ICN
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## From WHA to Action: A Nursing Policy Guide for Global Health Advocacy & Decision-Making

# ICN REPORT ON THE 78TH WORLD HEALTH ASSEMBLY

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# · FOREWORD ·

The 78th World Health Assembly (WHA) convened this year at a critical juncture for global health. Despite ambitious targets set to improve access to health care, address communicable and non-communicable diseases, and expand vaccine coverage, the world remains perilously off track to achieve the Sustainable Development Goals in less than five years' time. The consequences of this lag are felt most acutely by vulnerable populations. Health professionals, particularly nurses and midwives, continue to shoulder the burden of systemic shortcomings—amidst funding shortfalls, workforce shortages, and rising threats to safety and mental well-being.

These challenges were powerfully addressed in a well-attended side event hosted by the World Health Professions Alliance, where leaders reaffirmed a vital truth: investing in health professionals is not a cost—it is an investment in resilient, high-quality health systems and the pathway to universal health coverage. The event called attention to the draining of talent from low-income nations and urged governments to uphold fair and accountable recruitment practices, grounded in the WHO Global Code of Practice on the International Recruitment of Health Personnel, and to embrace greater mutuality of benefit for sending and receiving countries.

Funding challenges continue to undermine progress. WHO faces significant financial constraints, and global health financing remains insufficient to meet the scale of need. Member States must now make pivotal choices about where to invest—and we must ensure they choose health and nursing.

However, there were certainly many positive outcomes to this Assembly. Of particularly note was the adoption of a new Pandemic Agreement, aimed at strengthening international collaboration to prevent, prepare for and respond to future pandemics. Importantly for nursing, Member States agreed to extend the WHO Global Strategic Directions for Nursing and Midwifery through to 2030, recognizing the indispensable role of nurses and midwives in achieving universal health coverage.

Throughout the Assembly, the ICN delegation brought strong, informed advocacy to the table. Our interventions made clear that nurses are essential to every pillar of global health. We proudly delivered five Statements and three Constituency Statements, each reinforcing the need for strategic investment in nursing and the health workforce as a whole. Our interventions underscored the urgency of action and the centrality of nurses to policy making and implementation.

As we look ahead, the choices made today will shape the health of generations to come. Let us ensure that nursing is not only at the table—but also at the heart of global health decision-making.

**Dr Pamela F. Cipriano**

ICN President 2021-2025

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# • INTRODUCTION •

The 78th World Health Assembly (WHA) opened on 19 May and closed on 27 May 2025. The WHA is the supreme decision-making body of the World Health Organization (WHO) and is attended by delegations from all 194 Member States as well as Non-State Actors in official relations with WHO. The agenda is prepared by the WHO Executive Board (EB) during its January meeting of the same year.

The theme for the 78th WHA was "One World for Health".

As one of the first Non-State Actors in official relations with WHO, the International Council of Nurses (ICN) is invited to host a delegation to the WHA, attend Committee meetings and side events, and contribute to the discussions through written and verbal statements which are entered into the official record of the meeting.

This annual ICN report on the WHA highlights key nursing policy priorities within the context of pressing global health challenges can be used as a year-round reference for advocacy and decision-making. It offers an overview of the most relevant issues discussed at the WHA that have significant implications for the nursing profession. It The report positions nursing within the broader global health agenda and underscores its vital contributions. It also provides strategic guidance on advancing health and health care through a multi-stakeholder approach and serves as a valuable resource to inform and support nursing policy development at all levels.

### Nursing advocacy and influence in global health policy

Achieving global health goals demands the active collaboration of all stakeholders. As the largest group of health professionals, the meaningful participation of the nursing profession in forums like the WHA is essential to ensuring effective and inclusive policy development. Nurses are an important partner in setting and enacting health policy and, over the years, we have seen the benefits of nursing input in the deliberations of the WHA. Having nurses' perspective in the current debate and policy setting in national, regional and international forums will enhance the range of robust and practical solutions required to address global health challenges.

The WHA holds particular significance for ICN as its discussions inform ICN's policy development and advocacy strategies, helping to frame key nursing issues within the broader international health agenda. Furthermore, ICN's ongoing working relationship with WHO enables it to contribute to WHO policy documents throughout the rest of the year, helping to shape decisions and resolutions addressed at the January WHO EB and adopted at the WHA.

In early 2025, as it does each year, ICN wrote a letter to national Ministers of Health encouraging them to include a nurse in their country's delegation. This letter described the importance of nurses' involvement in the WHA and the impact that they have made in the deliberations and outcomes of the discussions.

In preparation for the WHA, ICN also participated in four WHA pre-meetings for Member States, Non-State Actors and the WHO Secretariat to discuss WHA agenda items. These meetings are organized to improve involvement and contributions of Non-State Actors in official relation with WHO governing bodies and the agenda is set in consultation.

With colleagues gathering in Geneva to attend the WHA, ICN leadership and Nursing and Health Policy Team members took the opportunity to meet with key nursing and health leaders to strengthen partnerships and collaboration. They also took part in over 20 side events held throughout the week.

ICN's work across the WHA agenda included delivering official statements, participating in side events and bilateral meetings as well as monitoring references to nurses and ICN priorities throughout the week. This year's WHA agenda unfolded amid a sense of urgency, complexity and opportunity, set against the backdrop of what the WHO Director-General described as a world "beset by war, poverty, inequality and division". With the world being offtrack to achieve global health targets, key focuses of the 78th WHA included renewed commitments to achieving universal health coverage (UHC), digital health and innovation, noncommunicable diseases (NCDs), mental health, pandemic preparedness and finalizing negotiations on the WHO Pandemic Agreement. Health workforce strengthening and sustainability emerged as a cross-cutting theme, recognizing that no health system can function without an adequately supported, protected, and financed workforce. This also included amplified discussions on the international recruitment and migration of health workers.

ICN delivered official statements on key agenda items, offering a powerful opportunity to showcase the contributions of the nursing profession to shaping health and health care and social systems and to highlight developments in nursing practice. The opportunity to deliver these statements makes the WHA a significant platform for global health advocacy on behalf of the 30 million nurses worldwide.

# • HIGHLIGHTS OF THE 78th WHA AGENDA •

### ICN statements on agenda items

- 13.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (constituency statement)
- 13.2 Mental health and social connection
- 13.3 Universal health coverage: Primary healthcare
- 13.7 Health and care workforce – WHO Global Code of Practice on the International Recruitment of Health Personnel
- 14 Health in the 2030 Agenda for Sustainable Development
- 16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience
- 17.3 Health conditions in the occupied Palestinian territory including East Jerusalem
- 24.2 Global strategies and plans of action that are scheduled to expire within one year – Global strategic directions for nursing and midwifery 2021-2025

### Adopted decisions

- WHA78(10) Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression
- WHA78(11) A dedicated report on mental health for WHO's governing bodies
- WHA78(12) Substandard and falsified medical products
- WHA78(13) Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel
- WHA78(15) Antimicrobial resistance
- WHA78(16) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- WHA78(21) Global strategic directions for nursing and midwifery 2021–2025: extension
- WHA78(22) Global strategy on digital health 2020–2025: extension
- WHA78(23) Global action plan on the public health response to dementia 2017–2025: extension
- WHA78(26) Updated road map for an enhanced global response to the adverse health effects of air pollution
- WHA78(27) Global action plan on climate change and health

### Adopted resolutions

- WHA78.1 WHO Pandemic Agreement
- WHA78.3 Strengthening the evidence-base for public health and social measures

- WHA78.4 Health conditions in the occupied Palestinian territory, including east Jerusalem
- WHA78.5 Promoting and prioritizing an integrated lung health approach
- WHA78.6 Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease
- WHA78.8 World Cervical Cancer Elimination Day
- WHA78.9 Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health
- WHA78.12 Strengthening health financing globally
- WHA78.16 Accelerating action on the global health and care workforce by 2030
- WHA78.24 Comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025: extension
- WHA78.28 Effects of nuclear war on public health

**Addresses by the WHO Director General**

- On 19 May during the high-level segment, Dr Tedros Adhanom Ghebreyesus the, WHO Director-General delivered his opening address– Read the full text here
- On 27 May, the Director-General gave closing remarks - Read the full text here

# • KEY AGENDA ITEMS FOR ICN AND NURSING •

## PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

### Item 13.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

#### Nursing policy considerations

The nursing 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.

Community-based primary care is recognized as an effective strategy for reducing the burden of NCDs. Nurse-led community-based health services teams provide primary care services based on local health and community needs, with a focus on health promotion, disease prevention and chronic disease management.

Countries should invest in the continuous education of community health nurses and position them as the frontline in the prevention and management of NCDs within the community.

Regulatory frameworks should be updated to empower nurses, especially nurse practitioners and advanced practice nurses, with greater autonomy in providing preventative and ongoing care. This would improve access to care and allow nurses to utilize their full scope of practice in NCD management.

Nursing services in primary health care (PHC), integrated across all levels of the health system and closely coordinated with hospitals and other agencies, should play a central role in advancing care for NCDs.

Nurses are key to creating patient self-care culture and support and empower individuals and families to actively manage their own illnesses. A self-care culture thrives in systems where PHC providers, especially nurses, educate and support patients, ensure continuity of care, and encourage shared decision-making.

Individuals and communities should be supported to use digital health which can support them to identify their health needs and participate in the planning and delivery of their own care.

#### Background

According to WHO[1], NCDs, including cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, and mental health conditions are the leading cause of death, morbidity and disability globally. In 2021, more than 43 million people globally died from NCDs, accounting for 75% of non-pandemic-related deaths. Seven of the top 10 leading causes of death were linked

1 https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025

to NCDs. A staggering 86% of premature NCD deaths occur in low- and middle-income countries where the social, economic, and physical environment provides less protection from the risks and consequences of NCDs and mental health disorders. The COVID-19 pandemic, conflict, financial instability, and the ravaging effects of global conflict and climate change have further knocked the NCD and mental health agenda off course and continue to hinder an effective response.

