

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

ICN Report on the 79th World Health Assembly

Prepared by Erica Burton, ICN Senior Policy Advisor,
Nursing & Health Policy

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ICN
International
Council of Nurses

The global voice of nursing

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3, place Jean-Marteau, 1201 Geneva, Switzerland

FOREWORD

The International Council of Nurses once again brought a strong delegation to the 79th World Health Assembly (WHA), held under the theme *“Reshaping global health: a shared responsibility.”* Nurses are reshaping global health not only through their front-line expertise, but also through their growing influence in the highest levels of global health governance.

At a time marked by increasing public health emergencies, geopolitical instability, and a global shortage of 5.8 million nurses, ICN brought both an in-person delegation and a virtual delegation of more than 150 nurse leaders from around the world. Our interventions made clear that no resolution passed in Geneva — whether on health emergencies, primary health care, mental health, or universal health coverage — can be implemented without a strong and empowered nursing workforce. By delivering statements on nine key agenda items, hosting side events, and engaging in more than 50 bilateral meetings with Member States and WHO leadership, we demonstrated that nurses are shaping policy, not only responding to it. This advocacy reinforces that nursing is not a cost, but one of the highest-return investments in global health. Empowered nurses save lives, strengthen health systems, and drive progress toward every global health target.

This report provides a summary of our statements and highlights other key agenda items of importance to nursing. It includes background information on each topic, nursing policy considerations, and links to relevant documents.

During WHA week, ICN held our annual nurses’ luncheon, bringing together nurses from country delegations, WHO, partner organizations, and our own delegation to exchange views on WHA discussions and explore how nurses can make an impact. ICN also co-hosted a gathering of WHPA leaders and a Ministerial Dialogue on health worker mobility. We convened representatives of the Conference of NGOs in Consultative Relationship with the United Nations (CoNGO) and held a series of high-level bilateral meetings with country delegations, nursing leaders, and many health organizations and partners.

Throughout the World Health Assembly — and throughout the year — ICN empowers nurses by ensuring their expertise is visible, valued, and influential at every level of decision-making. The strong presence of the ICN delegation in Geneva is not a once-a-year event, but part of a continuous cycle of advocacy, leadership development, and global engagement that equips nurses to shape policy, drive innovation, and strengthen health systems.

Through our policy work, education programmes, humanitarian initiatives, and ongoing dialogue with governments and partners, ICN builds the confidence, skills, and political voice of nurses worldwide. In doing so, we turn opportunities such as the World Health Assembly into lasting momentum — ensuring nurses are not only heard during global health discussions but are leading health policy implementation throughout the year.



Dr José Luis Cobos Serrano
President
International Council of Nurses

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INTRODUCTION

The 79th World Health Assembly (WHA) opened on 18 May and closed on 23 May 2026. 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.

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 and 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. 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.

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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 2026, as it does each year, ICN wrote to national Ministers of Health encouraging them to include a nurse in their country's delegation and describing 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, members of ICN's Nursing and Health Policy and Communications teams and the Chair of the ICN Alliance of Student and Early Career Nurses (ICN SECN Alliance) took the opportunity to meet with key nursing and health leaders to strengthen partnerships and collaboration. They also took part in over 50 side events held throughout the week. This year, ICN hosted and co-hosted a number of side events and meetings and the ICN Headquarters served as a central hub for global nursing and health workforce discussions 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 against a backdrop of escalating public health emergencies, including hantavirus and devastating Ebola outbreaks in the Democratic Republic of Congo and Uganda. ICN has been raising the alarm that these outbreaks have tragically cost health workers their lives, with nursing leaders once again reporting a lack of personal protective equipment (PPE) and fears for their safety. Simultaneously, the world faces wider challenges, including geopolitical uncertainty, climate crises, and conflicts along with rising health demands, severe cuts to global health funding, and the ongoing restructuring of the WHO. All of this made WHA79 a defining moment for global health leadership and made ICN's presence, voice, and advocacy more vital than ever.

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.

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➤
ICN's WHA Nurses Luncheon brought together global nursing and health leaders to connect and advance the world's nursing agenda.





HIGHLIGHTS OF THE 79th WHA AGENDA

ICN statements on agenda items

- 12.2 Mental health
- 12.3 Communicable diseases: Immunization Agenda 2030
- 12.4 Universal health coverage: Draft global strategy for integrated emergency, critical and operative care, 2026–2035
- 12.5 Primary health care
- 12.6 Health in the 2030 Agenda for Sustainable Development (constituency statement)
- 12.8 Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel
- 14.1 WHO's work in health emergencies
- 15.5 Draft strategy on the economics of health for all (constituency statement)
- 20.1 Reform of the global health architecture and the UN80 Initiative (constituency statement)

Adopted decisions

- WHA79(7) Outcome of the open-ended Intergovernmental Working Group on the WHO Pandemic Agreement in relation to the drafting and negotiation of the Annex described in Article 12 of the WHO Pandemic Agreement
- WHA79(9) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- WHA79(10) Health emergency in Lebanon
- WHA79(11) Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression
- WHA79(15) End TB Strategy
- WHA79(16) Follow-up to the 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
- WHA79(17) Global strategy for integrated emergency, critical and operative care, 2026–2035
- WHA79(18) Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
- WHA79(19) Global action plan on antimicrobial resistance 2026–2036
- WHA79(20) Reform of the global health architecture and the UN80 Initiative
- WHA79(21) Draft global plan of action for the health of Indigenous Peoples
- WHA79(22) Economics of health for all

Adopted resolutions

WHA79.1	Health conditions in the occupied Palestinian territory, including east Jerusalem
WHA79.4	Steatosis liver disease: a missing piece in the global noncommunicable disease response
WHA79.5	Global action to advance health equity for people with haemophilia and other bleeding disorders
WHA79.6	Public health implications of the unprovoked attacks by the Islamic Republic of Iran on civilians and essential civilian infrastructure in Gulf Cooperation Council countries and Jordan
WHA79.9	Strengthening equitable access to diagnostic imaging through teleradiology
WHA79.10	Reducing the burden of stroke: strengthening prevention, acute care, rehabilitation and health system readiness
WHA79.11	Advancing smart, efficient pharmacovigilance as an essential tool for robust, sustainable, resilient and responsive health systems, for everyone, everywhere
WHA79.12	WHO Global Code of Practice on the International Recruitment of Health Personnel
WHA79.13	Radiation and health: strengthening global protection, preparedness and response

Addresses by the WHO Director General

On 18 May 2026 during the first plenary session, Dr Tedros Adhanom Ghebreyesus, the WHO Director-General (DG), delivered his high-level welcome and on 19 May 2026, during the third plenary session, he delivered his opening address. In his opening address he highlighted that the world is facing a shortage of 11 million health workers by 2030, with the biggest gaps in the African and Eastern Mediterranean Regions and noted that more than half the gap is a shortage of nurses, referencing the 2025 State of the World's Nursing Report. The DG noted that in the last 12 months, WHO supported 11 countries facing the most acute shortages to strengthen their national workforce strategies, contributing to commitments for nearly 100 000 new health worker jobs and that, with WHO support, 38 countries have more than doubled their health workforce over the past 10 years. Read the full text of both [here](#).

