



**Final report on the
ICN National Nursing Associations Representatives Meeting
7 July 2020**

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Background

The biennial meeting of national nursing association (NNA) members of the International Council of Nurses (ICN) was held virtually for the first time on 19 June 2020, with more than 65 NNAs and over 120 delegates registered for the meetings.

The NNA meeting was held following the 8th ICN-WHO-ICM Triad meetings and in parallel with the Government Chief Nursing and Midwifery Officers (GCNMO) and Regulators meetings, all of which were also held virtually. Historically, the NNA meeting has been held just prior to the World Health Assembly. Given the unusual circumstances and travel restrictions resulting from the global COVID-19 pandemic, the main discussions of World Health Assembly were postponed, and only a special COVID-19 session was held in May.

Welcome

Annette Kennedy, ICN President, welcomed participants, stressing that the objective of the NNA meeting was to hear from ICN's members and learn how ICN can support them over the next year. She thanked members for keeping in touch during the pandemic, saying that their contributions have helped ICN to lobby the World Health Organization (WHO), the G20 and other governments; to put forward the ICN [12 point plan](#); and to talk to media. This work has resulted in international media and other organisations now approaching ICN for comments from its expert advisors and spokespersons.

Overview of ICN's current work programme

Ms Kennedy provided a brief overview of ICN's current work programme. She highlighted the work of the Steering Committee for the Year of the Nurse and Midwife (YONM), chaired by WHO DG Dr Tedros Adhanom Ghebreyesus, and recognised that it was an unfortunate fact that many plans for the YONM had been cancelled or postponed due to the COVID-19 pandemic. She pointed out, however, that the pandemic, along with the release of the [State of the World's Nursing](#) (SOWN) report on 7 April 2020, World Health Day, meant that ICN had had many opportunities to speak directly to the most senior staff at the highest levels of WHO, and place nursing and nurses into the headlines of international media.

ICN's communications work has been at the forefront during the pandemic and ICN CEO, Howard Catton, has had multiple interviews with top tier media. In addition, ICN has issued many [press releases](#), and has launched a [COVID-19/YONM portal](#) containing resources, stories from the frontlines and other key information. ICN has also worked with the World Health Professions Alliance to [lobby the G20](#) for support, personal protective equipment (PPE), testing, etc, and worked closely with other groups, such as the International Committee of the Red Cross and climate change groups. Annette Kennedy took part in two important webinars, including one with the [G20 Health and Development Partnership](#) to accelerate COVID-19 testing facilities across the world. Her role on that panel was to ensure frontline nurses are tested when the testing programme comes into action. On the other, organised by the United Nations for UN Public Service Day on 23 June, she was on a panel discussing the Pandemic and Public Service Delivery and examining the critical role of public servants at local and national level.

The ICN President highlighted other important ICN work including letters and videos of support to its members, the International Nurses Day [resources](#) and [case studies](#); and the [Advanced Practice Nursing Guidelines](#). She expressed disappointment in having to cancel or postpone planned travel and several meetings, but said educational programmes, such as ICN's [Global Nursing Leadership Institute](#) and [Leadership for Change](#) will go ahead virtually, and reassured members that alternative plans were being investigated for cancelled meetings. She also revealed that there are discussions with Harvard University about developing a higher level GNLI-type programme in the future. She was pleased to announce that the [Taiwan Nurses](#)

[Association's International Nursing Conference](#) will go ahead as planned, and stressed the importance of having a celebration for the YONM and the hard work done by all at the [ICN 2021 Congress & Exhibition in Abu Dhabi](#).

ICN Chief Executive Officer Howard Catton added that ICN was continuing to collect data on infection rates and deaths among nurses due to the COVID-19 virus. He emphasised that this was a role that WHO should be undertaking with input from Member States, and stressed that the collection of such data is fundamental to keeping nurses safe and preventing the spread of the virus.