Without urgent, concerted action, the long-term trajectory of these diseases and conditions will have profound socioeconomic impacts for individuals, communities and societies. The burden of NCDs and mental health conditions hinders economic growth by weakening human capital and reducing workforce participation. It also diverts limited public and private resources toward treating conditions that could have been prevented or addressed with early detection and management, contributing to inefficiencies, inequities and impoverishment.

On 25 September 2025, Heads of States and Government will meet at the UN General Assembly (UNGA) to set a new vision for the prevention and control of NCDs and the promotion of mental health and well-being towards 2030 and beyond through a new, ambitious and achievable Political Declaration.

The EB report provides a situational analysis and details progress made in several areas and is supplemented by a comprehensive overview of the Secretariat's technical work to support Member State efforts to prevent and control NCDs. The EB appealed for further action on health promotion and NCD prevention, including in the context of climate change and it noted that the forthcoming fourth high-level meeting of the UNGA on the prevention and control of NCDs would provide an opportunity to call for multisectoral action to accelerate progress on NCDs and mental health.

**World Health Assembly actions**

The WHA adopted decision WHA78(11) *A dedicated report on mental health for WHO's governing bodies* which requests the Director-General to submit annual reports to the WHA through the EB on the implementation of previous resolutions and decision on mental health, separately from the consolidated reporting on NCDs.

The WHA adopted resolution WHA78.5 *Promoting and prioritizing an integrated lung health approach*. This resolution calls for Member States to integrate national policy for an integrated approach to lung health, encompassing both communicable and noncommunicable lung diseases and to incorporate an integrated approach to lung health into PHC services towards the attainment of UHC. It also requests the Director-General to submit to the 80th WHA an initial report with recommendations and key components to further strengthen an integrated lung health approach.

The WHA adopted resolution WHA78.6 *Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease*. This resolution includes a call to integrate prevention, early detection and management of kidney disease into national health policies and include kidney management in UHC benefit packages, as well as to develop and support the progressive provision of comprehensive, uninterrupted and sustainable kidney care services and, with appropriate regulation, to ensure quality of service delivery. It also requests the Director-General to advance kidney disease as an NCD of increasing global priority, in addition to cancer, cardiovascular diseases (heart disease and stroke), diabetes, respiratory diseases, and mental health, which have been recognized as the major causes of death and disability.

The WHA adopted resolution WHA78.7 *Primary prevention and integrated care for sensory impairments including vision impairment and hearing loss, across the life course* which includes a

call to adopt or adapt and implement the recommendations outlined in the World report on vision and the World report on hearing and to integrating eye, vision, ear and hearing care into PHC and across the life course as part of efforts to achieve UHC.

The WHA adopted resolution WHA78.8 *World Cervical Cancer Elimination Day* in which it resolves that World Cervical Cancer Elimination Day, will be observed each year on 17 November commencing in 2025, in order to further stimulate and sustain global efforts towards cervical cancer elimination. It also urges Member States to make sufficient resources available to expand health care services for cervical cancer elimination efforts.

### Policy documents & resources

- ICN WHA constituency statement
- Preparatory process for the Fourth High-level Meeting of the UNGA on the prevention and control of NCDs and the promotion of mental health and wellbeing (HLM4)
- Zero draft: Political Declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being
- Global action plan for the prevention and control of noncommunicable diseases 2013-2020

## Item 13.2 Mental health and social connection

### Nursing policy considerations

- Mental health and social connection must be prioritized as essential in all countries and communities.
- Nurses are critical to the global mental health response and all nurses, regardless of specialization, have a vital role in mental health care and make an essential contribution to national mental health strategies and plans.
- To meet current and future needs, countries must empower nurses to take an expanded role within interprofessional teams that deliver integrated, community-based, and person-centred mental health services.
- There is a severe shortage of mental health nurses, who make up just 1% of the nursing workforce.
- Investing in, developing and sustaining the mental health nursing workforce, its scope of practice and competence is a necessity for a resilient health care system and healthy communities.
- There is a significant need for specialization and advanced practice roles in mental health care.
- Nurses themselves face significant physical, mental, and social challenges and SOWN 2 reveals an alarming lack of mental health services for nurses. Member States must invest in comprehensive services for nurses' well-being.

### Background

Social health refers to the adequate quantity and quality of relationships in a particular context to meet an individual's need for meaningful human connection. Often overlooked, social health is the

third dimension of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease.

Social isolation and loneliness affect people of all ages, in all regions of the world. Currently, one in four older people experience social isolation and prevalence is similar across all regions. Lack of social connection poses serious health risks, and is associated with a 14–32% higher risk of mortality, akin to other mortality risks such as smoking, excessive alcohol consumption, physical inactivity, obesity and air pollution. It has a serious impact on physical health, increasing the risk of stroke by 32% and cardiovascular disease by 29%. Mental health is similarly affected, as social isolation is linked to higher rates of anxiety, depression and suicide. Moreover, 5% of global dementia risk is attributable to social isolation. Despite the scale of the problem, the severity of its impact and the solutions identified, no ad hoc regional or international commitments, including the WHA, existed on social connection.

At a meeting of the Officers of the EB and the Director-General in September 2024, and following requests from two Member States, a recommendation was made to include an item on mental health and social connection on the agenda of the 156th EB. The EB report highlights the need to strengthen action on social connection and mental health, outlines recent WHO activities and initiatives, and proposes a set of actions to reduce social isolation and loneliness and redress the neglect of mental and social health across WHO's areas of work.

#### World Health Assembly actions

The WHA adopted resolution WHA78.9 *Fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health* which urges Member States to take a number of actions including to develop evidence-based policies, programmes and strategies on social connection and/or integrate these issues within existing and new health policies, programmes and strategies, including those that target the social determinants of health. The resolution requests the Director-General to include social connection, loneliness and social isolation, as an important component in the WHO's public health agenda, research priorities, and capacity-building initiatives. It also calls on Non-State Actors to address the determinants of social disconnection and promote positive social connection.

#### Policy documents & resources

- ICN WHA statement
- ICN Guidelines on mental health nursing
- ICN position statement: Mental health
- Comprehensive Mental Health Action Plan 2013-2030
- WHO Technical paper: Social participation for universal health coverage

## Item 13.3 Universal health coverage

### Primary health care

#### Nursing policy considerations

Nurse-led models of care have an unprecedented opportunity to improve the accessibility, quality, safety, and affordability of health care services for PHC.

Care coordination led by nurses is an effective and evidence-based solution that exemplifies and contributes to PHC.

Strengthening PHC requires an equitably distributed and sustainable nursing workforce that is aligned with population and community health needs and prepared for practice across community settings and the health care system.

Member States should develop, resource and implement a national strategic nursing/health workforce plan to achieve optimal PHC. Strategic planning must include analysis, forecasting and planning of the nursing workforce supply and demand based on population health needs; review of scope of practice and roles, removing barriers where necessary to make optimal use the nurses' scope and role; and the development of multidisciplinary teams.

- Member States should increase the voice of nurses in policy development and high-level decision making for PHC.
- The effectiveness and efficiency of PHC is dependent on a nursing workforce that is respected and protected. Ensuring health worker safety is critical for the success of PHC.
- There is a need to promote and raise public awareness of multidisciplinary team-based care models that increase the effectiveness and value of PHC.

### Background

UHC progress is off track globally, but some countries have demonstrated that real progress is possible. Over 4.5 billion people were not covered by essential health services in 2021. WHO reiterates that the fastest, most effective, equitable and inclusive path to UHC is through a PHC approach. This approach could deliver 90% of essential health services, potentially saving 60 million lives, increase global life expectancy by 3.7 years by 2030, and generate an estimated 75% of the projected health gains under the Sustainable Development Goals (SDGs).

Following the second UNGA high-level meeting on UHC, Member States committed to redoubling efforts towards UHC and decided to convene the next high-level meeting on UHC in 2027.

ICN President Emerita Dr Pamela Cipriano is currently the co-chair of the Universal Health Coverage Steering Committee (UHC2030) which serves as a global platform where multiple stakeholders connect to influence national and international commitments toward UHC. The aims of UHC2030 are to accelerate sustainable progress towards UHC and focus on building equitable and resilient health systems that leave no one behind and provide the foundation to achieve health security

The EB report summarizes progress towards achieving UHC including key activities and achievements, main challenges and the way forward. The report highlighted that the health and care workforce situation with WHO's projected shortfall of 11.1 million health and care workers by 2030, particularly in low-income and lower-middle-income countries, must be addressed through urgent investments and action to deliver on UHC commitments.

### World Health Assembly actions

- The WHA adopted resolution WHA78.10 *Strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards.*
- The WHA adopted resolution WHA78.11 *Rare diseases: a global health priority for equity and inclusion*
- The WHA adopted resolution WHA78.12 *Strengthening health financing globally*

- The WHA adopted resolution WHA78.13 *Strengthening medical imaging capacity*

### Policy documents & resources

- ICN WHA constituency statement
- ICN position statement: Primary health care
- United Nations General Assembly resolution 78/4 – Political declaration of the high-level meeting on UHC
- Implementing the primary health care approach: a primer
- PHC country case study compendium
- Nursing and Primary Health Care: Towards the realization of Universal Health Coverage

## Item 13.4 Communicable diseases

### Nursing policy considerations

- Nurses play a crucial role in the dissemination of information and the education of their patients on the surveillance, transmission, and prevention of disease.
- Nurses should be empowered to participate in and lead **routine surveillance and data collection** on skin disease prevalence at the community level, helping to detect outbreaks early and guide public health responses.
- Investing in strengthening primary care nursing competencies will ensure nurses are equipped to identify and manage common skin diseases and associated comorbidities.
- Skin diseases often carry **stigma, mental health comorbidities, and social discrimination.** Nurses address this through integrating psychosocial support and stigma reduction in care and ensuring coordination with mental health services.
- Governments must invest in ongoing training of nurses to ensure adequate preparation in the detection of new, emerging, and re-emerging diseases.