On 23 May 2026, the DG gave closing remarks – Read the full text [here](#).

The world is facing
a shortage of

11 M

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38

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KEY AGENDA ITEMS FOR ICN AND NURSING

ITEM 12.1 FOLLOW-UP TO THE POLITICAL DECLARATION OF THE FOURTH HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES



Nursing policy considerations

- Nurses play a critical role in preventing, detecting, treating and managing non-communicable diseases (NCDs).
- The ambitious commitments made in the UN HLM4 political declaration on NCDs will not be realized unless countries strengthen the health and nursing workforce.
- Nurses must be recognized as a central pillar in national and global NCD strategies and be actively involved in their development and implementation.
- Countries should increase nurse-researcher representation on national NCD advisory committees, clinical guideline panels and global health task forces.
- Community-based primary health care (PHC) remains the most effective and equitable approach for reducing the burden of NCDs. Nurse-led community-based health services improve access to prevention, early diagnosis, chronic disease management and rehabilitation.
- Countries should invest in the education, recruitment and retention of community and primary care nurses, position them as the frontline in the prevention and management of NCDs, and empower them to work to their full scope of practice.
- Regulatory and legislative frameworks should support nurse practitioners and advanced practice nurses to provide autonomous preventive, diagnostic and integrated care for people living with NCDs.
- Nurses play a vital role in promoting health literacy, supporting self-management of chronic conditions and empowering individuals and families to make informed decisions about their health.



Background

NCDs remain the leading cause of death worldwide, accounting for approximately three-quarters of all global deaths. As a result of earlier investments in proven prevention and treatment measures, such as tobacco control, hypertension management and cancer screening, cardiovascular diseases and some cancers have declined in the past two decades. Mortality from other causes, including liver and pancreatic cancer, diabetes, liver cirrhosis, and several mental and neurological conditions, has risen in many countries, offsetting earlier progress. There is a persistent global inequality in the risk of dying prematurely from NCDs – in 2019 there was a 50% gap between the lowest and highest national NCD mortality rates.

The fourth UN high-level meeting of the General Assembly on the prevention and control of NCDs and the promotion of mental health and well-being (HLM4), held in 2025, adopted a new political declaration entitled *Equity and integration: transforming lives and livelihoods through leadership and action on noncommunicable diseases and the promotion of mental health and well-being* that establishes renewed global commitments and targets through 2030 and beyond. The Declaration recognizes that progress towards Sustainable Development Goal (SDG) target 3.4 remains insufficient and calls for stronger investments in prevention, PHC, integrated service delivery and health workforce development.

The report presented to the WHA79 reviewed progress made in implementing previous WHO resolutions and decisions on NCDs and mental health. It emphasized the need for accelerated implementation of evidence-based interventions, stronger multisectoral action addressing the commercial and social determi-

nants of health, improved access to essential medicines and technologies, and better integration of mental health services within universal health coverage. It highlighted the critical importance of strengthening PHC, improving equity and building resilient health systems capable of responding to the growing NCD burden.

NCDs remain the leading cause of death worldwide, accounting for approximately three-quarters of all global deaths.



Outcome at WHA79

The WHA adopted decision WHA79(16) Follow-up to the 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 which:

- Welcomed the Declaration adopted at HLM4
- Requested the DG to support Member States in implementing the commitments contained within the Declaration
- Requested the DG to continue reporting annually, through the WHO Executive Board and WHA until 2031, on progress in implementing the Declaration as part of the consolidated reporting on NCDs and mental health.



Policy documents and resources

- WHPA Press Release UNHLM 4 NCDs
- 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 (extended to 2030)
- Saving lives, spending less: The global investment case for noncommunicable diseases (2025)

ITEM 12.2 MENTAL HEALTH



Nursing policy considerations

- Mental health must be a global health priority and recognized 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.
- Nurses should be actively involved in the development, implementation and evaluation of national mental health policies and services.
- Governments should invest in developing and sustaining the mental health nursing workforce, its scope of practice and competence, recognizing that severe shortages continue to limit access to care in many countries.
- Mental health promotion should address the broader social, economic and environmental determinants of health, including poverty, discrimination, social isolation, conflict and climate change.
- Community-based, recovery-oriented and person-centred models of mental health care should be strengthened, with nurses empowered to practise to their full scope within multidisciplinary teams.
- There is a severe shortage of mental health nurses, who make up just 1% of the nursing workforce.
- There is a significant need for specialization and advanced practice roles in mental health care.
- Governments must prioritize the mental health and well-being of the health workforce by ensuring access to confidential psychological support, safe working environments and policies that prevent burnout, moral distress and workplace violence.



Background

Mental health is a fundamental component of health and well-being, yet mental disorders remain among the leading causes of disability worldwide. An estimated one in eight people globally (around 970 million people) were living with a mental disorder in 2019, with anxiety and depressive disorders increasing significantly following the COVID-19 pandemic. Despite growing recognition of mental health as a global priority, many people continue to face barriers to accessing quality mental health services, particularly in low- and middle-income countries. WHO has supported Member States through the Comprehensive Mental Health Action Plan 2013–2030 and by promoting the integration of mental health into PHC.

The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 reviewed progress in implementing these commitments and recent developments following the adoption of the 2025 UN Political Declaration on NCDs and mental health.

An estimated one in eight people globally (around 970 million people) were living with a mental disorder in 2019.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- Member States welcomed the increased prominence of mental health within the 2025 UN Political Declaration on NCDs and mental health.
- Member States reaffirmed the importance of integrating mental health into PHC and universal health coverage (UHC).
- Member States emphasized the need to accelerate implementation of the Comprehensive Mental Health Action Plan 2013–2030.
- Progress was noted in implementing WHO's mental health agenda and reaffirmed the importance of mental health as an integral component of UHC.
- Member States were encouraged to accelerate implementation of existing WHO mental health commitments, including expanding access to quality, rights-based mental health services and strengthening the mental health workforce.
- WHA79 requested WHO to continue supporting Member States in strengthening mental health systems and monitoring progress.