Update on COVID-19

I. Key challenges and opportunities in COVID-19

The challenges associated with current pandemic

Cheryl Peterson, Vice President of Nursing Programmes of the **American Nurses Associations** (ANA), highlighted that nurses continue to prepare for multiple waves and surges in the pandemic. Making personal protective equipment (PPE) available to every nurse is an ongoing priority for the ANA and it continues to press the government and businesses who are in our manufacturing supply chains to improve the flow of PPE. The ANA is also concerned about the availability of a COVID-19 vaccine and ensuring its equitable distribution.

Elba Olivera Choque, President of **Colegio de Enfermeras de Bolivia**, reported that in the city of Trinidad, all 385 nurses have contracted the virus, and as a result, they are obliged to continue working, despite their own illness, because there is no one else to take their place. Despite the efforts of the local authorities, the situation is very serious: 13 nurses and four nursing auxiliaries have died in the city of Santa Cruz, and many of the families affected are single-parent households. There is a good deal of concern about the orphans and families who will be left after the pandemic has finished: many of them will be families of nurses.

Claire Betker, President of the **Canadian Nurses Association (CNA)**, expressed concern about the vulnerable population, including older people, those in long-term care and those cared for at home, people with dementia, The pandemic has laid bare Canada's lack of preparation for infection control, especially in long-term care, and exposed a lack of leadership, a lack of policy, and shortages of funding, standards and basic supplies of equipment, including PPE. There are not enough staff, too few professionals, and many of the unregulated care providers who do the bulk of work in that system lack proper training, support and education. She said Canada has the worst deaths of long-term care residents in the world, and things are so bad that the army had been called in to help deliver care in some facilities, which is unprecedented. She said meeting the needs of vulnerable people and the long-term care needs of people in Canada, including its indigenous people, will require sweeping system changes so that it will have an equitable and just system.

Marianne Atambutu, General Treasurer of **Ordre National des Infirmiers du Congo**, explained that nurses are playing an important role while faced with this crisis, including being involved in screening and triage, which has required a good deal of specialisation and planning. The problem of access to safety equipment during the pandemic is leaving nurses exposed to the virus. She reported that there are places where nurses are working solely with gloves, no masks, no visors, no gowns. Nurses in the Democratic Republic of Congo also need advice about coming out of lockdown. The Order thanked ICN and WHO for their support

throughout the crisis. The NNA asked ICN for help to it build its capacity and leadership skills, a lack of which has become apparent during the crisis.

Nga Manea, President of **Cook Islands Nurses Association**, reported that capacity and resources are very low due to COVID-19. Because borders are closed and many nurses are stranded in New Zealand and other places, Cook Island nurses are having to manage work with the proportion of staff they have now.

Phil Ni Sheaghdha, General Secretary of **Irish Nurses and Midwives Organisation (INMO)**, indicated that the highest rate of infection in Ireland is among nurses and midwives, with 32% of the entire infection rate of the population. Of the areas where infection has been transmitted from, 80% has been recorded as a health care setting. INMO requested help in digging deeper into these statistics, particularly the issue of whether staffing levels and availability of PPE are interfering with keeping workers safe.

Perla Idolina Barragán Sosa, President of **Colegio Nacional de Enfermeras Mexico**, said that more than 13,000 nurses have been infected with COVID-19 and the situation is critical. She expressed her appreciation for the support given by ICN concerning the shocking cases of violence and discrimination against nurses in their country. She noted that nurses in Mexico are very resilient, but ICN's support, and the letter from ICN President Annette Kennedy, have given nurses even more strength.

Aysha Al Mehri, President of **Emirates Nursing Association (ENA)**, said the UAE has a shortage of critical care nurses, which has had more of an impact at the peak of pandemic. The ENA upscaled training to prepare nurses in critical care, which made them realise they need to have a shift from traditional methods of upskilling and certification of specialty programmes.

Jose Jerez, President of **Pan American Federation of Nursing Professionals (FEPPEN)**, pointed out the reality is health systems are going through a chronic crisis and the pandemic has made things worse, with a shortage of PPE and statistics released by governments not reflecting the reality of the pandemic. He said legislation is needed to support undergraduate nurse training and personal development. NNAs, colleges and trade unions are raising their voice to protect the lives of nurses, and asking governments to include nurses in policymaking

Opportunities arising from COVID-19

Patricia Strachan, President of **Grenada Nurses Association (GNA)**, said COVID-19 has interrupted the NNA's elaborate plans, however given nurses' position as heroes, they will continue to advocate for adequate resources for nursing personnel, enhance the capacity of nurses in leadership and research, and market nursing as a career.