### Background

The EB report was in response to a request by Member States to include an item on leptospirosis and on skin diseases. It provides a summary of WHO's work leptospirosis and an overview of skin diseases as a public health priority, with a focus on skin-related infections, mpox and sexually transmitted infections, and describes WHO's work on these areas.

As the largest organ of the body, the skin is affected by a broad spectrum of diseases, including allergies, inflammatory, autoimmune, genetic and vascular conditions, cancers and infections. Awareness and knowledge of skin diseases is generally low across all levels of society, which delays diagnosis and treatment, and that the lack of routine surveillance may underestimate the burden of skin diseases, especially in hard-to-reach communities.

### World Health Assembly actions

- The WHA adopted resolution WHA78.14 *Accelerating the eradication of dracunculiasis*
- The WHA adopted resolution WHA78.15 *Skin diseases as a global public health priority*

### Policy documents & resources

- Global burden of skin disease: inequities and innovations

## Item 13.5 Substandard and falsified medical products

### Nursing policy considerations

- Nurses have a responsibility to be vigilant about such medical products and can play an important role in educating the public on safety concerns of using them.
- Working in all settings, nurses prescribe, administer and monitor patient treatment and are therefore well-positioned to detect substandard and falsified (SF) medical products which are often only detected when they do not have the intended therapeutic effect.
- Nurses should have a formal role on decision-making bodies and advisory forums that develop and standardize drug formularies, to help align medication access with population health needs, clinical quality, and cost-effectiveness.
- Nurses are key advocates in the identification of SF medications as they monitor their patients and can verify whether the medications are effective and of good quality.
- Nurses advocate for national and institutional quality control systems to ensure the safety, efficacy, and authenticity of medications, protecting patients and strengthening trust in health systems worldwide.
- Nurses and other health care professionals must be involved in developing national action plans to prevent, detect and respond to SF medical products and are essential in implementing the related policies.

### Background

WHO defines 'substandard' medical products as those which are authorized but fail to meet their quality standards or specifications and defines 'falsified' medical products as those that deliberately/fraudulently misrepresent their identity, composition or source. Falsification includes substitutions and reproduction and/or manufacturing of an unauthorized medical product. All countries are affected by SF medical products. However, low- and middle-income countries and countries affected by conflict, civil unrest, or with very weak health systems are disproportionately affected. According to WHO, at least 1 in 10 medicines in low- and middle-income countries are substandard or falsified.

Both substandard and falsified medical products put patients' health at risk, undermine the effectiveness of health systems, and erode trust in health and care providers.

The EB report contains the 12th and 13th meetings of the Member State mechanism on substandard and falsified medical products.

### World Health Assembly actions

- The WHA adopted decision WHA78(12) *Substandard and falsified medical products* in which it requests the Director General to submit the report of the 14th meeting of the Member State mechanism to the 79th WHA.

### Policy documents & resources

- ICN position statement: Substandard and falsified medical products
- Substandard and falsified medical products fact sheet
- WHO medical products alert page

## Item 13.7 Health and care workforce

### Nursing policy considerations

- ICN recognizes and supports the right of individual nurses to migrate and pursue professional achievement through career mobility and to better the circumstances in which they live and work.
- One in seven nurses practices outside their country of birth.
- Since the pandemic, international recruitment has increased significantly due to the global shortage of 5.8 million nurses.
- High-income countries' reliance on foreign-born nurses shifts educational investment from low-income source countries with little evidence of proportional or reciprocal benefit. This weakens health systems and deepens global health inequities.
- The WHO Global Code of Practice must be urgently strengthened to ensure that ethical and proportionate benefits are not just words but actions from governments.
- Grave shortages persist, the stock of nurses has not kept pace with increased health demands, and we are not seeing strong growth of the nursing workforce.
- There is a shocking lack of effective policy and practice to ensure fair working conditions, protect nurses from attacks, and support their mental health.
- Nurses continue to be undervalued with unacceptably low pay that fails to reflect their skill, education, and dedication.
- The world's nurses are extremely inequitably distributed and high levels of nurse migration to high-income countries are exacerbating these inequalities.
- There has been progress in the growth of advanced practice nursing roles and Chief Nursing Officers, but nurses are often blocked from practicing to their full scope or not granted sufficient authority and influence as leaders.
- Urgent action is needed to invest in strengthening the nursing workforce by improving nurses' working conditions, compensation, supports, and leadership opportunities
- Governments must leverage the SOWN 2 data, implement its policy recommendations and investment boldly in nursing to address workforce shortages, strengthen health systems and demonstrate through practical actions that if they take, they also give back.

### Background

The WHO Global strategy on human resources for health: Workforce 2030 aims to ensure equitable access to quality health services by strengthening and optimizing the health workforce through effective planning, investment, and governance.

The EB report on the Global strategy on human resources for health: workforce 2030 summarizes

progress towards the four objectives of the WHO global strategy: 1) Optimizing the workforce through evidence-informed policies; 2) Aligning education, employment and investment; 3) Building institutional capacity and partnerships; 4) Strengthening data for monitoring and accountability. Discussions highlighted the urgent need to match investment in education and employment of health and care workers to the growing demand and to address shortages, gender disparities and the inequitable distribution of the workforce, and highlighted the importance of safeguarding the rights, working conditions and the mental health and well-being of the health workforce. The improvements in data availability and reporting as essential for workforce development and planning were welcomed.

The 78th WHA is the 15-year anniversary of the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The Code sets out voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel. The EB report on the Code includes findings from the fifth round of national reporting on the Code's implementation and an interim report by the Director-General's Expert Advisory Group. A record 105 countries reported on international migration.

### World Health Assembly actions

- The WHA adopted resolution WHA78.16 *Accelerating action on the global health and care workforce by 2030* which makes several calls to Member States including:
  - to accelerate implementation of the global strategy and the Working for Health Action Plan;
  - to sustainably address the shortages in education, training and employment capacity to increase the number of qualified health and care personnel;
  - to promote decent work, formation recognition, fair and equal remuneration, supportive working environments and equal access to education, training, employment and career progression opportunities;
  - to prioritize investments in education, training, employment and retention;
  - to strengthen stewardship, leadership and management capacities to enable effective oversight of health and care workforce agendas;
  - and to harness safe and effective digital health and artificial intelligence opportunities, while supporting policy measures and incentives that improve access, affordability and inclusivity for these technologies.
- It also makes a number of requests to partners and stakeholders as well as the WHO Director-General.
- The WHA adopted decision WHA78(13) *Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel* which requests the Director-General to facilitate regional consultations with Member States to review the draft findings of the interim report of the Expert Advisory Group on the Global Code in advance of its finalization and submission to the 79th WHA.

### Policy documents & resources

- ICN WHA statement
- ICN position statement: International career mobility and ethical nurse recruitment
- ICN submission to the WHO's 2024 reporting round on implementation of the WHO Global

Code of Practice on the International Recruitment of Health Personnel

- WHO Global Code of Practice on the International Recruitment of Health Personnel
- State of the World's Nursing report 2025
- Global strategy on human resources for health: Workforce 2030
- Working for health 2022-2030 action plan


## Item 13.8 Draft global traditional medicine strategy 2025-2034

### Nursing policy considerations

- Nurses must be supported by policies that clarify their roles and responsibilities when advising on or coordinating care involving traditional therapies, including safety protocols, contraindications, and referral pathways.
- Policies should support the inclusion of traditional medicine use in patient assessments and records to ensure comprehensive, coordinated, and safe care planning.
- Nursing practice emphasizes aligning health services with the needs, preferences, lifestyles, and cultural beliefs of diverse populations to promote inclusive, equitable, and culturally respectful care that values traditional medical knowledge and fosters intercultural dialogue.
- Nursing practice should uphold the rights of Indigenous peoples and traditional healers, ensuring culturally safe practice and protecting traditional knowledge from exploitation.
- Nurses can play a vital role in community outreach, helping to bridge biomedical and traditional approaches, promote health literacy, and support informed decision-making.

- Nurses should be engaged in research on the effectiveness, safety, and acceptability of traditional practices, especially those commonly used in their local context, to inform policy and practice.
- Nursing curricula and continuing professional development should include basic knowledge of traditional medicine systems and their cultural significance to ensure respectful, informed engagement with patients.

### Background

Traditional medicine is used in all six WHO regions. The practice of integrative medicine is gaining popularity. According to WHO2, 'traditional medicine' refers to codified or non-codified systems for health care and well-being, comprising practices, skills, knowledge and philosophies originating in different historical and cultural contexts, which are distinct from and pre-date biomedicine, evolving with science for current use from an experience-based origin. Traditional medicine emphasizes nature-based remedies and holistic, personalized approaches to restore balance of mind, body and environment. 'Complementary medicine' refers to additional health care practices that are not part of a country's mainstream medicine. Evidence-based complementary medicine has the potential to support mainstream medicine and more comprehensively support people's health and well-being needs. 'Integrative medicine' is an interdisciplinary and evidence-based approach to health and well-being by using a combination of biomedical and traditional and/or complementary medical knowledge, skills and practices.

WHO developed a new global traditional medicine strategy for the period 2025-2034 in consultation with Member States and relevant stakeholders and guided by the 2014-2023 strategy. It includes traditional, complementary and integrative medicine (TCIM) The draft strategy, presented in the EB report, envisions universal access to safe, effective and people-centred TCIM for the health and well-being of all. It was developed based on nine guiding principles: evidence-based; holism and health; sustainability and One Health; the right to health and autonomy; Indigenous Peoples' rights; culture and health; people-centred care and community engagement; integrated health services; and health equity.

