indigenous populations. Some 30 million people are currently thought to be affected by RHD globally and despite the availability of

> **ICN is a member of the World Heart Federation (WHF) and is on the Leadership team of the Global Coalition for Circulatory Health.**

effective measures for prevention and treatment there has been little change in global mortality between 2000 and 2015. RHD disproportionately affects women and girls. Well-known contributors to incidence include socioeconomic and environmental factors

Recognising that RHD is a preventable disease of poverty, and pursuit of the SDGs to end poverty and achieve UHC is therefore critical, and that reducing barriers to effective prevention and control is consistent with the WHO Constitution and priority work areas. Barriers to progress include a neglect of the issue in national health policies, inadequate numbers of healthcare professionals, limited understanding of the disease, inaction on the social determinants of the disease and inequities in health.

World Health Assembly Action

The WHA adopted resolution WHA71.14 in which it urged MS to

- accelerate multisectoral efforts towards reducing poverty and improving socioeconomic standards by all means, tackling the known root determinants of RHD, including poor housing, overcrowding and reduced access to care

- estimate the burden of RHD, and, in the case of countries where the disease is endemic, in accordance with their national context and priorities, implement and resource RHD programmes that foster multisectoral work focused on prevention, improved disease surveillance and good-quality data collection and analysis that facilitate appropriate follow - up and contribute to a broader understanding of the global disease burden

- improve access to primary health care (PHC), including through investing in a community and PHC workforce trained in prevention, diagnosis and evidence-based management of group A beta haemolytic streptococcal pharyngitis, acute RF and RHD with its potential complications, alongside improving understanding of prevention and control of RHD among at-risk populations

- ensure timely, affordable and reliable access to cost-effective essential laboratory technologies and medicines for the diagnosis, prevention and treatment of acute RF and RHD

- strengthen national and international cooperation including through setting global and national measures for reducing the burden of disease, utilising and sharing best practice methodologies for prevention and control, and creating national and regional networks for specialist diagnosis and treatment

and invited relevant international stakeholders such as NGOs, academic institutions, private sector entities and philanthropic foundations, as appropriate, to assist in driving forward global efforts for the prevention and control of RHD, and collaborate to

- put people living with RHD at the centre of the prevention and control agenda, and continue to advocate on behalf of communities at risk of, or affected by RHD

- raise the profile of RHD and other noncommunicable diseases of children and adolescents on the global agenda, with a view to strengthening health systems in low- and middle-income countries, eradicating poverty, and addressing health inequities

- facilitate timely, affordable and reliable access to existing and cost-effective new medicines and technologies for prevention and control of RHD by supporting research and development and by providing open-access resources

and requested the DG to

- reinvigorate engagement in, and lead and coordinate global efforts on, prevention and control of RHD, ensuring adequate resourcing, with RHD considered broadly across relevant WHO work areas, extending beyond the NCD programme

- support MS in identifying RHD burden and in developing and implementing RHD programmes and strengthening health systems in order to improve disease surveillance, increase the availability and training of the community and PHC workforce, and ensure reliable access to affordable prevention, diagnostic and treatment tools

- foster international partnerships for mobilising resources, sharing best practice methodologies, developing and supporting a strategic research and development agenda, and facilitating access to existing and new medicines and technologies

- assess and report on the magnitude and nature of the problem of RHD according to agreed measures, and monitor efforts for the prevention and control of RHD

- report on implementation of this resolution to the 74th WHA.

IMPLICATIONS FOR ICN & NURSING

- Increasing health literacy and awareness in healthcare professionals and in the public of the safety and efficacy of RHD primary prevention can increase early diagnosis and help to avoid disease progression.

- Nurses play a major role in the successful prevention and treatment for RHD. For example, educating individuals and communities about RHD and/or the importance of following treatment as prescribed.

- Investment in the health workforce, particularly nursing, will be pivotal in improving access to health services and addressing the social determinants of health.

- Nurses' frontline role in combating RHD requires Member States to improve RHD services. For this, WHO must provide technical support in updating guidelines on diagnosis and management of RHD.

- RHD occurs primarily in vulnerable populations including those living in deprivation, rural and isolated communities, women and girls and Indigenous populations. The complexity of caring for vulnerable population groups is often challenging and requires significant navigation, network and communication across health profession and other key stakeholders.