Rebecca Johnson, President of **Nurses Association of the National Commonwealth of Bahamas (NACB)**, reported that the pandemic has raised the profile of nursing with the general population and with politicians. For the first time, the Prime Minister of the Bahamas telephoned the association and asked for a meeting, during which he spoke about his plan to open the borders and asked the NACB about its impact. The association feels that once it is part of the decision making, it can help improve the health of the country.

Walter De Caro, President of **Consociazione Nazionale delle Associazioni Infermiere-Infermieri (Italy)**, reported that the NNA is trying to capitalise on the enhanced image of nursing in Italy and is in talks with politicians about advanced practice, establishing a government level Chief Nursing Officer and involving nurses in co-designing a new health system. The pandemic has revealed an emerging model of selective healthcare in Italy, which considered the lives of older people as less valuable than those of younger people. The NNA supports the return to humanisation, equal treatment and social justice for the elderly, and has a campaign this summer to show the value of nursing to politicians and the public.

Aysha Al Mehri, President of **Emirates Nursing Association (ENA)**, said it will be revisiting nurse to patient ratios as they were successful in implementing the surge ratio; and they will be revisiting and broadening the scope of practice of the registered nurse. During the pandemic, nurses successfully ran and led a field hospital with a capacity of up to 3,000 beds, even with acute cases. This was eye opening for the leadership and a credit to the role of nurses.

II. Collaboration with Governments and Ministries of Health

Sonia Gómez, President of **Federación Argentina de Enfermería**, reported that the NNA represents nursing in the ministries of health and education, and thanked ICN for its support in helping nurses to participate in public policy and regulation, and in the crisis committee.

Raphael Tlaly, President of **Lesotho Nurses Association (LNA)**, stated that the NNA has met with the Prime Minister and the Minister of Finance to discuss the shortage of PPE and to advocate for nurses' working conditions. Nursing is being heard and involved in giving advice to the government.

Colegio Nacional de Enfermeras Mexico, is working on a government bill concerning nurse regulation, and is asking for improvements in the working conditions, continuous professional development and salaries of Mexican nurses.

Prof Mana Kumari Rai, President of **Nepal Nurses Association**, noted the association has faced many challenges, but added that she is part of the Ministry of Health's committee on COVID-19 management, which is a great opportunity to work with the government.

Nanthaphan Chinlumprasent, co-Chair of **Nurses Association of Thailand**, indicated that the Thai government has relied on Thai nurses' contribution, particularly for risk assessment and prevention. The association has urged the government to provide positive working environments, adequate PPE for nurses and promote the quality of life.

III. Support measures to nurses

Dr T Dileep Kumar, President of **Indian Nursing Council (INC)**, indicated that Indian nurses have received support from the government, including insurance for loss of life due to COVID-19 and that a law has been passed to ensure zero tolerance for any form of violence, including against nurses. The INC has held webinars with 10,000 nurses attending each webinar, on capacity building, training on PPE, and mental support for nurses and their families.

American Nurses Associations (ANA), mentioned stories and pictures that have been collected during COVID-19 showing the power of nursing, which will be used for next year's

celebrations. ANA has developed various support schemes, including peer-to-peer support and telephone hotlines. The ANA continues to use the Year of the Nurse and Nursing Now to celebrate and honour the work of nurses during the pandemic.

Federación Argentina de Enfermería, reported the federation is creating links with the national advisory board for COVID-19 and is producing recommendations that are being put into practice.

Prof Mana Kumari Rai, President of **Nepal Nurses Association**, said there is a lot of fear and stress among health workers, but a low rate of infection. The NNA plans to conduct training for all nurses to express and manage the effect of the pandemic on healthcare workers. There is also a need to update skills, including the wearing of PPE and infection prevention and control.