### World Health Assembly actions

- The WHA adopted decision WHA78(14) *WHO traditional medicine strategy: 2025–2034* which adopts the WHO traditional medicine strategy: 2025-2034 and requests the Director-General to report its progress to the 83rd WHA (2030).

### Policy documents & resources

- WHO traditional medicine strategy: 2014-2023

## Item 13.9 Global Strategy for Women's, Children's and Adolescents' Health

### Nursing policy considerations

- Nurses make a significant contribution to reducing maternal, newborn and child mortality and are critical to achieving the related SDG targets.
- Nurses must be empowered to deliver comprehensive, rights-based sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services by expanding scope of practice, ensuring access to specialized training, and integrating culturally responsive care

2 Traditional, Complementary and integrative medicine WHO definitions

models.

- Health and care workforce policies should target investment in the education, equitable distribution, and retention of SRMNCAH workers, particularly in underserved and rural areas, through gender-transformative approaches, fair remuneration, and supportive working conditions to address persistent global inequities in access to essential care.
- Nurses work closely with women, children and adolescents throughout the life course. In addition to providing primary health services and lifesaving treatments when needed, nurses also improve the quality of care and increase equitable access to essential health care that reduces maternal, newborn and child mortality, including childhood immunization, voluntary family planning, and prevention and treatment of infectious diseases.
- Nurses collaborate closely with other health care providers and ensure both mother and child receive care from specialist colleagues, such as obstetricians, gynecologists and pediatricians, as necessary.
- Often the only health professionals working in remote areas are nurses who consequently take on multiple roles across specialties to best deliver care and provide a link with other allied health workers.
- Unsafe abortion and associated morbidity and mortality in women are avoidable and governments should implement measures to improve access to safe abortion services in order to protect women and girls' health and human rights.

### Background

The Global Strategy aims to achieve the highest attainable standard of health for all women, children and adolescents, transform the future and ensure that every newborn, mother and child not only survives, but thrives. It envisions by 2030 a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

Many countries are off track to reach the SDG targets related to maternal, newborn and child mortality and acceleration is needed including implementation of high-impact interventions. The EB report provides a summary of recent trends and data, including efforts to accelerate progress towards women's, children's and adolescents' health. Discussions highlighted the importance of data to monitor progress, cooperation with other relevant United Nations agencies, updated guidance, access to best practice interventions, and sexual and reproductive health. The need for special approaches to women's, children's and adolescents' health for fragile, conflict and vulnerable settings was emphasized and challenges associated with the digital marketing of breast-milk substitutes were discussed.

### World Health Assembly actions

- The WHA adopted resolution WHA78.17 *Incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants* which makes a number of requests to the Director-General and to Member States including to incorporate World Prematurity Day into WHO's calendar and for Member States to commemorate World Prematurity Day in an appropriate manner.
- The WHA adopted resolution WHA78.18 *Regulating the digital marketing of breast-milk substitutes*.

### Policy documents & resources

- Global strategy for women's, children's and adolescents' health (2016-2030)
- Ending preventable maternal mortality
- Every Newborn Action Plan
- Roadmap to combat postpartum hemorrhage between 2023 and 2030
- Global Accelerated Action for the Health of Adolescents initiative

## Item 14 Health in the 2030 Agenda for Sustainable Development

### Nursing policy considerations

- Nurses, as the primary providers of health care to all communities in all settings, are key to the achievement of the SDGs.
- A well-supported, adequately sized, and equitably distributed health workforce is essential to achieving the Sustainable Development Agenda.
- The State of the world's nursing 2025 calls on policy-makers in countries, nursing associations, regulators, development partners, partner organizations and other stakeholders to use the report for policy dialogue and decision-making on how and where to strengthen nursing to achieve UHC and the health-related SDGs.
- To achieve SDG targets, persistent and worsening inequities must be urgently addressed as they deeply affect patient care and health outcomes, health system functioning, health equity and access, UHC, and economic and social development.
- The 2025 State of the world's nursing report outlines a number of ways that nurses contribute to the health-related SDGs, including:[3]
  - Through community engagement, nurses bridge gaps among health providers, social workers, patients, caregivers and communities by building trust and amplifying community voices in health planning and delivery.
  - Nurses address the social determinants of health by delivering care and contributing to policy that considers social and environmental contexts to ensure timely improvements in population health.
  - Nurses play a key role in managing communicable diseases like tuberculosis, malaria, HIV, hepatitis and sexually transmitted infections, and respiratory and gastro-intestinal infections.
  - As caregivers, advocates, supervisors, educators and leaders, nurses are essential to patient safety.
  - Prevention and management of NCDs relies on nurses. For example, nurse-led clinics increase screening rates, address major risk factors, improve medication adherence and can expand patient access to care.
  - Nurses play a crucial role in strengthening health systems, building community capacities and ensuring the sustainability of essential health services during emergencies

3 State of the world's nursing 2025

### Background

With just five years left to achieve the SDGs, none of the 32 health-related indicators with specified targets have been met and current trends suggest they will not be achieved by 2030. In just two years, the COVID-19 pandemic erased a decade of progress. Beyond the pandemic, global health progress is increasingly threatened by climate change, conflicts, and shifting donor priorities. Health system disruptions, limited resources, and competing demands risk undermining efforts to advance health and well-being. To stay on course, countries must strengthen data-driven decision-making, build more resilient health systems, and enhance emergency preparedness.

The report to the WHA outlines progress on health-related SDGs under the three priorities (triple billion targets): promote, provide, and protect health. It highlights key challenges, the role of health data systems and WHO's efforts to drive action. It also introduces the Fourteenth General Programme of Work, 2025–2028, setting new targets to accelerate progress.

### World Health Assembly actions

- The WHA noted the report.

### Policy documents & resources

- United Nations SDGs
- World health statistics 2025: monitoring health for the SDGs, Sustainable Development Goals

## Item 15 Antimicrobial resistance

### Nursing policy considerations

- ICN advocates for a comprehensive, whole of society approach grounded in the One Health framework, recognizing the interconnectedness of human, animal and environmental health.
- Nurses have a vital role to play in reducing antimicrobial resistance (AMR). Nurses assess and diagnose infections; administer and may prescribe antimicrobials; monitor treatment outcomes and report side effects; provide vaccination; and educate patients, their families and communities.
- As AMR disproportionately impacts vulnerable populations, countries must invest in equitable and resilient health systems that give all people access to preventative, diagnostic and curative infection care delivered by well-trained, well-supported health professionals.
- Individuals, families, communities and the health of populations must be central to actions aimed at preventing and eliminating AMR.
- Community awareness and collaboration is essential to reducing the inappropriate use of antimicrobials and nurses play an important role in raising awareness with patients, families, colleagues and the public including through education and engagement.
- A focus on funding large scale Water, Sanitation and Hygiene (WASH) programming in the community, and infection, prevention and control (IPC) at the health care facility level is urgent and should be at the core of the measures to curb AMR.
- Vaccines are a powerful tool to reduce drug-resistant infections globally and help preserve the effectiveness of antibiotics. Additional funding and expansion of existing immunization programmes with a focus on equity will allow for furthering the role of vaccines towards reducing the spread of AMR.

### Background

AMR continues to be an urgent global health and sustainable development issue.

The 77th WHA (2024) welcomed the WHO strategic and operational priorities to address drug-resistant bacterial infections, 2025–2035 to guide an accelerated response in the human health sector.

In September 2024, the UNGA held the high-level meeting on AMR, and the Political declaration was subsequently adopted by the General Assembly. The declaration lays out targets to be achieved by 2030 including a 10% reduction in global deaths associated with bacterial AMR and achieving targets in global strategies and plans for IPC, immunization, WASH, and patient safety. The priorities include 1) Prevention of infection; 2) Universal access to affordable, quality diagnosis and appropriate treatment of infections; 3) Strategic information, science and innovation; 4) Effective governance and financing. The declaration also requests the Quadripartite organizations (WHO, UNEP, WOAH, FAO) to update the global action plan on AMR.

The report to the WHA is a consolidated progress update and presented a draft decision for consideration by the WHA on updating the 2015 global action plan. There has been considerable evidence and learning generated on the public health and economic burden of AMR since 2015 and the updated global action plan will ensure this is available to countries as they update their national action plans. The updated global action plan will provide a framework and vision for addressing AMR until 2030 and beyond, offer strategic directions and guidance for systems strengthening to

preserve access to effective antimicrobials, and reflect sector-specific priorities.

### World Health Assembly actions

- The WHA adopted decision WHA78(15) *Antimicrobial resistance* in which it requests the Director-General to update the global action plan on antimicrobial resistance in consultation with Member States and in collaboration with the Quadripartite alliance.