GLOBAL VACCINE ACTION PLAN

Background

The Global Vaccine Action Plan (GVAP) is a framework approved by the 65th World Health Assembly in May 2012 to achieve the Decade of Vaccines vision by delivering universal access to immunisation. The mission outlined in the GVAP is straightforward: improve health by extending by 2020 and beyond the full benefits of immunisation to all people, regardless of where they are born, who they are, or where they live.

The WHA65 adopted resolution WHA65.17, in which it endorsed the GVAP and requested the DG inter alia, "to monitor progress and report annually, through the EB to the WHA, until WHA71, on progress towards achievement of global immunisation targets, as a substantive agenda item, using the proposed accountability framework to guide discussions and future actions".

In May 2017, the WHA70 adopted resolution WHA70.14, in which it urged Member States and requested the DG to take appropriate actions to strengthen immunisation systems to achieve the goals of the GVAP.

World Health Assembly Action

The WHA noted the report A71/39.

The area of immunisation is a strategic priority for ICN whose vision is to improve the health of individuals and communities through increasing and maintaining immunisation provision by harnessing nursing knowledge, attitudes, skills and abilities.

IMPLICATIONS FOR ICN & NURSING

- Health systems strengthening is essential in order to provide appropriate supplies and a workforce with a sufficient number of well-educated healthcare professionals in order to ensure safe and effective administration of vaccines and uninterrupted basic health interventions, which includes immunisation, and including during times of crisis.

- Governments must provide laws, regulation and policies that support the optimal use of the nursing workforce in their delivery of immunisation programmes.

- Nurses must be enabled to work to their full scope of practice in order to increase the effectiveness and efficiency of immunisation programmes.

- Active involvement of nurses in planning and development of local, regional, and national immunisation strategies can help support these plans.

- Nurses are well-positioned to contribute to targeted approaches to improve coverage in areas with unvaccinated and under vaccinated populations, including children, and to improve access to immunisation services for marginalised populations.

- Utilizing the person-centred approach of the profession allows nurses to identify the needs and factors that result in poor immunisation systems and they can implement tailored strategies to maximise use by dispelling misconceptions, educating patients and advocating for individuals, families, and communities.

- Nurses are crucial in ensuring the success of vaccination programmes by enabling strategies such as integrating immunisation with other health services e.g. postnatal care for mothers and babies, school health programmes.

- ICN advocates for all countries to ensure professional nurses are educated and prepared to provide vaccines.

RESOURCES

71st World Health Assembly reports, decisions and resolutions
http://apps.who.int/gb/e/e_wha71.html

ICN Position Statements
http://www.icn.ch/publications/position-statements/

Fight the Fakes campaign
http://fightthefakes.org

ICN's work on the WHO Independent Global High-Level Commission for NCDs
http://www.icn.ch/what-we-do/WHO-Independant-High-level-Commission-on-NCDs/

ICN's TB/MDR-TB Project
http://www.icn.ch/tb-mdr-tb-project/welcome-to-the-icn-tb-mdr-tb-project.html

ICN's work in maternal and child health
http://www.icn.ch/what-we-do/maternal-and-child-health/

Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)
http://apps.who.int/gho/data/node.gswcah

International Classification for Nursing Practice (ICNP)
http://www.icn.ch/what-we-do/international-classification-for-nursing-practice-icnpr/

World Heart Federation
https://www.world-heart-federation.org

Global Coalition for Circulatory Health
https://www.world-heart-federation.org/programmes/global-coalition-circulatory-health

ICN DELEGATION

ICN Board Members

Al-Rifai, Fatima - UAE
Bjoro, Karen - Norway
Caballero, Erika - Chile
Cipriano, Pamela - USA
Gwagwa, Thembeka - South Africa
Huang, Lian Hua- Taiwan
Kennedy, Annette - Ireland
Koch, Roswitha - Switzerland
Little, Lisa - Canada
Wu, Ying – China

National Nurses' Associations & Affiliates

Baeza Reveco, Maria Angelica - Chile
Barragán Sosa, Perla Idolina - Mexico
Barreira, Luis - Portugal
Campbell, Laverna - Jamaica
Chen, Ching-Min - Taiwan
Hlungwani, Simon - South Africa
Johnson, Carmen - Jamaica
Daly, John - WHO Collaborating Centre, Australia
Darsch, Lisa - USA
Dongo, Enock - Zimbabwe
Gunn, Michelle - Australia, Queensland Health
Lee, Donghee - Korea
Madigan, Elizabeth - Sigma International, USA
Mafa, Simangaliso - Zimbabwe
Manamela, Kwena Daniel - South Africa
Matos, Ricardo - Portugal