Policy documents and 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](#)
- [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](#)

ITEM 12.3 COMMUNICABLE DISEASES

- Immunization Agenda 2030
- Road map for neglected tropical diseases 2021–2030
- End TB Strategy



Nursing policy considerations

- Nurses play a central role in preventing, detecting and responding to communicable diseases through immunization, surveillance, health promotion, early diagnosis, treatment and follow-up across all levels of the health system.
- Immunization programmes depend on a competent, adequately resourced nursing workforce. Governments must invest in nursing education, workforce capacity and leadership to improve vaccination coverage and reduce inequities.
- Nurses are essential to identifying and reaching zero-dose and under-immunized populations, particularly in rural, remote, conflict-affected and underserved communities.
- As the largest providers of immunization globally, nurses bring essential expertise in behavioural and social strategies to address under-vaccination, counter misinformation, build public confidence, and improve coverage.

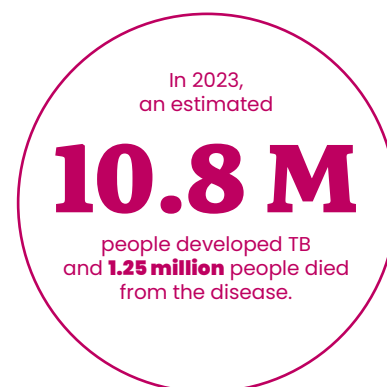
- Community and PHC nurses should be empowered to lead integrated communicable disease programmes, including tuberculosis (TB), neglected tropical diseases (NTDs) and vaccine-preventable diseases.
- Ending TB and accelerating progress towards eliminating NTDs requires sustained investment in nurse-led community services, integrated PHC and action on the social determinants of health.
- Governments must invest in ongoing training of nurses to ensure adequate preparation in the detection of new, emerging, and re-emerging diseases.



Background

Communicable diseases remain a major global health challenge despite significant progress in prevention, diagnosis and treatment. Vaccine-preventable diseases continue to cause outbreaks where immunization coverage has declined, TB remains the world's leading infectious killer, and NTDs continue to affect more than one billion people, primarily in low- and middle-income countries. In 2023, an estimated 10.8 million people developed TB and 1.25 million people died from the disease. Meanwhile, global childhood immunization has recovered following the COVID-19 pandemic, but coverage remains below pre-pandemic targets in many countries, leaving millions of children under-immunized. WHO supports Member States through the *Immunization Agenda 2030*, the *Road map for neglected tropical diseases 2021–2030*, and the *End TB Strategy*, which provide frameworks for accelerating progress towards disease elimination and universal access to prevention, diagnosis and treatment.

The reports ([EBI58/8](#), [EBI58/9](#), [EBI58/10](#)) presented to the WHO Executive Board and subsequently considered by WHA79 reviewed progress in implementing these global strategies, highlighted remaining challenges, and identified priorities for accelerating action towards the 2030 targets.



Outcome at WHA79

The WHA noted the reports. Discussion highlights included:

- Continued progress in implementing the Immunization Agenda 2030 was welcomed, while the need to address persistent gaps in vaccine coverage and equity was recognized.
- WHA emphasized the importance of strengthening routine immunization programmes, surveillance systems, and outbreak preparedness.
- The need to accelerate implementation of the Road map for neglected tropical diseases 2021–2030 was reaffirmed, particularly through integrated, people-centred approaches and strengthened health systems.
- WHA reiterated the urgency of ending tuberculosis as a public health threat by accelerating implementation of the End TB Strategy, including expanding access to prevention, diagnosis and treatment.
- The importance of addressing antimicrobial resistance, co-infections, and the social determinants that contribute to communicable diseases was highlighted.
- WHA requested WHO to continue supporting Member States in monitoring progress, strengthening health systems, and accelerating implementation of global communicable disease strategies.



Policy documents and resources

- [ICN WHA Statement](#)
- [Immunization Agenda 2030: A global strategy to leave no one behind](#)
- [Implementing the Immunization Agenda 2030](#)
- [IND 2026 Case Study: Nurse-led palliative care for multidrug-resistant tuberculosis in Uganda \(pg.45\)](#)

ITEM 12.4 UNIVERSAL HEALTH COVERAGE

- Draft global strategy for integrated emergency, critical and operative care, 2026–2035



Nursing policy considerations

- Nurses deliver as much emergency care around the world as doctors and may be trained as specialists of the first hour of care.¹
- ICN is a member of the [WHO Acute Care Action Network \(ACAN\)](#) which aims to strengthen acute care delivery in low- and middle-income countries, empower communities, improve quality, enhance access and inform action.
- Nurses are central to delivering safe, timely, high-quality emergency, critical, and operative care. Strengthening ECO systems will not be possible without sustained investment in the health workforce, particularly education, regulation, and retention.
 - Multidisciplinary interprofessional care teams that include nurses, doctors and other health workers optimize care continuity and comprehensiveness, make service delivery more efficient, and improve patient outcomes and satisfaction.
 - Countries must ensure availability of dedicated pre- and in-service ECO training as well as ECO specialist training pathways for nurses and other relevant health worker cadres.
 - Health workers delivering ECO are disproportionately exposed to infectious and other hazards, injuries, and physical and psychological violence because ECO services often address high acuity conditions, and are required during public health emergencies and conflict. As such, countries must prioritize protecting and supporting the physical and mental health of the health workforce.

The conditions addressable by ECO [...] are responsible for an estimated

38 M

deaths and **1.3 billion** disability adjusted life years annually.



Background

Emergency, critical and operative (ECO) care encompasses the integrated services required to manage acute illness and injury across the continuum of care, including emergency care, critical care, surgery, anaesthesia and related services. These services are essential components of UHC and are fundamental to preparedness for health emergencies. However, significant inequities in access to timely, safe and quality ECO care persist, particularly in low- and middle-income countries, leading to acute, life-threatening complications and chronic disabilities. The conditions addressable by ECO span all major health areas, encompass the top global causes of death and

¹ <https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/emergency-critical-and-operative-care>

disability and are responsible for an estimated 38 million deaths and 1.3 billion disability adjusted life years annually.²

Following the adoption of resolution WHA76.2 in 2023 and a subsequent decision of the 77th WHA requesting development of a global strategy, WHO undertook an extensive consultation process with Member States and stakeholders. The resulting *Global Strategy for Integrated Emergency, Critical and Operative Care 2026–2035* provides a framework to strengthen integrated, people-centred ECO services as part of resilient health systems and to support progress towards UHC.



Outcome at WHA79

WHA79 adopted decision [WHA79\(17\)](#) *Draft global strategy for integrated emergency, critical and operative care, 2026–2035*, adopting the global strategy and requesting the DG to report on progress of its implementation to the WHA in 2027, 2029 and 2031.

Discussion highlights included:

- Member States recognized the importance of ECO in achieving UHC.
- Member States are urged to strengthen governance, financing, workforce capacity, infrastructure, information systems and quality improvement for ECO services.
- Emphasis on equitable access to timely, safe and quality ECO care, particularly for underserved populations and in humanitarian settings.