### Policy documents & resources

- Global action plan on antimicrobial resistance
- United Nations resolution 79/2: Political declaration of the high-level meeting on antimicrobial resistance
- Global action plan and monitoring framework on infection prevention and control (IPC), 2024–2030
- ICN position statement: Antimicrobial resistance
- One Health framework

# PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

### Nursing policy considerations (Pillar 2, excluding 17.3)

- Nurses are often the first point of contact in health systems and are crucial for early detection, infection prevention, and initial response to public health threats.
- Governments must invest in strengthening their nursing workforce as an essential part of preparedness for and response to health emergencies.
- Governments must protect health professionals from preventable adverse events in emergencies where health professionals are among the most vulnerable, and all forms of workplace violence as outlined in the health emergency prevention, preparedness, response and resilience framework (HEPR).
- Governments and health systems should invest in and prioritize research that examines the effectiveness, resilience, and well-being of the health workforce before, during, and after health emergencies.
- Countries should operationalize the commitments outlined in the pandemic treaty by establishing enforceable mechanisms that guarantee health workers, including nurses, timely and equitable access to essential medical products and personal protective equipment (PPE) during health emergencies.
- National policies must mandate decent working conditions and embed safeguards for the physical safety, mental health, and overall well-being of health workers, with particular attention to those in high-risk and under-resourced settings.
- Recent drastic funding cuts to the global health sector are having immediate disastrous impacts on the health workforce, reduce the health workforce's capacity for emergency response and leave no scope for scalable health workforce provision in emergencies.
- To sustain and retain the nursing workforce, Member States should implement and monitor the policy priorities of the WHO Global strategic directions for nursing and midwifery 2021-2025 (GSDNM) with a sharp focus on health worker safety and well-being.
- Nurse leaders and Government Chief Nursing Officers must be engaged in the consultation process for future health emergency preparedness and response planning.
- Nurses must advocate for gender-responsive health care during the development national emergency plans.
- Increasing knowledge of International Health Regulations will enhance nurses' role in supporting IPC protocols including standard precautions, reporting obligations, and outbreak containment.
- Nursing leadership must advocate for the development of well-funded national security plans or national emergency plans for improved preparedness and response during health care crises especially during the discussion of funding which is costly during emergencies.
- ICN's own work on the impact of the pandemic and its effects on the global nursing workforce shows that up to 13 million nurses will be needed by 2030. The workforce shortage is the greatest single threat to global health.
- The world should act in solidarity to support, protect and invest in health workers, recognizing

that good health is the bedrock of our global safety and security. Health and peace are inseparable, and neither is possible without health care workers.

## Item 16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience

### Background

Exacerbated by geopolitical instability, climate change and emerging diseases, crises are becoming more frequent and complex. The Global Preparedness Monitoring Board (GPMB) considers epidemics and pandemics as a constant danger now rather than rare events.

In response to the critical gaps that the COVID-19 pandemic exposed in preparedness and response, WHO launched the health emergency prevention, preparedness, response and resilience (HEPR) framework at the 76th WHA in 2023. The HEPR framework enhances countries' ability to prevent, detect and respond to health threats while strengthening health system resilience. The WHA report gives an overview of HEPR implementation in 2024 including challenges, progress and financial constraints.

### World Health Assembly actions

- The WHA noted the report.

### Policy documents & resources

- ICN WHA constituency statement
- The changing face of pandemic risk: 2024 report (GPMB)

## Item 16.2 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

### Background

In December 2021, the WHA established an Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument under the Constitution of WHO to strengthen pandemic prevention, preparedness and response. The INB presented its work to the 77th WHA (2024) at which time the WHA extended the mandate of the INB to finish its work as soon as possible. Leading up to the 78th WHA, the INB met six times and held drafting, informal consultations and briefing meetings to develop the text of the agreement that was presented in the report to the 78th WHA. The agreement is a culmination of three years of intensive negotiations and aims to boost global collaboration to ensure stronger, more equitable response to future pandemics.

### World Health Assembly actions

- The WHA adopted resolution WHA78.1 *WHO Pandemic Agreement* in which it adopted the WHO Pandemic Agreement. The final text can be found annexed to the resolution.

### Policy documents & resources

- INB webpage

## Item 16.3 Implementation of the International Health Regulations (2005)

### Background

The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR is an instrument of international law that is legally-binding in 196 countries, including the 194 WHO Member States, that creates rights and obligations for countries, including the requirement to report public health events. The Regulations also outline the criteria to determine whether or not a particular event constitutes a "public health emergency of international concern". The responsibility for implementing the IHR rests upon WHO and all States Parties that are bound by the Regulations. Governments are responsible, including all of their sectors, ministries, levels, officials and personnel, for implementing IHR at the national level. WHO plays the coordinating role in IHR implementation and, together with its partners, helps countries to build capacities. In 2024, the 77th WHA adopted amendments to the IHR, which are expected to come into force in September 2025 and incorporate lessons from COVID-19 pandemic.

The report to the WHA is the annual report that reviews progress made in implementation of the IHR. In 2024, WHO assessed over 1.2 million raw signals related to public health risks, identifying and verifying 429 events with potential or actual international public health implications. All Member States but one provided their self-assessment report to the WHA.

### World Health Assembly actions

- The WHA noted the report and provided guidance to Member States to continue to strengthen implementation of IHR pending the entry into force of the amendments adopted by the 77th WHA.
- The WHA adopted decision WHA78(9) *Notifying the International Health Regulations (2005) to Palestine* following the 2024 resolution WHA77.15 *Aligning the participation of Palestine in WHO with its participation in the United Nations*.

### Policy documents & resources

- International Health Regulations (2005)
- Disease Outbreak News (DONs)
- Extension of standing recommendations for mpox (21 August 2024)
- Extension of standing recommendations for COVID-19 (30 April 2025)

## Item 17.1 WHO's work in health emergencies

### Background

Over the last year, WHO responded to 51 graded emergencies across 89 countries and territories, including global outbreaks of cholera and mpox – a public health emergency of international concern – as well as multiple humanitarian crises. All WHO regions were affected by health emergencies,

with four Grade 3 emergencies involving two or more regions. The escalating climate crisis has had a profound impact on global health, particularly in humanitarian settings. Around 60% of new emergencies WHO declared in 2024 were climate-induced natural disasters.

The report to the WHA updates on the response to major ongoing health emergencies including all WHO-graded acute and protracted emergencies and public health emergencies of international concern requiring a response by WHO. It also provides an overview of global trends and challenges related to health emergencies and the short- and medium-term outlook.

### World Health Assembly actions

- The WHA noted the report.

### Policy documents & resources

- Mpox: Global strategic preparedness and response plan

## Item 17.2 Implementation of resolution WHA75.11

### Background

The 75th WHA adopted resolution WHA75.11 *Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression* which made a number of requests including condemning the Russian Federation's military aggression against Ukraine causing serious impediment to the health of the population of Ukraine, attacks on health care facilities, respect and protect all medical personnel, respect and protect the sick and wounded, including civilians, health and humanitarian aid workers and health care systems.

The WHA report updates on progress in implementation. A total of 42,505 civilian casualties have been reported in Ukraine, comprising 12,737 deaths and 29,768 injuries, since the beginning of the war. Some 14 million people are in need of humanitarian assistance, including 3.67 million internally displaced persons and 6.9 million refugees.

### World Health Assembly actions

- The WHA adopted decision WHA78(10) *Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression* in which it made a number of requests and continued to condemn in the strongest terms the Russian Federation's continued aggression against Ukraine including attacks on health care. It calls for recognition of the urgent need for the reconstruction of Ukraine's healthcare system and for respect for, and protection of, the sick and wounded consistent with the 1949 Geneva Conventions and with broader international humanitarian law.

### Policy documents & resources

- Protection of civilian in armed conflict – February 2025 (UNOCHA)
- Nurse Leadership for Crisis Response and Recovery (NLCRR)
- ICN Humanitarian Fund #NursesForPeace

## Item 17.3 Health conditions in the occupied Palestinian territory, including east Jerusalem

### Nursing policy considerations:

- The nursing profession has a critical responsibility to advocate for the protection of all human life and ICN supports WHO's call for implementing a permanent ceasefire.
- ICN is gravely concerned by the deadly health and humanitarian catastrophe in the occupied Palestinian territory including the degradation of the health system and the catastrophic lack of water and food.
- Conflict of any kind is a violation of the right to health and right to life and has a profound impact on the physical, mental, spiritual and social well-being of combatants, civilians and health care workers.
- ICN strongly condemns the systematic attacks on health care.
- World leaders must act to ensure the unimpeded entry and safe delivery of medical supplies, equipment, and humanitarian aid into Gaza and the West Bank. Policies must guarantee safe and consistent humanitarian corridors, remove barriers to importing essential medicines, and protect the neutrality of humanitarian operations.
- Member states must ensure unrestricted and impartial health care delivery, restore essential health services and emergency care.
- Global leaders must act urgently and decisively to protect health care and to immediately end the aid blockade.
- Global leaders must ensure international humanitarian law is upheld and failing to do so implies complicity in the normalization of attacks on health care.
- The conflict is taking an immense toll on the mental well-being of health workers in the area. Health workers are working under dire conditions, without critical supplies and in constant fear of attack.
- NNAs are encouraged to speak out publicly when violence against health care in conflict occurs, calling for action by their governments and expressing solidarity with nurses and other health workers who are under or at risk of attack or violence.
- Nurses at all levels are encouraged to promote public discussion on the impact of conflict on individuals, communities, the health workforce, health systems and public health.

### Background

The WHA report contains a summary of the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including East Jerusalem. Between 7 October 2023 and 30 July 2025 at least 60,138 Palestinians have reportedly been killed in Gaza and 146,269 have been injured, and of the 58,380 identified fatalities as of 15 July, 9,497 women, 17,921 children, 4,307 elderly and 26,655 men have been killed.[4]

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) "On 29 July, the Integrated Food Security Phase Classification (IPC) Global Initiative issued an alert warning that the worst-case scenario of Famine is currently playing out in Gaza Strip. Based on the latest evidence available as of 25 July, the IPC alert highlights mounting evidence of widespread starvation, malnutrition, disease, mass displacement, severely restricted humanitarian access, and the collapse of essential services, including health care, contributing to an increase in hunger-related

deaths. The latest data indicate that Famine thresholds have been reached for food consumption in most of the Gaza Strip and for acute malnutrition in Gaza city."[4] The number of casualties among people trying to access food supplies has increased to 1,239 fatalities and more than 8,152 injuries since 27 May 2025.[5]

Between 1 January 2024 and 28 February 2025, 376 attacks on health care were reported in the Gaza Strip. Hospitals have been bombed, health workers buried under rubble and clearly marked ambulances deliberately targeted. At least 94% of all hospitals in the Gaza Strip are damaged or destroyed.[6] Several sources report at least 1,400 health workers have been killed in Gaza. These attacks violate fundamental human rights and endanger the very foundation of health systems. Military evacuation orders have overwhelmed health care facilities outside evacuation zones with mass casualties, displaced persons and forced relocation of patients undergoing treatment.