Students

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Gruber, Sarah-Jane - USA
Nyika, Munashe - Zimbabwe
Reagan, Anne - USA
Stevens, Gina - USA
Vadell Martinez, Julian - France (ICN)
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Vlasich, Cynthia - Sigma International, USA
Wang, Hsiu-Hung - Taiwan
Ward, Kylie - Australia
Westh, Vibeke - Denmark

71st WORLD HEALTH ASSEMBLY

Provisional agenda item:

11.1 Draft thirteenth general programme of work, 2019-2023

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

Universal health coverage (UHC) will not be achieved without the active involvement of the largest group of healthcare professionals: nurses. Nursing input is essential in the development and implementation of all of the strategic priorities and, as such, ICN is very pleased that the role of Chief Nursing Officer has been reinstated. ICN is committed to the work being carried out in partnership with the Chief Nursing Officer (CNO), the Director General and WHO. Furthermore, we urge all countries to have a CNO as well as nurses in senior leadership positions in all health institutions.

Nurse-led models are crucial to achieve UHC and ICN is working through the WHO Global Service Delivery Network to support and promote nursing in primary and community settings. ICN is also supporting WHO in scaling-up efforts to implement the high-impact and cost-effective measures needed to tackle the global burden of non-communicable diseases (NCDs), including by contributing to the Independent High-level Commission on NCDs.

ICN believes that populations should not only have access to essential life-saving health services, but work should be done to attempt to maintain services for immunisation, maternal and child health, mental health, and chronic conditions. WHO should support health systems strengthening in these areas in order to respond appropriately in times of emergencies.

As noted in the draft, WHO can only accomplish GPW 13 goals with partners including civil society. As such, we urge WHO to clearly define how it will apply the new Framework of Engagement of Non-State Actors, which to date is not clear and has yet to be fully implemented.

We look forward to collaborating with WHO and its partners to achieve the GPW 13 goals.

Thank you.

71st WORLD HEALTH ASSEMBLY

Provisional agenda item:

11.2 Public health preparedness and response

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

We thank WHO for the draft global strategic plan - improving public health preparedness and response is of utmost importance considering the ongoing risk of public health events occurring secondary to natural and human-induced hazards such as climate change and conflict.

Nurses are critical to preventing, detecting, assessing, and responding to these events and are at the frontline of care during and after, providing acute care, response coordination, information management and mental health support. Our technical skills and knowledge of epidemiology, pharmacology, cultural-familial structures and psychosocial issues, coupled with our experience in health systems strengthening makes nursing of particular value to the development of national plans and policies for public health preparedness and response.

Nurses participate in one of the most extended and important phases – recovery. ICN believes that a significantly greater focus must be placed on recovery. As was seen with the Ebola outbreak, these events can destroy a country's health and social systems and reverse any efforts to achieving the SDG targets.

The Ebola outbreak has been a prime example of how health emergencies have long lasting and tragic effects on communities and their health systems. They create conditions such as lack of security and safety, lack of access to healthcare services, family separation, abuse, neglect and exploitation with long-term negative social impacts. ICN calls on countries to keep this top of mind when developing the recovery phase of national plans.

Management of public health events without disruption in healthcare service delivery cannot be achieved without a sufficient number of well-educated healthcare professionals. ICN urges WHO and governments to focus on longer-term health workforce planning and continuing education of health professionals as an initial step forward towards building resilient health systems.

Thank you.

71st World Health Assembly

Provisional agenda item:

11.4 Health, environment and climate change

May 2018

I speak on behalf of the International Council of Nurses, supported by the World Health Professions Alliance (WHPA), representing over 31 million physicians, nurses, pharmacists, dentists and physical therapists.

Healthcare professionals (HCPs) have a professional and ethical duty to contribute to the mitigation of the risks that climate change pose and to support people and communities to adapt to its impacts. WHPA works to enable our professions to support healthcare organisations to contribute to climate change mitigation and adaptation through implementation of environmental policies and sustainable practices.

We welcome the focus of the report on the links between health and biodiversity – consideration of these links is required to achieve the SDGs, in which our professions play an essential role. Furthermore, it is noted that the unsustainable management of biodiversity may have negative effects on human and animal health. We urge that these links be considered in the related strategies and policies.

We call for increased investment in the health workforce as the impact of climate change, coupled with an ageing population, will further increase the demand for well-educated HCPs.