Policy documents & resources

- [EB158/11 Draft global strategy for integrated emergency, critical and operative care, 2026–2035](#)

Under this agenda item, WHA79 also adopted three resolutions of relevance:

- [WHA79.9](#) Strengthening equitable access to diagnostic imaging through teleradiology
- [WHA79.10](#) Reducing the burden of stroke: strengthening prevention, acute care, rehabilitation and health system readiness
- [WHA79.11](#) Advancing smart, efficient pharmacovigilance as an essential tool for robust, sustainable, resilient and responsive health systems, for everyone, everywhere

ITEM 12.5 PRIMARY HEALTH CARE



Nursing policy considerations

- Nurses play a critical role in developing high-performing, safe, appropriate, and sustainable PHC systems.
- Nurses must be enabled to work to their full scope of nursing practice by strengthening and modernizing regulation.
- Care coordination led by nurses is an effective and evidence-based solution that exemplifies and contributes to PHC.

² Wimmer S, Sarabu S, Hynes EC, Plummer ML, Bognini MS, Kebede MA, et al. Global burden of emergency and operative conditions: an analysis of Global Burden of Disease data, 2011–2019. *Bulletin of the World Health Organization*. 2025;103:194–203. doi: <http://dx.doi.org/10.2471/BLT.24.292412>

- Governments must commit to strengthening PHC through implementation of the Astana Declaration and actualize this commitment through valuing and prioritizing investment towards PHC. Investment in PHC should increase by at least 1% of gross domestic product.
- 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.
- Public awareness of multidisciplinary team-based care models that increase the effectiveness and value of PHC should be promoted and raised.
- Developing and building Advanced Practice Nursing roles will increase the domestic supply of professionals who are likely to be able to provide culturally safe PHC in the context of the local community.
- 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.



Background

PHC is the most effective and equitable approach to achieving UHC, improving population health and strengthening health system resilience. The global commitment to PHC began with the 1978 Alma-Ata declaration, which was reaffirmed in 2018 with the Astana Declaration. The world continues to recognize that strengthening PHC is the most inclusive, effective and efficient way to achieve UHC. In the 2023 United Nations Political Declaration on UHC, Heads of State and world leaders committed to using a PHC approach to accelerate progress towards UHC by 2030.

The report presented to the WHO Executive Board and subsequently considered by WHA79 provided an overview of global progress towards UHC by 2030 with a focus on strengthening PHC as the foundation for resilient, equitable and people-centered health systems. It highlighted PHC's central role in responding to increasing burdens of communicable and noncommunicable diseases, population ageing, health emergencies and climate-related health challenges.

In the 2023 United Nations Political Declaration on UHC, Heads of State and world leaders committed to using a PHC approach to accelerate progress towards UHC by 2030.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- The need for sustained investment in comprehensive, integrated and people-centred PHC services
- The importance of strengthening the health workforce to improve equitable access to essential health services
- The need to improve access to PHC for underserved and vulnerable populations by addressing barriers to care and the broader determinants of health
- The importance of integrating prevention, health promotion, treatment, rehabilitation and palliative care across the life course within PHC
- WHO's ongoing support to Member States in implementing the Operational Framework for Primary Health Care and monitoring progress towards UHC.



Policy documents & resources

- [ICN WHA statement](#)
- [ICN position statement: Primary health care](#)
- [WHO Operational Framework for 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](#)
- [Africa and Global Public Health Security & Primary Health Care Communiqué](#)
- [Nursing and Primary Health Care: Towards the realization of Universal Health Coverage](#)

ITEM 12.6 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.
- Governments should prioritize investment in the nursing workforce through education, employment, retention and leadership to accelerate progress towards SDG 3 and the wider 2030 Agenda.
- 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.
- Nurses must be recognized as leaders in achieving sustainable development, not only as providers of care.
- As discussions begin on the post-2030 development agenda, nurses should be actively engaged in shaping future global health and sustainable development priorities.
- The 2025 State of the World's Nursing report outlines a number of ways that nurses contribute to the health-related SDGs, including³:
 - 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 fewer than five years remaining, the world remains significantly off track to achieve the health and health-related SDGs by 2030. Stagnation and even reversals in maternal and child health, infectious disease control and UHC underscore the urgent need for stronger and more timely data systems to guide global and national agendas. At WHA78, Member States requested the WHO Secretariat to prioritize high-impact areas, help countries to identify national priorities and strengthen financing, information and human resources in the health sector. WHO was also urged to promote and lead international collaboration and identify financing mechanisms that enable low- and middle-income countries to maintain sustainable health policies.

The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 outlines progress on health-related SDGs subsequent to the report presented last year at WHA78 and using the most recently available data. The report also describes the progress made in strengthening data and health information systems.

Stagnation and even reversals in maternal and child health, infectious disease control and UHC underscore the urgent need for stronger and more timely data systems to guide global and national agendas.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- Concern that progress on many health-related SDG targets has stalled or reversed, particularly in countries facing conflict, climate-related disasters and economic instability
- The need for better measurement and use of data to track progress, identify inequities, and strengthen accountability
- The importance of maintaining political commitment to the 2030 Agenda while recognizing that current efforts are insufficient to meet many targets
- Growing attention to preparations for the post-2030 global development framework, including ensuring health remains central to future sustainable development priorities
- The value of stronger collaboration across sectors, recognizing that progress on health depends on action beyond the health sector.



Policy documents & resources

- [ICN WHA constituency statement](#)
- [United Nations SDGs](#)
- [World health statistics 2026: monitoring health for the SDGs, Sustainable Development Goals](#)

ITEM 12.7 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.
- Patient safety, an essential component to nursing practice, depends on access to safe, effective and quality-assured medical products.
- 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.
- There must be a paradigm shift from SF medical products as a distant supply chain issue to a recognition amongst nurses and other health workers of their role in detecting and reporting these products.
- 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. SF medical products continue to pose a significant threat to patient safety, health systems and public confidence in health care. They can result in treatment failure, antimicrobial resistance avoidable harm and death, while undermining efforts to achieve UHC. Globalized supply chains, expanding online markets and limited regulatory capacity in some countries have increased the complexity of detecting and preventing these products.

The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 contains the report of the 14th meeting of the Member State mechanism on substandard and falsified medical products.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- The continuing threat posed by SF medical products to patient safety, public health and confidence in health systems
- The importance of strengthening national regulatory authorities and surveillance systems to improve detection, reporting and response
- The need for greater international collaboration and information sharing to address increasingly complex and transnational supply chains

SF medical products continue to pose a significant threat to patient safety, health systems and public confidence in health care.

- The growing challenges associated with the online sale and distribution of SF medical products
- Continued support for the work of the WHO Member State Mechanism in coordinating global action, building regulatory capacity and sharing best practices among Member States.