The report also highlights limited surveillance and disease control capacity, widespread damage to water and sanitation infrastructure, critically impaired trauma care delivery and mass casualty management, 1.2 million children facing sever distress, a doubled rate of high-risk pregnancies.

### World Health Assembly actions

The WHA adopted resolution WHA78.4 *Health conditions in the occupied Palestinian territory, including east Jerusalem* which:

- Calls for the immediate, sustained and unimpeded passage of humanitarian relief, including the access of medical personnel, the entry of humanitarian equipment, transport and supplies;
- Calls upon all parties to fulfil their obligations under international law, including international humanitarian law and international human rights law to ensure the supply and replenishment of medicine and medical equipment to the civilian population;
- Demands that all parties fully comply with their obligations, in particular their obligations under the Geneva Conventions of 1949 and the obligations applicable to them under the Additional Protocols, to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities; and
- Demands a sustained, orderly, unimpeded, safe and unobstructed passage for medical personnel and humanitarian personnel exclusively engaged in medical duties, their equipment, transport and supplies, including surgical items, to all people in need, consistent with international humanitarian law, calls for the passage for ambulances and medical evacuations of critically injured and sick patients as well as respect and protection of the wounded, sick and injured, and ensuring the safety, security and safe movement of all Palestinian patients to receive medical care and treatments, and calls for the humane treatment of all persons deprived of their liberty and their access to medical treatment in compliance with international humanitarian law, including the Geneva Conventions and their Additional Protocols.

4 OCHA Gaza Humanitarian Response Update 20 July – 2 August 2025

5 UNRWA situation report #182

6 WHO – Health system at breaking point as hostilities further intensify in Gaza, WHO warns

### Policy documents & resources

- ICN position statement: Health care in conflict: the nursing perspective
- Epidemic of violence: Violence against health care in conflict 2024 (SHCC)


## Item 17.4 Universal Health and Preparedness Review

### Background

The Universal Health and Preparedness Review (UHPR) is a voluntary, pilot Member State-led peer review mechanism that aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness. This platform aims to support collective actions at the national and global level that will make the world safer, based on the principles of equal treatment and mutual accountability. It is currently in its pilot phase. The 77th WHA requested the Director-General to continue developing the voluntary pilot phase of the Review. The EB report contains lessons learned, implications, benefits, challenges and options for next steps.

### World Health Assembly actions

- The WHA noted the report.

### Policy documents & resources

- Universal Health and Preparedness Review

# PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

## Item 18.1 The impact of chemicals, waste and pollution on human health

### Nursing policy considerations

- Nurses care for the health impacts of toxic chemical exposures and pollution.
- The health sector has an ethical responsibility to oversee the proper use and waste disposal of chemicals involved in health care delivery and operations.
- Nurses can advocate for policies and practices that enable sound management of chemicals throughout their life cycle, from procurement and use to disposal, to minimize risk of harm to human health and the health of the environment.
- Nurses have and can continue to play an important role in advocating for exposure prevention, risk assessment, and health impact mitigation interventions in the case of harms like childhood lead exposure and exposure to nuclear radiation in war and conflict.
- Health care workers and the public must be educated about the social, economic, environmental and public health consequences of nuclear, chemical, biological and conventional weapons.
- Nurses and NNAs can lobby national governments to stop the manufacture, distribution and importation of such weapons and abide by international arms control and disarmament agreements.
- As nurses bring critical health system and community care perspectives to policy development, involve nurses in national and international discussions on nuclear disarmament, preparedness planning, and humanitarian response frameworks.

### Background

Exposure to hazardous chemicals and pollution contributes to over nine million premature deaths annually – one in six globally – with a disproportionate impact on populations in vulnerable situations, especially children, pregnant women, and communities in low- and middle-income countries. Member States are urged to reduce exposures to hazardous chemicals, such as lead, mercury, persistent organic pollutants and endocrine-disrupting chemicals, by integrating health into environmental policies and regulations and improving waste management systems, including for growing challenges related to plastics and e-waste pollution. The EB report presents the outcomes of the intersessional process to prepare recommendations regarding the Strategic Approach and sound management of chemicals and waste beyond 2020, and updates needed to the road map to enhance the engagement of the health sector in the new instrument.

Nuclear war poses catastrophic and long-term threats to human health and the environment, a fact long recognized by the global health and humanitarian communities. At the September 2024 UN Summit of the Future, Member States sounded the alarm on the growing risk of nuclear conflict, describing it as an existential threat to humanity and reaffirming their commitment to achieving total nuclear disarmament. Ending nuclear weapons before they end humankind and many other lifeforms is an urgent health and humanitarian imperative. Furthermore, the death, injury and devastation resulting from the use of nuclear weapons – including destruction and pollution of food, water supply, shelter, medical supplies and transportation and communication facilities -

exceeds the response capacity of the health care system.

### World Health Assembly actions

- The WHA adopted resolution WHA78.27 *Galvanizing global support for a lead-free future* which makes a number of requests including urging Member States to prioritize efforts to achieve a world free of lead exposure and requests the Director-General to submit a draft global action plan on lead mitigation to the 80th WHA in 2027.
- The WHA adopted resolution WHA78.28 *Effects of nuclear war on public health* which requests the Director-General to update WHO reports *Effects of nuclear war on health and health services* (1983 and 1987) and *Health and environmental effects of nuclear weapons* (1993) and to report progress to the 82nd WHA. It also encourages Member States to support this work, in line with their national contexts and legal frameworks, recognizing that preventing nuclear war is essential for global health, security, and the survival of humanity.

### Policy documents & resources

- ICN joint statement on the Treaty on the Prohibition of Nuclear Weapons
- The health and humanitarian case for banning and eliminating nuclear weapons (ICN joint working paper)
- WHA 1983: Effects of nuclear war on health and health services: report of the International Committee of Experts in Medical Sciences and Public Health to implement resolution WHA34.38
- WHA 1993: Health and environmental effects of nuclear weapons: report by the Director-General.

## Item 18.2 Updated road map for enhanced global response to adverse health effects of air pollution

### Nursing policy considerations

- Nurses can help monitor and report trends in respiratory illness, cardiovascular symptoms, and pollution-related hospital admissions, contributing to evidence-based policymaking.
- Promote nurse involvement in multisectoral environmental health policy development ensuring they have a seat at the table in policy discussions that intersect health, environment, transport, housing, and urban planning.
- NNAs should lead public education campaigns on the health effects of air pollution and protective behaviours (e.g. mask use, indoor air quality, exposure reduction).
- Involving nurses in policy setting will ensure the prioritization of communities disproportionately affected by air pollution—such as low-income, urban, and marginalized populations—through targeted outreach, services, and advocacy.

### Background

According to WHO, air pollution is a leading environmental risk factor for poor health, which systemically impacts the human body and increases the risks of communicable and noncommunicable disease (NCDs). As much as 85% of air pollution-related deaths can be attributed to NCD outcomes, including ischaemic heart disease, stroke, chronic obstructive pulmonary disease and lung cancer.

The first road map for an enhanced global response to the adverse health impacts of air pollution was established in 2015. The EB report outlines the updated road map which proposes a voluntary target to address the health impacts of air pollution from 2025-2030 and aligns with WHO's Fourteenth General Programme of Work.

The overall target of the draft road map is for countries to achieve a 50% reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040, relative to 2015 baseline values. Acknowledging countries' different baselines and contexts, the target proposed for the draft road map is relative in order to ensure that countries progress towards clean air.

### World Health Assembly actions

The WHA adopted decision WHA78(26) *Updated road map for an enhanced global response to the adverse health effects of air pollution* which adopts the updated road map and requests the Director-General to report on progress in implementation to the 83rd WHA (2030).

### Policy documents & resources

- Updated road map for an enhanced global response to the adverse health effects of air pollution
- WHO air pollution data portal

## Item 18.3 Climate change and health

### Nursing policy considerations

- As trusted leaders working with people, health care and community organizations and policy makers, nurses are critical climate actors.
- Nursing practice is increasingly affected as more people experience the health impacts of climate change and as these continue to stress health care systems.
- Nurses have a shared responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.
- The concept of sustainability in nursing practice as well as climate change-related knowledge must be embedded into nursing curricula and in post-registration continuing education to give nurses the skills and competencies needed to advocate for smarter climate and environmental health policies.
- There are nursing experts around the world, spanning policy, research, education, and practice, ready and able to implement the action items detailed in the WHO Draft Global Action Plan on Climate Change and Health who are positioned as critical partners in actualizing this plan in solidarity with Member States and other actors.
- When developing policies and programmes, governments should look to nursing associations and nurse leaders, educators and scientists who are leading large scale climate initiatives.
- Engage in multidisciplinary advocacy and policy work to collectively influence practice, power and finance to transform the public narrative on climate change and create effective action.
- Nurses are increasing access to preventive care for populations which serves to keep people healthier and lower the health sector's carbon footprint from avoided services and avoided emissions from services.

- ICN advocates for the acceleration of rapid, just and equitable phasing out of fossil fuels, prioritizing interventions with health co-benefits in the energy sector and food system, and a commitment to no new fossil fuel infrastructure.
- ICN advocates for strengthened policy interventions that target the connection between social, gender and health inequities, as well as environmental injustice in accordance with the needs and perspectives of the communities they impact.
- Nurses must be enabled to support health care organizations to contribute to local climate change mitigation and adaptation through implementation of environmental policies and sustainable practices.