Dr José Luis Cobos Serrano, General Vice Secretary of **Consejo General de Enfermería (Spain)**, stressed that the CGE has defended the safety and security of their health professionals, including working with the police to ensure nurses can alert police if they suffer an attack.

IV. Future pandemic preparedness

The **Federación Argentina de Enfermería** stated that it wants to develop leadership and professional empowerment with the support of ICN and include pandemic protocols in undergraduate training, continuous education, PPE, and nurses' rights and obligations."

The **Canadian Nurses Association (CNA)** has called for action on three fronts to address the flaws that COVID-19 has revealed. 1. The appointment of a commission of inquiry on ageing and the services required to provide dignified ageing in Canada. 2. Local and national governments to work together to look at the COVID-19 response and the health and social care system preparations for the next pandemic and the next wave of COVID-19. 3. Government to increase investment in community healthcare, including public health, home and residential care, to meet the needs of Canada's ageing population.

Prof. Xinjuan Wu, President of **Chinese Nurses Association (CNA)**, emphasised that nurses, as the largest group of health workforce in every country, must be involved with interprofessional teams, communities and across sectors for global pandemic preparedness. The comprehensive capacities of nurses in health emergency responses should be strengthened, and collaboration and solidarity enhanced.

Toshiko Fukui, President of **Japanese Nurses Association (JNA)**, reported that JNA is working to improve preparedness for future outbreaks, in line with ICN's recommendations, in a number of ways, including protecting the wellbeing of nurses - including their mental health with hotlines for nurses - tracking of cases, financial protection and allowances for nurses an financial rewards for their contribution, and fair recognition highlighting nurses' essential work during the COVID outbreak.

Sharipah Asiah Syed Junid Aljunid, President of **Malaysian Nurses Association**, said that in preparation for another pandemic, nurses must be educated regarding the symptoms, mode

of transmission and information on where to interrupt the train of transmission. MNA is working on a new curriculum on pandemic preparedness, including education and training in pandemic readiness, and specialised training to prepare nurses mentally and physically.

Dr Sevilay Şenol Çelik, President of **Turkish Nurses Association**, Said the TNA will be working on models of nursing workforce and patient care for pandemics; completing a project for integration of hospital information systems with nursing; and continuing activities on education, working conditions, and professional rights.

The **Nurses Association of Thailand** emphasised that future pandemic preparedness requires strengthening of nursing roles and working without fear. Nursing systems have to be redesigned to meet the new normal, and training young nurses in the 2020 Nightingale Challenge will be a solution to this endeavour.

Advancing nursing profession

Rebecca Johnson, President of **Nurses Association of the National Commonwealth of Bahamas**, stated that focus is on developing young nurses, including the ICN Leadership for Change programme, and the recent ICN disaster competences training programme, which was completed by 150 nurses.

The **Ordre National des Infirmiers du Congo** reported that DRC has a new Nurses Act, passed by parliament four years ago, but it has been difficult to get the system off the ground. ICN has been helpful and nurses in DRC now have a national plan from 2018 to 2022.

The **Cook Islands Nurses Association** is developing an education and training programme for nurses, in partnership with the Fiji Nurses Association, to deliver online bachelor and masters nursing programmes. This will enable nurses to deliver quality care and safe working environments in the future. A new initiative will be implemented on 1 July bringing primary health care into the community.

The **Grenada Nurses Association** is demanding political commitment to enhance nursing and midwifery in Grenada, and lobbying for sufficient numbers of nurses to meet the country's care needs, and for proper occupational health services. Partnerships with ICN, the UK NHS and the World Continuing Education Alliance have helped with training and technical support to strengthen advocacy for the profession. Nursing is moving forward, with the help of the State of the World's Nursing report, although its data for Grenada is inaccurate – it suggests there are 700 nursing personnel, but the Association believes it is around 540.

Cleopatra Barkoye, President of **Guyana Nurses Association**, asked ICN to help advocate for training to have a core of educators in order to start a masters programme; and to support the NNA to review the nursing strategic plan.