Policy documents & resources

- [ICN position statement: Substandard and falsified medical products](#)
- [Substandard and falsified medical products fact sheet](#)
- [WHO medical products alert page](#)

ITEM 12.8 REPORT OF THE EXPERT ADVISORY GROUP ON THE WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL



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.
- The world's nurses are extremely inequitably distributed and high levels of nurse migration to high-income countries are exacerbating these inequalities.
- ICN welcomes the strengthening of the WHO Global Code of Practice but calls for urgent and meaningful implementation to ensure that international recruitment of nurses is ethical, equitable and sustainable.
- The global health workforce is a global public good and collective, worldwide action is needed to protect it. ICN believes that the following is needed:
 - Collective and concrete re-investment mechanisms shared by major recruiting countries
 - Directing co-investment towards nurse employment, education and retention
 - Investing in specialist nurses, nursing faculty, and leadership development
 - Financing mechanisms such as proportionate reinvestment linked to costs saved, revenue contributions, and debt forgiveness
 - Source countries as equal partners in decision-making
 - Convening a global meeting of high-recruiting countries.
- 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.
- There is a shocking lack of effective policy and practice to ensure fair working conditions, protect nurses from attacks, and support their mental health.
- Governments must leverage the data from the State of the World's Nursing report 2025, 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 Code of Practice on the International Recruitment of Health Personnel was adopted by the WHA in 2010 as the first global framework to promote ethical international recruitment of health personnel while strengthening national health systems. The voluntary Code establishes principles for balancing health worker mobility with the need to protect countries experiencing critical health workforce shortages.

At WHA79, Member States considered the report of the Expert Advisory Group (EAG), which reviewed the continuing relevance and effectiveness of the Code in light of increasing international migration of health workers, persistent workforce shortages and the lasting impacts of the COVID-19 pandemic. The EAG concluded that the Code remains highly relevant but recommended strengthening its implementation through enhanced reporting, stronger accountability, improved health workforce data, greater support for source countries and updated provisions to reflect current migration patterns and health system challenges. Key additions to the Code focus on inclusion of provisions on health personnel recruited internationally for employment as care workers; applicability of the Code recommendations during emergencies; and encouraging co-investment in health systems and health workforce to ensure international recruitment results in proportional benefits for source and destination countries.

The EAG concluded that the Code remains highly relevant but recommended strengthening its implementation [...] to reflect current migration patterns and health system challenges.



Outcome at WHA79

The WHA adopted resolution [WHA79.12](#) *WHO Global Code of Practice on the International Recruitment of Health Personnel* amending the Code to strengthen its implementation and better respond to contemporary health workforce challenges. This was the first update to the Code in 16 years. The additional text to the Code can be found in the Annex to the resolution.

Key actions contained in the resolution include:

- Reaffirming the importance of ethical international recruitment while recognizing the rights of health workers to migrate
- Updating the Code to include internationally recruited care workers and to strengthen its applicability during health emergencies
- Encouraging greater co-investment by destination countries in health workforce and health system strengthening in source countries
- Strengthening national health workforce planning, education, retention and investment to reduce excessive dependence on international recruitment
- Enhancing monitoring, reporting and international cooperation to support implementation of the Code
- Requesting WHO to update the Health Workforce Support and Safeguards List, strengthen technical support to Member States and continue monitoring implementation of the amended Code.



Policy documents & resources

- [ICN WHA statement](#)
- [ICN position statement: International career mobility and ethical nurse recruitment](#)
- [WHO health workforce support and safeguards list 2023](#) (updated version available later in 2026)
- [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 12.9 DRAFT UPDATED GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE



Nursing policy considerations

- 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.
- Nursing curricula should include competency-based, context-sensitive AMR education and should address the multidimensional drivers of AMR and antimicrobial stewardship.
- 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.
- Infection prevention and control (IPC) nurse specialists are critical to combatting AMR and IPC nurse specialists are ideally suited to lead IPC teams and initiatives to support the multidisciplinary team to apply IPC principles and best practices.
- 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.
- 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.
- ICN advocates for a comprehensive, whole of society approach grounded in the One Health framework, recognizing the interconnectedness of human, animal and environmental health.



Background

AMR is one of the world's most significant public health threats, affecting humans, animals, plants, food systems and the environment. AMR reduces the effectiveness of medicines used to treat bacterial, viral, fungal and parasitic infections and increases morbidity, mortality, and health care costs. According to WHO, in 2021, bacterial AMR alone directly caused an estimated 1.14 million human deaths and was associated with 4.7 million deaths globally.

The WHO Global Action Plan on AMR was adopted in 2015 and guided countries in developing national action plans based on a One Health approach. At WHA79, Member States considered a draft updated global action plan on AMR for 2026–2036 (GAP-AMR). The new action plan reflects scientific advances, evolving patterns of AMR, lessons from the COVID-19 pandemic and commitments arising from the 2024 UN high-level meeting on AMR. The updated plan emphasizes stronger governance, sustainable financing, equitable access to quality-assured antimicrobials, enhanced surveillance, infection prevention and control, antimicrobial stewardship, research and innovation, and multisectoral collaboration

According to WHO, in 2021, bacterial AMR alone directly caused an estimated

1.14 M

human deaths and was associated with **4.7 million** deaths globally.



Outcome at WHA79

The WHA79 adopted decision WHA79(19) Global action plan on antimicrobial resistance 2026–2036 which adopts the global action plan for 2026–2036 and requests the DG to report to WHA80, WHA82 and WHA84 on progress achieved in its implementation. The adoption of GAP-AMR delivers a key commitment in the 2024 UN General Assembly.

Discussion highlights included:

- Broad support for the updated plan and its strengthened multisectoral and One Health approach
- The importance of prevention-first interventions, including infection prevention and control, water, sanitation and hygiene (WASH), vaccination, biosecurity, and environmental measures
- The need for responsible, equitable and sustainable use of antimicrobials, strengthened surveillance, innovation, and sustainable agrifood systems
- The need for continued collaboration among governments, international organizations, civil society, academia and the private sector to translate commitments into measurable impact.



Policy documents & resources

- 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

ITEM 12.10 HARMONIZATION OF REGULATORY APPROACHES, GOVERNANCE AND STANDARDS FOR DATA, DIGITAL HEALTH AND ARTIFICIAL INTELLIGENCE IN THE HEALTH SECTOR



Nursing policy considerations

- Artificial intelligence (AI) technologies must support – not replace – the patient-health professional relationship.
- Digital transformation should improve nursing workflows, reduce documentation burden, and support quality care.
- Ensure digital health investments are accompanied by funding for workforce development, infrastructure, change management, and ongoing technical support.
 - Regulatory frameworks must ensure that health professionals retain final clinical authority, with clear, harmonized standards for professional accountability and liability.
 - Implement standardized nursing terminologies such as the International Classification for Nursing Practice (ICNP), to facilitate representation and comparison of the nursing domain worldwide.
 - Nurses must be included in national and global digital health decision-making forums and contribute to 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.