**Background**

Climate change is the single greatest health threat facing humanity with profound implications for human health and well-being. There is a growing and powerful body of evidence showing the escalating scope and severity of health harms and amplified global health inequities as climate variability and change continue. There are multiple connections between climate and health affecting health directly, undermining the social determinants of health and affecting social and human systems. Increasingly frequent extreme weather events and conditions are taking a rising toll on people's well-being, livelihoods and physical and mental health, as well as threatening health systems and health facilities. Changes to weather and climate are threatening biodiversity and ecosystems, food security, nutrition, air quality and safe and sufficient access to water, and driving up food-, water- and vector-borne diseases. As such, there is a need to rapidly scale-up adaptation actions to make health systems more climate resilient.

The EB report presented the draft global action plan on climate change and health which was developed at the request of resolution WHA77.14 (2024) in consultation with Member States, more than 50 civil society stakeholders and staff from WHO and the UN system.

**World Health Assembly actions**

- The WHA adopted decision WHA78(27) *Global action plan on climate change and health* which adopts the global action plan on climate change and health (2025-2028) and requests the Director-General to submit a progress report on its implementation to the 80th WHA (2027).

**Policy documents & resources**

- Draft global action plan on climate change and health (2025-2028)
- ICN position statement: Nurses, climate change and health
- ICN topic brief: Nursing for planetary health and well-being
- Planetary Health and Climate Change, Statement on behalf of the ICN Nursing Student Steering Group and the ICN Alliance of Student and Early Career Nurses
- Break the Fossil Influence campaign 2025
- WHO Civil Society Working Group to Advance Action on Climate Change and Health

## Item 24.2 Global strategies and plans of action that are scheduled to expire within one year

### Global strategic directions for nursing and midwifery 2021 – 2025

#### Nursing policy considerations

- ICN strongly supports the extension of the Global strategic directions for nursing and midwifery 2021-2025 (GSDNM) for accelerated progress on building the strong, sustainable, supported nursing workforce the world needs to meet health needs and achieve universal health coverage around the globe.
- The update of the GSDNM should be based on the recently released *State of the World's Nursing* report 2025 which provides essential data on workforce shortages, unequal distribution, and unethical migration, informing future policy decisions.
- WHO must support Member States to rapidly accelerate implementation of the GSDNM to turn political will in the form of endorsement into measurable impact. This includes technical assistance for rapid implementation support, support data system strengthening to collect and analyse workforce data, and coordinating alignment, harmonization and accountability across countries and regions.
- Member States must invest adequate resources and commit to clear deliverables to improve retention, expand the workforce, create decent jobs, strengthen education, optimize roles for advanced practice, empower nurse leaders, and enhance regulation.

#### Background

Since their adoption, the GSDNM have contributed to advancements in education, employment and working conditions of nurses and midwives and health systems globally. Despite this, the global nursing shortage persists, protections against workplace violence remain inadequate, nurses are poorly compensated, staffing safeguards are insufficient, mental health support in limited and there are stark inequalities in workforce distribution. As progress has not been sufficient to improve the nursing workforce crisis, ICN strongly advocated for the extension of the GSDNM leading up to the WHA78. Co-hosted by ICN, the 2024 Global Partners Meeting on Nursing and Midwifery was a critical opportunity to take stock on progress of the GDSNM and during discussions ICN expressed strong support for the extension of the GSDNM until 2030. This was echoed by government chief nursing and midwifery officers and partners attending the meeting.

The purpose of the EB report was to consider whether the GSDNM had fulfilled its mandate or should be extended and/or needs adjustment. It notes that there has been extensive uptake of the GSDNM and that 84 Member States are making (or planning) national strategy adaptations that will continue beyond December 2025. The report notes that in 2026–2030, addressing the persisting challenges in jobs, education, leadership and service delivery, along with emerging priorities in climate, digital health and technology, mental health and gender equality, will be essential to consolidate the gains and accelerate action in the remaining SDG era.

#### World Health Assembly actions

- The WHA adopted decision WHA78(21) *Global strategic directions for nursing and midwifery 2021–2025: extension* which extends the GSDNM until 2030 and requests the Director-General to report to the WHA on the progress made in implementing the decision, integrated with reporting on implementation of the *Global strategy on human resources for health: workforce*

*2030.*

- Over 20 Member States took the floor to express their strong support for the extension of the GSDNM. Statements of support were made on behalf of the 47 Member States of the African Region and the 23 Member States of the Eastern Mediterranean Region.
- Echoing ICN, Member States highlighted the critical need to accelerate progress in the implementation of the GSDNM.
- Several Member States highlighted the crucial role that nurses play in achieving UHC and meeting global health needs.

**Highlights from statements delivered from the floor by Member States:**

- "It is imperative to look beyond 2030 and begin shaping a long-term vision. The coming decade must position the nursing and midwifery professions to address new and evolving challenges, including digital transformation, climate-related health risks, and innovative models of care. Future strategies must be forward-looking, evidence-based, and inclusive, placing nurses and midwives at the core of health system transformation."
- "Nurses and midwives are at the forefront of shaping health systems and policies."
- "The next phase must strengthen leadership development to enable nurses and midwives to influence policy and decisions."
- "Strengthening this workforce is not just a health priority, it is a development imperative."
- "The report's global evidence-based and policy recommendations have guided national efforts to align nursing workforce development with health system needs, ensuring that nurses are empowered as key drivers of health, equity and resilience."
- "We are convinced that investment in this sector, in nursing and midwifery, is investment in the future of humankind."
- "The capacity building of nursing and midwifery is a priority."
- "Nursing leadership is essential to advancing access to health services and achieving universal health coverage."
- "Small island developing states…face unique structural challenges in translating global priorities into national actions such as economic constraints that limit training capacity, workforce retention and working conditions."
- "While we celebrate the progress made through the Strategic Directions since 2021 to improve the education, employment and working conditions of midwives and nurses, we also note the global shortage of 6 million midwifery and nursing personnel."

**Policy documents & resources**

- ICN WHA Statement
- Global strategic directions for nursing and midwifery 2021–2025
- *State of the World's Nursing* report 2025
- Assessing the global sustainability of the nursing workforce: A survey of ICN NNA Presidents (March 2025)
- International Nurses Day 2025: Caring for nurses strengthens economies

## Global strategy on digital health 2020–2025

### Nursing policy considerations

- Digital health must support integrated, people-centred health systems and promote health equity.
- The development of digital health technology should be supported by the use of an international terminology standard, such as the International Classification for Nursing Practice (ICNP), that facilitates the representation and comparison of the nursing domain worldwide.
- Nurses must be involved and participate in national and global digital health decision-making forums and included in the planning, design, testing and implementation of digital health products and digitized health systems.
- Nurses must participate in monitoring and evaluating new and emerging digital health technologies to ensure they are positively contributing to health system and health workforce processes and health needs at all levels.
- Nurse leaders play a crucial role in positively shaping the advancement of digital health and should be supported and resourced to lead the digital transformation for the nursing workforce.
- There is an urgent need for the nursing workforce to acquire the skills and competencies to deliver high-quality, safe, optimized person-centred care in a digital health environment and to lead and participate in digital health initiatives, decision-making and evaluation.
- Considering barriers faced by some countries to implement appropriate digital health technologies, in particular least-developed countries, global collaboration and resourced mechanisms to support these countries to advance their digital health capabilities are essential to shrink the digital divide.
- WHO must increase awareness on the environmental and health impact of digital waste and for digital health strategies to include plans to mitigate this impact.

### Background

The purpose of the EB report was to consider whether the Global strategy on digital health 2020–2025 had fulfilled its mandate or should be extended and/or needs adjustment. Since 2020, Member States, the Secretariat and development partners have undertaken numerous initiatives and support activities to implement the four strategic objectives of the global strategy on digital health, through coordinated engagement and partnerships with various stakeholders. The report noted the need to extend the global strategy to 2027 to allow Member States and stakeholders time to assimilate the Global Digital Compact and to align digital health efforts with the 2030 outcomes for the Compact and the SDGs, leveraging rapidly accelerating transformative technologies such as artificial intelligence and quantum computing.

### World Health Assembly actions

- The WHA adopted decision WHA78(22) *Global strategy on digital health 2020–2025: extension* which extends the global strategy until 2027 and requests the Director-General to develop a draft global strategy on digital health for the period 2028–2033 consideration by the 80th WHA (2027).

### Policy documents & resources

- Global strategy on digital health 2020–2025
- Global Digital Compact
- ICN position statement: Digital health transformation and nursing practice

## Global action plan on the public health response to dementia 2017–2025

### Nursing policy considerations

- As the Global Action Plan emphasizes workforce capacity-building as essential for improving care quality, nurses must be prepared to meet the complex needs of people living with dementia across settings.
- Integrate dementia care competencies into all levels of nursing education and continuing professional development. Training should include early identification, person-centred care, behavioural symptom management, communication techniques, and palliative care.
- Nurses lead the implementation of person-centred dementia care models that respect autonomy, dignity, and human rights, in accordance with international frameworks and the Convention on the Rights of Persons with Disabilities.
- Ensure policies support community health nurses in dementia risk reduction, early detection, and care coordination.
- Governments must invest in nurse-led models of care in long-term, home, and palliative care settings, including case management, gerontological nursing, and multidisciplinary coordination.
- Retaining a skilled, supported nursing workforce is essential to meet the increasing global demand for dementia care.

### Background

In 2021, 57 million people worldwide lived with dementia, with over 60% in low- and middle-income countries. The same year, dementia was the seventh leading cause of death and accounted for 30% of disability-adjusted life years among neurological conditions globally. The global action plan on the public health response to dementia aims to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on communities and countries. It provides a set of actions to realize the vision of a world in which dementia is prevented and people with dementia and their carers receive the care and support they need to live a life with meaning and dignity. Areas for action include increasing prioritization and awareness of dementia; reducing the risk of dementia; diagnosis, treatment and care; support for dementia carers; strengthening information systems for dementia; and research and innovation.