The **Lesotho Nurses Association** indicated the country is still in the process of building nursing as a profession. Nursing practice in Lesotho is based on basic nursing care and specialist nursing roles are not yet recognised. The Association is working with government to determine the future of the profession.

Sineva Ribeiro, President of **Joint Virtual Swedish Nurse Organisation-for international work/JSNO**, updated their work to formulate a new advanced practice nursing function, such as advanced specialist nurses.

Nursing leadership at government level

The **Irish Nurses and Midwives Organisation** reported that the chief nurse was not included on the national public health emergency team and called for nurses to have a voice at the table where national healthcare policies are discussed and decided. The possible economic consequences of the pandemic include increased unemployment leading to the need to protect the domain and scope of nursing and make sure that is not diluted. There is a need to assist graduates to migrate on to nursing courses.

The **Malaysian Nurses Association** expressed the need for empowerment and leadership, including a larger role for the government chief nurse in the Ministry of Health.

The **Consejo General de Enfermeria (Spain)** will launch leadership courses along with Nursing Now, promote the role of the Chief Nursing Officer, and work at a political level to create it. CGE recognises the importance of being in touch with political representatives. It has created an alliance between CGE, students, health workers and patients, inviting them all together to join efforts to influence policy. The association has submitted nurse to patient ratios to the Spanish parliament.

The **Joint Virtual Swedish Nurse Organisation-for international work** is creating a decision line for nurses. Sweden has a good CNO, but the NNA feels that is not sufficient, and there is a need for a national leadership programme for nurses.

The **Turkish Nurses Association** plans to increase the use of an agreed common language among nurses to improve effectiveness in leadership and policy making.

Human resources management

The **Irish Nurses and Midwives Organisation** pointed out that Ireland is very reliant on nurses from India and the Philippines and the barriers to travel during the pandemic are interfering with their ability to come and work.

The **Joint Virtual Swedish Nurse Organisation-for international work** is increasing the proportion of nurses and specialised nurses to increase patient safety, especially in elderly care and home care. There has been a 34% increase in young people applying to nursing programmes and it is important to make sure they have the best conditions, so they stay in healthcare, as almost 12,000 nurses have left the profession.

NNAs' future priorities

The **American Nurses Association** said that the killing of George Floyd, a black man who died while being arrested, raised issues of racism for everyone in healthcare and in nursing: the topic of racism is likely to be a big issue for the ANA in the coming months and years. Racism is a public health crisis, and it is important to look at nurses' understanding of their own biases that they bring into the care venue. Inequalities in care have been amplified by the pandemic and that will be another area of focus. ANA is advocating for strengthening the

public health infrastructure, and is concerned about nurses' mental wellbeing during the pandemic.

The priority for the **Federación Argentina de Enfermería** is to use political dialogue to achieve Universal Health Care and to keep strengthening the federation.

The **Chinese Nurses Association** has three priorities: 1. Strengthening the nursing workforce; 2. Improving nursing management; 3. Strengthening nursing and midwifery to meet health care needs.

Nora Eloisa Barahona de Penate, President of **Asociacion Nacional de Enfermeras de El Salvador**, stated that its priorities are to strengthen support for nurses during the pandemic, including improving working conditions and the safety of nurses working on the front line. It is also advocating for nursing to be included within public and social policy in El Salvador, and for better training and education. Nurses need to have a voice and to participate because they can help to safeguard the social wellbeing of the people. The pandemic has exposed an urgent need for specialist and highly qualified nurses, and better leadership and governance to respond to the crisis.

The priorities of **Grenada Nurses Association** are guided by ICN and WHO, including achieving Universal Health Coverage, the Sustainable Development Goals and the Global Strategic Plan for Nursing and Midwifery.

The **Indian Nursing Council** stated that the scope of nursing and midwifery practice will be incorporated into an amendment of the national nursing act, to be passed by the parliament by the end of the year. The INC's priorities include regulation and the Nurses Registration and Tracking System (NRTS) as well the 2020 Nightingale Challenge. The association asked WHO to give policy direction on implementation of the recommendations from the SOWN report.