The safe and effective implementation of virtual care, precision medicine and artificial intelligence for health depends on robust data and digital health foundations. Harmonized regulatory frameworks and coherent governance are essential to sustain a health systems approach to digital transformation.



Background

The health care sector is rapidly evolving through advances in artificial intelligence, digital technologies, data science, and genomics. This innovation is occurring amid competing fiscal priorities and funding models that often fail to keep pace. Many Member States rely on fragmented, poorly interoperable digital

health systems, leading to higher maintenance costs, reduced data quality, and inefficient information management. These limitations hinder the secure collection, sharing, analysis, and timely use of health data, constraining the potential of precision medicine, artificial intelligence, digital health, disease surveillance, supply chain management, and essential health services. Adopting an integrated approach to digital health investments can improve interoperability, strengthen health system performance, and generate reliable data to support decision-making, economic planning, UHC, and the SDGs.

The 78th WHA (WHA78) extended the Global strategy on digital health 2020–2025 until 2027. Following WHA78, some Member States proposed the inclusion of precision medicine; regulatory and ethical governance of data and artificial intelligence in the health sector; and digital health transformation for resilient health systems on the EB158 agenda. As these three issues are linked to digital health, the WHO DG recommended

including them under one item at the WHA. Consolidating these topics highlights that the safe and effective implementation of virtual care, precision medicine and artificial intelligence for health depends on robust data and digital health foundations. Harmonized regulatory frameworks and coherent governance are essential to sustain a health systems approach to digital transformation.

The report presented to the WHO Executive Board and subsequently considered by WHA79 considered the context, challenges and opportunities for digital transformation in health systems; priorities for strengthening the data and digital health foundations; the role of the WHO Secretariat; and considerations for the development of a draft global strategy on digital health for the period 2028–2033.



Outcome at WHA79

The WHA noted the report. Highlights of the discussion included:

- Member States support harmonized governance for health data, digital health and AI and emphasized interoperability, common standards, and regulatory cooperation.
- Trustworthy and ethical AI governance is critical, including transparency, accountability, patient safety, human oversight, and protection of privacy.
- Stronger national data governance frameworks to improve secure collection, sharing and secondary use of health data are needed.
- Digital health is a strategy to strengthen health systems rather than technology adoption alone.
- Member States called for investment in workforce capacity and digital literacy to support implementation.



Policy documents & resources

- [WHPA 158th WHO Executive Board statement](#)
- [Global strategy on digital health 2020–2025](#)
- [Global Digital Compact](#)
- [ICN position statement: Digital health transformation and nursing practice](#)

ITEM 13.1 REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE (IOAC) FOR THE WHO HEALTH EMERGENCIES PROGRAMME



Nursing policy considerations

- The IOAC emphasized maintaining a sufficiently trained, deployable workforce for emergencies. This includes nurses, who constitute the largest professional group in emergency response, infection prevention and control (IPC), clinical care, surveillance, and community outreach.
- The IOAC warned that funding shortfalls threaten emergency operations. 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.

- The IOAC report stressed strengthening country-level capacity. Nurses are central to PHC, outbreak detection, vaccination campaigns, and emergency response at country level.
- 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.
- The IOAC encouraged maintaining readiness for simultaneous emergencies. This requires an adequately staffed and well-trained nursing workforce capable of rapid deployment and flexible service delivery.
- 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.



Background

The WHO Health Emergencies (WHE) Programme was established at the request of Member States in 2016, following the 2014–2016 outbreak of Ebola virus disease in West Africa. Concurrently with the creation of the WHE Programme in 2016, the Independent Oversight and Advisory Committee for the WHE Programme (IOAC) was established with the agreement of Member States to provide oversight and guidance for the Programme's work. This year marks the 10th anniversary of the WHE Programme, and it will be conducting a ten-year review throughout 2026 to assess progress.

The report to the WHA79 is the 14th report of the IOAC to the WHO governing bodies and covers annual findings and observations for May 2025 – April 2026. It provides several recommendations based on these findings. The report notes that “WHO is operating in a rapidly changing and increasingly constrained geopolitical environment, where rising tensions and limited resources challenge collective action” and that “strengthening global health security will require a renewed commitment to solidarity, cooperation and multilateral governance”.

The report notes that “WHO is operating in a rapidly changing and increasingly constrained geopolitical environment,” [...] and that “strengthening global health security will require a renewed commitment to solidarity, cooperation and multilateral governance”.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- The independent review of the IOAC remains essential for accountability and continuous improvement.
- Member States expressed concern about the impact of declining development assistance and unpredictable funding on the WHE Programme.
- Small island and lower-income countries highlighted the disproportionate effects of climate-related disasters, infectious disease outbreaks, and fragile health systems, arguing for predictable international support and technical assistance.



Policy documents & resources

- [ICN 158th WHO Executive Board constituency statement](#)
- [Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme \(IOAC\)](#)
- [The changing face of pandemic risk: 2024 report \(GPMB\)](#)

ITEM 13.2 IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)



Nursing policy considerations

- Increasing knowledge of International Health Regulations will enhance nurses' role in supporting IPC protocols including standard precautions, reporting obligations, and outbreak containment.
- The COVID-19 pandemic has devastating effects on the nursing workforce. According to the State of the World's Nursing report 2025, in 2023 there was a global shortage of 5.8 million nurses. The workforce shortage is the greatest single threat to global health.



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 a particular event constitutes a "public health emergency of international concern". Governments are responsible, including all their sectors, ministries, levels, officials and personnel, for implementing IHR at the national level.

The [report](#) to WHA79 is the annual report that reviews progress made in implementation of the IHR in 2025. WHA79 also considered two reports containing extension of standing recommendations issued by the WHO DG in August 2023: one for [COVID-19](#) and one for [mpox](#).



Outcome at WHA79

The WHA noted the report.

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.



Policy documents & resources

- [International Health Regulations \(2005\)](#)
- [Disease Outbreak News \(DONs\)](#)

ITEM 13.3 OPEN-ENDED INTERGOVERNMENTAL WORKING GROUP ON THE WHO PANDEMIC AGREEMENT



Nursing policy considerations

- ICN urges operationalization of the Agreement, which is needed more than ever as the world faces simultaneous outbreaks of Ebola and hantavirus that demand international solidarity and equitable access to resources.
- Countries should continue work towards commitments outlined in the Agreement 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.
- Nurse leaders and Government Chief Nursing Officers must be engaged in the consultation process for future health emergency preparedness and response planning.
- Despite the delay in operationalization of the Agreement, governments must continue to prioritize investment in strengthening their nursing workforce as an essential part of preparedness for and response to health emergencies.