Dedicated to promoting health and preventing illness, our professions are committed to strengthening sustainable public health through empowering and supporting individuals to make healthy lifestyle choices, thereby decreasing the impact on the planet and its finite resources.

We believe that building climate change resilience cannot occur without addressing the full spectrum of social and environmental determinants of health, with a special attention to populations particularly exposed to disease and injury. Our professions are committed to engaging holistically to fully address these. We encourage MS and WHO to advocate for the inclusion of our professions in policy decisions at all levels and in the drafting of the comprehensive global strategy on health, environment and climate change.

Thank you.

71st WORLD HEALTH ASSEMBLY

Provisional agenda item:

11.7 Preparation for the third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, to be held in 2018

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

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. There are more than 40 million health professionals who can bring their education, skills and commitment to the task and help close the gap between the great ambitions of NCD strategies and action on the ground to achieve results.

Nurses are increasingly taking on the management of NCDs and providing high-quality, accessible and cost-effective services. Nurses play an even greater role by using every contact and every opportunity for health promotion, disease prevention and early detection. 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.

Recognising, investing in and mobilising the nursing workforce will lead to real and lasting changes. We therefore call on Member States to:

- Invest in quality undergraduate and post graduate education and continuing education to facilitate improved interventions.
- 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 that the necessary and appropriate diagnostic and treatment tools are available.

We urge members to ensure that the health workforce is included as a central component of the WHO and United Nations Strategies for the prevention and control on NCDs.

Thank you.

71st WORLD HEALTH ASSEMBLY

Provision agenda item:

11.8 Preparation for the high-level meeting of the General Assembly on ending tuberculosis

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and 20 million nurses worldwide.

TB negatively impacts global social and economic development by disproportionately affecting poor and marginalized communities and those in the productive age group. Particular efforts are needed to reach underserved populations and to reduce stigma, discrimination and isolation.

Multidrug-resistant TB (MDR-TB) accounts for one-third of all antimicrobial resistance (AMR)-related deaths globally. As such, continued efforts are required on the AMR agenda as it is central to tackling MDR-TB.

Priority must be given to strengthening health systems, focusing on countries with the highest burden of disease. We call on countries to invest in human resources for health to ensure an adequate number of well-educated healthcare professionals for TB prevention, treatment and delivery of quality person-centred care as part of integrated health services in line with UHC targets.

Efforts must be increased to end TB and DR-TB transmission through improved infection prevention and control (IPC) measures. This will require funding and high-level support in countries to ensure that IPC is prioritized and funded.

Healthcare professionals are at high risk of TB/MDR-TB therefore ICN urges WHO and MS to increase focus on occupational health in order to protect our health workforce.

Nurses are the largest clinical providers of TB care worldwide. In this regard, ICN urges MS to develop and introduce legislation, regulation and policies that support optimal use of the nursing workforce in its delivery of TB and TB/HIV programmes.

ICN works to engage nurses in strengthening health systems and to be strong advocates to end TB. Through our TB Project and AMR strategy, we commit to work with our members to position nurses as role models for TB care, to reduce stigma and to improve patient care.

Thank you.

71st WORLD HEALTH ASSEMBLY

Provisional agenda item:

12.2 Physical activity for health

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

Considering the significant role that physical inactivity plays in premature death from non-communicable diseases (NCDs), there is a strong need to develop global recommendations addressing the links between the frequency, duration, intensity, type and total amount of physical activity needed to prevent NCDs such as heart disease, stroke, diabetes and mental illness.

Mobilising the nursing workforce to address NCD prevention, treatment and management is a powerful way to tackle the growing disease burden. Nurses are driving forward primary health care (PHC) and are well-positioned promote physical activity in an integrated manner. For example, school health nurses can promote increased physical activity in the context of family, school, and community activities for children and youth. Nurses in PHC settings can integrate physical activity into treatment and rehabilitation plans and in older adults, community activities that integrate physical activity can prevent frailty and disability.

Physical activity has wide reaching effects including health, social and economic benefits. ICN is concerned with the significant inequities that exist with girls and women; older adults; poor people; and people with disabilities, living rurally and with chronic conditions all having less access to opportunities for physical activity. Particular attention should be paid to these groups as these inequities lead to growing health inequalities.

ICN supports the need for a paradigm shift with regards to physical activity and believes that it should be seen as a key tool for health promotion, disease prevention and in the overall holistic care of individuals and communities.

ICN warmly welcomes the global recommendations on physical activity for health and will work to develop inclusive ways to achieve active people, environments, societies and systems.