The **Irish Nurses and Midwives Organisation** shared its three priorities: health and safety, clinical expertise, and economic consequences. INMO has been lobbying governments at national and European levels to change legislation on this, as well as to ensure healthcare workers are prioritised for a vaccine when that is available.

The **Consociazione Nazionale delle Associazioni Infermiere-Infermieri (Italy)** is working on a new repository for the International Classification of Nursing Practice and terminology, and best practice in telemedicine, which was started during the pandemic.

The **Japanese Nurses Association's** priorities are to establish a data system for monitoring individual nurses, including competencies acquired through training in employment status; and to focus on prevention of NCDs and promotion of health including prevention of infectious disease.

Dr Ching-Min Chen, Vice President of **Taiwan Nurses Association** reported its three priorities: 1. Investing in leadership training; 2. Strengthening capacity in policy and political involvement; 3. Advancing the nursing workforce. TWNA has provided strategies and goals for the national strategic plan and will help to supervise the process in 2020, 2025 and 2030.

Four written statements were sent in to ICN headquarters:

Australian College of Nursing and Australian Nursing and Midwifery Federation

Australia's National Nursing Association continues to call on all politicians and political parties to work collaboratively with the nursing and midwifery professions in investing and promoting the work of nurses and midwives to support the health and wellbeing of communities. This call has never been more important than in June 2020 following the global COVID-19 pandemic. Australia has been very fortunate with regard to the COVID-19 outbreak, with relatively few infections and deaths compared to many other countries. The associations strongly support the Triad's calls for transparent data on infection and death rates for nurses, midwives and healthcare workers and their fundamental right to be protected and enabled to provide care to their communities free from risk. They called for system and funding barriers to be addressed, and nurses and midwives to be allowed to practice to the full scope of their education and registration. The foci for the next 12 months are: safe staffing levels (number and skill mix) and workloads; safe environments; working to full capacity; climate change; nurse and midwife-led models of care; increased investment in the development of Aboriginal and Torres Strait Islander nursing and midwifery workforces; reducing insecure work and casualisation; jobs growth strategy; digital and telehealth; advanced practice nursing. This will require politicians and governments to invest in nursing and midwifery and create safe working environments.

Iranian Nursing Organization (INO)

The INO established a committee for preparing nurses for the outbreak of the virus, produced multimedia to educate the public about prevention of disease and provided ten online educational courses for their members. In collaboration with the National Health Insurance organisation, the NNA established a hotline, run by nursing students, to provide consultation and education. The committee organised a surveillance system for monitoring the health status of nurses every day and the availability of PPE and nursing shortages. They reported that about 7,200 nurses have been infected and 18 nurses have died due to COVID-19. The INO held many meetings with the government, Ministry of Health, vice president of country, head of parliament and other policy makers, resulting in the government naming any health worker who has died from COVID-19 as a martyr, and awarding the nurse's family special benefits and respect. In order to solve the nursing shortage, negotiations for approving the Act for permanent employment of nurses are underway. An edition of the INO's scientific journal was dedicated to publishing articles about COVID-19. In the next 12 months, the association plans to: prepare for a second wave of Covi-flu (combination of COVID-19 and influenza) by empowering the home healthcare services as an alternative to hospitalisation; and preparing two courses on Disaster nursing and Geriatric nursing. The INO is concerned about migration in the post-COVID arena and asks ICN to monitor the situation. They also stressed the need for the global nursing community to support Dr Tedros and WHO.

Liberian Nurses Association

President of the Liberian Nurses Association (LNA) David S. Kollie said that the support nurses and other health workers were receiving was not at all encouraging, and the LNA has received no support at all from the central government. The LNA leadership has, however, contacted some private individuals and some international and local NGOs to ask for assistance with sanitary materials for frontline staff in the fight against the COVID-19. The LNA hopes governments around the world will see and understand the importance of assisting nurses around the world to ensure that they can function effectively.