Background

In May 2025, the 78th WHA adopted the [WHO Pandemic Agreement](#) under Article 19 of the Constitution of the WHO to strengthen pandemic prevention, preparedness and response. Through resolution WHA78.1, the WHA established an open-ended Intergovernmental Working Group (IGWG) to undertake several tasks, including, as a priority, drafting and negotiating an annex to the WHO Pandemic Agreement on the Pathogen Access and Benefit Sharing (PABS) system ([WHA79\(7\)](#)). This multilateral system will enable safe, transparent and accountable access and benefit-sharing. Adoption of the PABS Annex is critical for the opening for signature of the WHO Pandemic Agreement and ratification according to their own constitutional processes. The Agreement will officially enter into force 30 days after 60 countries have ratified it.

The [report](#) to the WHA79 contains the outcome of the IGWG in relation to drafting and negotiating the PABS Annex.



Outcome at WHA79

The WHA adopted decision [WHA79\(7\)](#) *Outcome of the open-ended Intergovernmental Working Group on the WHO Pandemic Agreement in relation to the drafting and negotiation of the Annex described in Article 12 of the WHO Pandemic Agreement* which decided that the IGWG will continue its work in drafting and negotiating the Annex and will submit the outcome to WHA80 or earlier to a special session of the WHA in 2026.



Policy documents & resources

- [Intergovernmental Negotiating Body webpage](#)
- [Intergovernmental Working Group webpage](#)
- [WHO Pandemic Agreement](#)

ITEM 14.1 WHO'S WORK IN HEALTH EMERGENCIES



Nursing policy considerations

- 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).
- 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.
- 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.
- 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.
- Nurses must advocate for gender-responsive health care during the development national emergency plans.
- 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.



Background

In 2025, WHO responded to 50 emergencies across 82 countries and territories, including 20 Grade 3 emergencies requiring the highest level of WHO support. The escalating climate crisis has an impact on global health, particularly in humanitarian settings. Extreme weather events such as flooding, droughts and cyclones have contributed to widespread malnutrition, disease outbreaks and displacement. Climate-related events are an exacerbating factor for more than 75% of the acute and protracted Grade 3 emergencies.

The [report](#) to the WHA provides information on all WHO-graded acute and protracted emergencies and on public health emergencies of international concern that required a response by WHO. It also outlines global health emergency trends, challenges and short- and medium-term outlooks. The report notes that limited surveillance capacities and insufficient production of critical vaccines have affected the ability of WHO and its partners to rapidly detect, respond to and control disease outbreaks and health emergencies. Access constraints continue to affect the delivery of essential health services in multiple humanitarian settings.

In 2025,
WHO responded to

50

emergencies across 82 countries and territories, including 20 Grade 3 emergencies requiring the highest level of WHO support.

Climate-related events are an exacerbating factor for more than

75%

of the acute and protracted Grade 3 emergencies.

The WHA also considered a [report](#) on the strengthening of health emergency prevention, preparedness, response and resilience which provides an update on the health emergency prevention, preparedness, response and resilience (HEPR) framework.



Outcome at WHA79

The WHA adopted decision [WHA79\(10\) Health emergency in Lebanon](#) which calls for the full protection of health care in Lebanon and calls upon all upon Member States and partners to provide timely, flexible and predictable financial and technical support to sustain the Lebanese health system. The decision also requests the WHO DG to scale up WHO's operational response in Lebanon, including medications, medical supplies and essential health services; monitor and document disruptions affecting health service delivery in Lebanon, including impacts on health facilities, the health workforce and access to care; and to continue providing technical assistance to strengthen health system resilience in Lebanon, including emergency preparedness and response capacities.

Discussion highlights included:

- Advocacy for an integrated multi-sectoral surveillance and a One Health approach in the face of the increasing emergency risk that climate-related events are posing.
- Several Member States spoke strongly about the violations of international humanitarian law taking place and called on unconditional protection for hospitals, medical personnel and ambulances from attacks against health care.
- Emergencies, conflict and funding cuts have disproportionate impacts for women, children, newborns and adolescents.
- Member States in all regions called for predictable, sustainable, and diversified financing amidst a significant funding gap affecting the WHO Health Emergencies Programme.



Policy documents & resources

- [ICN WHA statement](#)
- [Strengthening the global architecture for health emergency prevention, preparedness, response and resilience](#)
- [National health emergency alert and response framework](#)
- [Defining community protection: a core concept for strengthening the global architecture for health emergency preparedness, response and resilience](#)

ITEM 14.2 STRENGTHENING THE EVIDENCE BASE FOR PUBLIC HEALTH AND SOCIAL MEASURES



Nursing policy considerations

- The nursing workforce is critical to generate, evaluate, share, and apply evidence related to public health and social measures while ensuring that the evidence reflects the experiences of the individuals, families and communities affected by these policies.

- Nurses are trusted professionals who help translate public health policy into understandable, culturally appropriate information for patients, families, and communities.
- Nurses routinely document the effects of public health and social measures on patient, families, communities and nursing practice and, as such, nursing data should be recognized as an essential component of the evidence base.
- Research into populations at whom public health and social measures are targeted, particularly those who are underrepresented, is essential to ensuring these measures are fairly and effectively implemented.
- Nurses are on the frontlines and at the forefront of epidemics and pandemics. They are uniquely positioned to gather evidence on the effectiveness, impact and consequences of public health and social measures, including identifying unintended adverse consequences of these measures.



Background

Public health and social measures refer to nonpharmaceutical measures implemented by individuals, communities, governments, and institutions to reduce the risk and scale of epidemic- and pandemic-prone infectious disease transmission. This includes symptom screening, personal hygiene measures, surface cleaning, vector control, modifications to gatherings, and domestic or international mobility. Public health and social measures are important to preventing and controlling infectious diseases, especially those with epidemic and pandemic potential and are the first, and sometimes the only, interventions available. Despite this, advanced research and detailed data on the effectiveness and impact of public health and social measures are limited.

In 2025, the WHA78 adopted resolution [WHA78.3 Strengthening the evidence-base for public health and social measures](#). The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 outlines the progress in implementing resolution WHA78.3 and the action taken by the WHO Secretariat.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- Member States demonstrated broad support for the development of an evidence base for public health and social measures, highlighting in particular the essential role of such measures in informing proportionate and equitable decision-making during health emergencies.
- Persistent challenges posed by resource constraints underscore the importance of multisectoral collaboration and investment in research.