The purpose of the EB report was to consider whether the action plan had fulfilled its mandate or should be extended and/or needs adjustment. It noted that overall progress is slow, and implementation proves challenging, hampered by limited resources and competing priorities. Currently, no target is on track to be met by 2025. All actions outlined in the global action plan for countries and partners are still relevant.

### World Health Assembly actions

The WHA adopted decision WHA78(23) *Global action plan on the public health response to dementia*

*2017–2025: extension* which extends the global action plan to 2031, in line with the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

**Policy documents & resources**

- WHO global action plan on the public health response to dementia (2017–2025)
- Global status report on the public health response to dementia

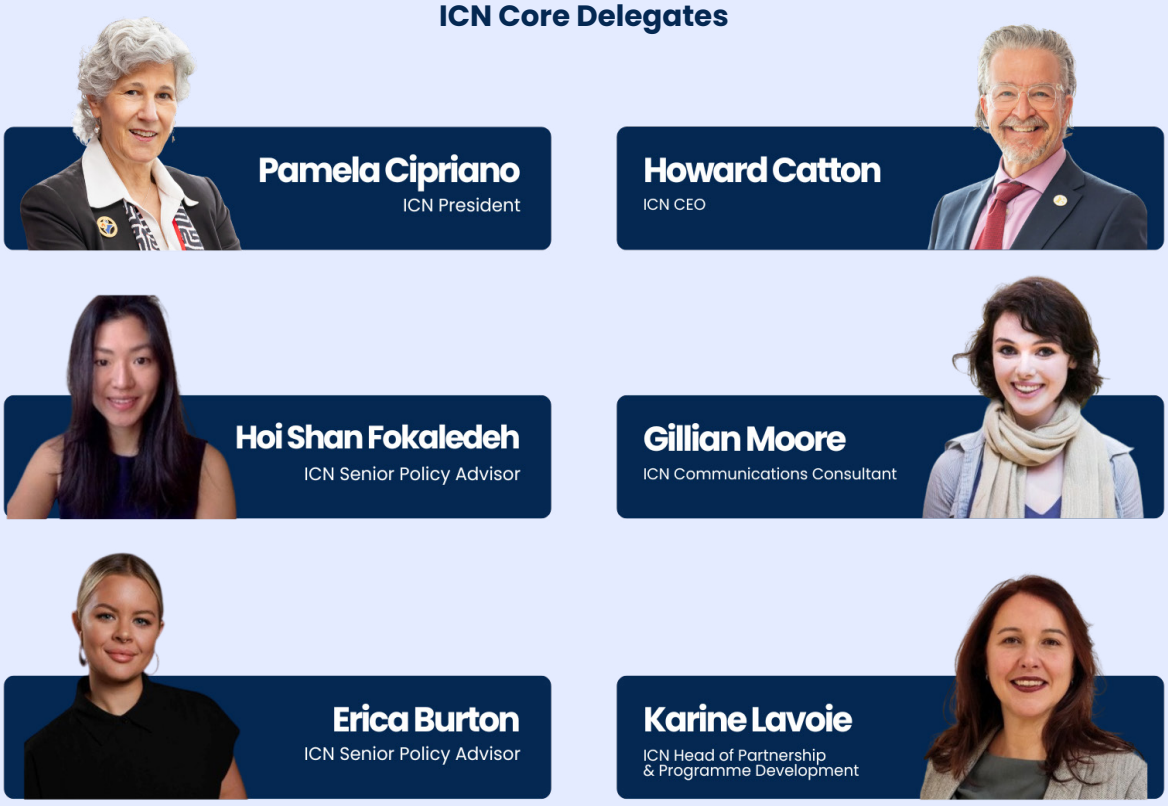
# • ICN DELEGATION •

The ICN delegation took a hybrid format with six delegates (Non-State Actor delegation size limit) attending in person and over 120 attending virtually online. Delegates were from more than 100 countries around the world and included representatives from ICN National Nursing Association (NNA) members , ICN specialist affiliate members, the ICN Board of Directors, the ICN Global Nursing Leadership Institute (GNLI) scholars and alumni, ICN staff, and student and early career nurses from both the outgoing ICN Nursing Student Steering Group and the newly established ICN Alliance of Student and Early Career Nurses.

Delegates engaged in discussion throughout the week on the delegation's What's App group and contributed their policy perspectives to the agenda items through live briefing documents.

ICN wishes to thank all delegates for their participation in the ICN delegation to the 78th WHA which contributes to making the nursing voice heard at the WHA and ensures that the discussions and decisions that take place in this forum feed back into national nursing policy through ICN NNA members.

**ICN Core Delegates**



# • ICN ACTIVITIES AT WHA •

### Welcome meeting

On 16 May, ICN hosted a welcome meeting for delegates at which ICN President Dr Pamela Cipriano welcomed the ICN delegation; ICN CEO Howard Catton gave an overview of priorities for the week; and ICN Senior Policy Advisors Erica Burton and Hoi Shan Fokeladeh provided important information for delegates to support their participation on the virtual delegation and gave an overview of the WHA agenda and ICN statements. ICN delegates then had an opportunity to deliver interventions, contributing their regional and national perspectives on WHA agenda items.

### ICN nurse delegates' luncheon

Every year during the WHA, ICN hosts a luncheon offering the opportunity for both the in-person and virtual delegation to gather with nurses working in other NGOs and from member countries' delegations to exchange and consult on the profession at a global policy level. This year's luncheon was held on 22 May, in person and virtually, and included ICN WHA delegates, Chief Nursing and Midwifery Officers, WHO Secretariat nurses, Ministers of Health, senior representatives from leading health and humanitarian organizations and other dignitaries.

ICN's President, Dr Cipriano, opened the luncheon by discussing ICN's ongoing work on key WHA agenda items of relevance to nursing, insights from the recent *State of the world's nursing* 2025 report (SOWN 2) as well as ICN's International Nurses Day 2025 report and *Assessing the Global Sustainability of the Nursing Workforce: A Survey of NNA Presidents within ICN*. Senior Policy Advisor Erica Burton spoke virtually and shared the activities of the virtual delegates and Senior Policy Advisor Hoi Shan Fokeladeh provided an overview of the statements that ICN was to deliver on key WHA agenda items.

## On-site meetings

On-site delegates held a number of bilateral meetings during the WHA. ICN had the opportunity to meet and discuss issues with several organizations and individuals including: Dr Gylian Mein, Chief Nursing Officer, Seychelles; Agnes Baku Chandia, Chief Nursing Officer, Uganda; Abdallah Sidi Mohamed Weddih, Minister of Health, Mauritania; Barbara Schedler Fischer, Co-Head of the Global Health, Ministry of Health, Switzerland; and delegates of the Saudi Commission for Health Specialities.

## Side events

During the WHA, WHO member states and global organizations held side events, many of which ICN both participated in and attended, including:

- Enhancing collaboration and solutions for health workforce migration: Strengthening global health systems (hosted by the World Medical Association)
- Adapting for impact: Health, equality, and rights in an era of uncertainty (hosted by Women in Global Health & Save the Children)
- Global launch of 'Digital Health sans Borders' (hosted by Health Parliament, the Academy of Digital Health Sciences, the Geneva Digital Health Hub &the Global Initiative on Digital Health)
- The collaborative role of the global patient organisation community in advancing social participation for universal health coverage (hosted by International Alliance of Patients' Organizations (IAPO) & Civil Society Engagement Mechanism for UHC2030 (CSEM)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- Global Health Diplomacy Forum (hosted by the Taiwan Healthcare Youth Alliance)
- Leveraging new technologies for the protection of healthcare: Advancing prevention and accountability (hosted by the Permanent Mission of Poland & the Permanent Mission of Spain)
- Rising challenges, diminishing resources: Investing in the health workforce to deliver UHC (hosted by the World Health Professions Alliance, including ICN)


- The power of global partnerships in achieving UHC (hosted by Global Health Partnerships & the UK Government)
- From plan to impact: Accelerating the Global Patient Safety Action Plan in a risk-prone world (hosted by the Saudi Patient Safety Center)
- Better adherence, better control, better health (hosted by the World Heart Federation)
- UHC2030 driving strategic change in health financing through the Lusaka Agenda (hosted by CSEM, UHC2030, United Nations Foundation & WACI Health)
- Transforming healthcare (hosted by the Global Health Forum)

- Accelerating action on the global health and care workforce (hosted by the governments of Philippines, Germany, Morocco & Ireland, Frontline Health Workers Coalition & the World Medical Association)
- Reshaping Universal Health Coverage - The path ahead: Strengthening Universal Health Coverage in a transforming world (hosted by STUF United Fund & the Global Health Council)
- Strengthening the continuum of care to achieve Universal Health Coverage (hosted by the governments of India, Bahamas, Malaysia, France, Tanzania & Thailand)
- Acting on resolution WHA76.2 – the ECO resolution. Strengthening acute care systems to save more lives (hosted by the Acute Care Action Network)
- Nursing and midwifery leadership driving global health goals (hosted by the governments of Romania, Jordan, Japan, Thailand & Indonesia, & the South Eastern European Health Network)
- Strengthening bilateral agreements on health worker migration: Towards mutual benefit and health systems strengthening (hosted by Global Health Partnerships)
- Digital pathways to strengthen and sustain the global health workforce (hosted by the Saudi Commission for Health Specialties, NHS Health Education England & the International Association of National Public Health Institutes)
- Spotlighting healthcare - The power of storytelling in a changing world (hosted by BBC Storyworks