Portuguese Order of Nurses

The Portuguese NNA reported on the work they have done in collaboration with the Portuguese Ministry of Health and other health authorities. This includes: preparing a contingency plan; establishing internal security and disinfection standards; creating the Strategic Crisis Office COVID-19; creating a “nurses’ pouch” to reinforce intensive care units across the country; strengthening nurses in all healthcare structures, and creating a free mental health helpline and a website for the latest information. The Order has been meeting with the Ministry of Health on a weekly basis, participating in the elaboration and revision of technical documents, and alerting them to nursing issues from the field. They are working on solutions to allow nursing students to complete their training and quickly enter the job market, without harming the quality, demand and rigour in nursing education. The statement from the Order also included the importance of investing in nurses, as many Portuguese nurses are migrating to other countries, and the need to find ways to retain nurses and address chronic short staffing. The role of nurse specialists, advanced practice nurses, and nurse prescribing were also addressed. It is urgent that Covid-19 be recognised as an occupational disease when contracted by a nurse when working. Burnout and protection of those working on the frontline also need to be addressed.

Congress Update

Helen Wu, ICN Board Member from China, provided an update on the ICN 2021 Congress & Exhibition in Abu Dhabi. The Congress Committees are taking the possible impact of the pandemic very seriously, because of social distancing, travel bans and the possibility of a second wave. She reminded participants that the ICN Congress generates revenue for ICN and is the premier event for nursing globally. She noted that the Call for Abstracts and the sponsorship prospectus have been sent out and reassured NNAs that contingency plans are being developed, staff is researching what other international organisations are doing in regard to conferences and congresses in 2021, and looking into other formats, including a total online congress and a hybrid model of online and in person. ICN will send out a survey to gather NNA thoughts on whether ICN 2021 should go forward and in what format or delivery mode.

Nursing Now Transition to ICN

Annette Kennedy provided a brief update from the Nursing Now Board and ICN plans to prepare for the transition to ICN in 2021. The last Nursing Now Board meeting was held on 12 May where it was agreed that the transfer of the legacy of Nursing Now to ICN would be extended to July 2021 with the handover to be celebrated at Congress. It has been agreed that the work on the Nightingale Challenge should be self-supporting and, with funding from the Burdett Trust for Nursing, Susan Williams has been brought in to work on the future of the Nursing Now groups and how ICN can collaborate with them.

Summary and next steps

ICN CEO Howard Catton summarised that ICN will continue to advocate for improved prioritisation and protection of nurses and healthcare workers during the pandemic. ICN emphasises the importance to continue to collect, promote and share good practice and learning from around the world. In view of this, ICN has hosted four webinars to update our members on our activities and to invite NNAs to share their experiences in pandemic responses and preparedness. The webinars also included contributions from leading representatives from WHO and other international partners. In order to make all our work around COVID-19 more accessible to members and the public, we have adapted our

international Year of the Nurse portal into a [COVID-19 portal](#). ICN will be continuing with webinars and virtual engagement with our NNAs.

It is also crucial for ICN to ensure active NNA and nursing participation in the evaluation of WHO's response to the pandemic. ICN will be developing key issues and actions for the future strengthening of health system and pandemic preparedness. We are keen to proactively take forward policy dialogue in relation to the SOWN future directions.

In the Triad Meeting, key priority areas were identified in the prioritisation exercise for the Global Strategic Directions for Nursing and Midwifery. There is a very strong consensus across the nursing profession on developing education and training that matches health system objectives, strengthening nursing perspectives in health policy, ensuring nursing leadership is present at all levels and reinforcing national data systems for workforce reporting and analysis. ICN will continue working closely with WHO on the development of the next Global Nursing and Midwifery Strategy.

In the time of pandemic, it is more important than ever for us to connect our NNAs and maintain regular communication. ICN wants to ensure NNAs' needs are addressed, and we are committed to continuing to use a range of methods to ensure open communication and the flow of information with all NNAs. This is essential to make our policy work and advocacy much more powerful. In the coming months, ICN plans to conduct an online survey to collect information on the impact of COVID-19 on our members and nurses across the world, and thus contribute to a better understanding of the crisis and inform the future policy approach.

The ICN President and CEO thanked NNAs for their participation, their invaluable contributions and their tireless service.