Thank you.

71st WORLD HEALTH ASSEMBLY

Agenda item:

12.3 Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): early childhood development

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the more than 20 million nurses worldwide.

Thank you for the report which addresses several issues for connected yet distinct population groups.

The health issues highlighted in the report are deeply rooted in the concept of health as a human right -the health of these groups can only be improved if human rights are upheld. Women and girls continue to experience multiple human rights violations related to issues such as abortion, family planning, female genital mutilation, sexual assault, sexuality, interpersonal violence and gender power imbalances. Nurses work to ensure that people are aware of their rights and empower them to demand that they be upheld.

Sexual and reproductive health often neglected as it occurs in a private sphere. Nurses build strong patient-provider professional relationships that allow us to enter this area of health and work to bring it forward as an important piece of overall health and wellbeing.

Highlighted in the Global Strategy, adolescents are central to the overall success of the 2030 Agenda. ICN urges countries to ensure that sexual health and sexual identity are addressed in adolescent health strategies as they are significant issues for this population. A lack of support with these issues can negatively affect mental health and wellbeing of this important population.

In designing policies and programmes, countries should apply a family-centred approach as parents are the main providers of nurturing care. Nurses are well-positioned to provide families with the knowledge, time and material resources needed for appropriate child care.

Unsafe abortion and associated morbidity and mortality in women are avoidable and governments should implement measure to improve access to safe abortion services to protect women and girls' health and human rights.

Thank you.

71st WORLD HEALTH ASSEMBLY

Provisional agenda item:

12.8 Rheumatic fever and rheumatic heart disease

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

Rheumatic heart disease (RHD) is a measure as to how well the Sustainable Development Goals (SDGs), and in particular universal health coverage, has been achieved. The presence of RHD is an indictment of our inability to protect the health of the poorest and the most vulnerable.

We call on WHO to develop global guidelines for prevention, diagnosis and evidence-based management of RHD to support Member States in addressing the burden of this disease. Globally, the health workforce is stretched but particularly where RHD is endemic. As such, ICN urges Member States to support healthcare workers to receive training, guidelines and equipment to deliver safe and effective care for people living with RHD. Increasing health literacy and awareness in healthcare professionals and in the public of the safety and efficacy of RHD primary prevention can increase early diagnosis and help to avoid disease progression.

We call on Member States to invest in the health workforce, particularly nursing, as this is pivotal to addressing the social determinants of health which are the root causes of RHD. Furthermore, Member States must ensure that the necessary diagnostic and treatment tools are available.

RHD occurs primarily in vulnerable populations including those living in deprivation, rural and isolated communities, women and girls, and Indigenous populations. The complexity of caring for vulnerable population groups is often challenging and requires significant navigation, networking and communication across health professions and other key stakeholders.

When developing policies and strategies, we suggest that populations who are most at risk be central to the development of the RHD prevention and control agenda.

Thank you.

71ˢᵗ WORLD HEALTH ASSEMBLY

Provisional agenda item:

20.1 Global vaccine action plan

May 2018

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide.

ICN believes that immunisation is a powerful tool in protecting health security. Vaccine-preventable infectious diseases can and have spread rapidly. With the challenges of climate change, migration, conflict and urbanisation, global health security is threatened. Immunisation not only prevents disability, illness, and death, it has a positive impact on social and economic development.

Health systems strengthening is essential in order to provide appropriate supplies and a workforce with a sufficient number of well-educated healthcare professionals in order to ensure safe and effective administration of vaccines and uninterrupted basic health interventions, which includes immunisation, and including during times of crisis.

Nurses are crucial in ensuring the success of vaccination programmes by enabling strategies such as integrating immunisation with other health services e.g. postnatal care for mothers and babies. Particular efforts are needed to reach unvaccinated and under-vaccinated populations and nurses are well-positioned to contribute to targeted approaches to improve coverage for displaced, mobile and neglected populations.

ICN urges Member States to ensure that laws, regulation and policies are in place that support the optimal use of the nursing workforce in their deliver of immunisation programmes. Nurses must be enabled to work to their full scope of practice in order to increase the effectiveness and efficiency of immunisation programmes. ICN is working to ensure that in all countries, professional nurses are educated and prepared to provide vaccines.

Furthermore, we encourage countries to incorporate a plan to measure and address vaccine hesitancy into national immunization programmes. Active involvement of nurses in planning and development of local, regional, and national immunisation strategies can help support these plans.

Thank you.

#WHA