Policy documents & resources

- [WHO Public Health and Social Measures Initiative](#)
- [Global guidance on monitoring public health and social measures policies during health emergencies](#)
- [Public health and social measures decision framework](#)

ITEM 15.1 STRENGTHENING REHABILITATION IN HEALTH SYSTEMS



Nursing policy considerations

- Nurses play a critical role in rehabilitation services and are experts in patient safety, recovery and person-centred care, making them essential to the rehabilitation workforce.
- Governments must ensure there are adequate numbers of well-trained nurses in the rehabilitation workforce to strengthen rehabilitation services in health systems.
- Rehabilitation services should be integrated into the broader health care system to ensure that patients receive holistic care that addresses their physical, psychological and social needs.
- Interdisciplinary collaboration is essential to providing high-quality rehabilitation services, and nurses should work closely with other health care professionals, including physical therapists, occupational therapists, and speech language pathologists.
- Rehabilitation services should be person-centred and tailored to the unique needs and goals of each patient.
- Health systems should prioritize the use of evidence-based practices in rehabilitation services to ensure that patients receive effective and efficient care.
- Health systems should invest in ongoing education and training for rehabilitation professionals, including nurses, to ensure that they have the skills and knowledge needed to provide high-quality care.



Background

Rehabilitation services focus on optimizing everyday functioning of individuals with health conditions in their interactions with their environment. These services are essential health services that improve individual and population health and well-being and enhance societal welfare. However, many people, particularly in low- and middle-income countries, have limited access to the rehabilitation services that they need.

The Global Burden of Disease Study found that in 2021, 2.6 billion individuals worldwide were living with a health condition that could benefit from rehabilitation, contributing to 340 million years lived with a disability.

In 2021,

2.6 B

individuals worldwide were living with a health condition that could benefit from rehabilitation, contributing to 340 million years lived with a disability.

In 2023, the WHA76 adopted resolution [WHA76.6 Strengthening rehabilitation in health systems](#) which requested the WHO DG to develop feasible global health system rehabilitation targets and indicators for effective coverage of rehabilitation services for 2030 and present these to WHA79. The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 contains progress on implementing the resolution. It also provides an overview of the final list of nine WHO global rehabilitation indicators. The definition of targets for this work is not yet finalized and will take additional time, partly as a result of WHO's reprioritization process.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- An emphasis on the importance of integrating rehabilitation into public health, including emergency preparedness, and into health policies, taking account of social participation, equity and gender equality.
- A need to enhance workforce competencies and ensure equal access to rehabilitation services across the levels of health care.



Policy documents & resources

- [WHO Fact Sheet: Rehabilitation](#)
- [Rehabilitation indicator menu](#)

ITEM 15.2 WELL-BEING AND HEALTH PROMOTION

- Outcome of the WHO Commission on Social Connection



Nursing policy considerations

- Social connection should be recognized as an essential determinant of health and well-being and integrated into national health and social policies.
- Nurses' proximity to patients and across all settings allows them to recognize the health impacts of loneliness and social isolation, communicate effectively with people experiencing disconnection and facilitate social participation.
- Nurses work across primary care, social care, mental health and community services and can connect people experiencing social isolation with appropriate health, social and community resources, including through social prescribing and other evidence-based approaches.
- Governments should invest in community infrastructure and programmes that enable meaningful social participation. Health promotion strategies should extend beyond individual behaviour change to address the wider environments including accessible community services, public spaces, transport, housing, digital inclusion and opportunities for intergenerational and community engagement.
- The nursing workforce itself must be protected and supported to maintain social and emotional well-being. Governments must invest to ensure healthy and supportive working environments, adequate staffing, psychological and social support, and opportunities for meaningful professional relationships, recognizing that the well-being and social connection of health workers are essential to resilient health systems.
- Nurses should have a meaningful role in the design, implementation and evaluation of social connection policies and interventions at all levels.

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.



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.

In late 2023, WHO established its Commission on Social Connection (2024–2026) with the aim to set a global agenda that mobilizes political, technical and financial commitment, guides national and local action, and accelerates the scale-up of effective, evidence-based solutions to strengthen social connection and reduce loneliness and isolation worldwide. The Commission is made up of 11 leaders from the policy, research and civil society communities and mandated to work in three areas – advocacy, solutions and measurement – with a view to embedding social connection in public health and development agendas.

In 2025, the WHA78 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*](#). The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 describes progress on the WHO Commission on Social Connection.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- There was broad support for the work of the WHO Commission on Social Connection, recognizing social connection as a key determinant of physical and mental health.
- There is a need for coordination among primary health, social and community services to identify and address the challenges associated with social isolation and to further integrate social connection into health policies.
- The importance of developing evidence, indicators and measures to track progress was emphasized.



Policy documents & resources

- [WHO Commission on Social Connection – The Social Connection Series](#)
- [From loneliness to social connection: charting a path to healthier societies](#)

ITEM 15.3 THE HEALTH OF INDIGENOUS PEOPLES



Nursing policy considerations

- Indigenous Peoples must be meaningfully involved in decisions about health services and policies that affect them. Governments and health systems should establish mechanisms for the meaningful participation and leadership of Indigenous Peoples, including through representatives chosen by Indigenous Peoples in accordance with their own procedures.

- Nurses have a professional duty to promote an environment in which the human rights, values, personal choices, customs and spiritual beliefs of individuals, families and communities are respected.
- Nurses and all health workers should be supported to work respectfully with Indigenous knowledge holders, traditional healers and community leaders, with appropriate referral, communication and safety mechanisms that support culturally appropriate and person-centred care while respecting Indigenous intellectual and cultural rights.
- UHC is an important route to health equity, social justice and upholding human rights.
- Health policies should address the broader social, economic, environmental and structural determinants of Indigenous health. Action should extend beyond health services to address poverty, housing, education, water and sanitation, food security, employment, violence, discrimination, land and environmental conditions and other factors that contribute to health inequities.
- Nursing practice should incorporate culturally safe, respectful and holistic approaches to health and well-being. Nurses should recognize that Indigenous concepts of health may encompass physical, mental, social, cultural, spiritual and environmental dimensions and should ensure that care plans reflect the values, priorities, knowledge and preferences of the individual, family and community.
- Nurses must speak out in the face of injustice. Powerful nurse leaders are those who recognize and effectively address issues as they manifest in situations, processes and systems encountered daily.
- Nurses and all health workers are encouraged to look inwards and challenge their own privilege, assumptions and biases in order to provide care that truly meets the needs of the populations they serve.



Background

It is estimated that Indigenous Peoples make up approximately 6% of the global population, or around 476.6 million people, with more than 5000 different Indigenous groups across all regions. Many Indigenous Peoples conceptualize health as a holistic and interconnected equilibrium that extends beyond the physical and mental aspects to include spiritual, environmental, cultural, and social dimensions. Indigenous communities often face discrimination, racism and significant inequalities, leading to inequities in health outcomes and barriers in access to health services. Life expectancy is estimated to be up to 20 years lower than that of non-Indigenous populations. Indigenous peoples are more likely to experience disability and reduced quality of life and ultimately die younger than non-Indigenous peoples. Indigenous mothers and children experience higher rates of mortality and morbidity.

In 2023, the WHA76 adopted resolution [WHA76.16](#) *The Health of Indigenous Peoples* which requested WHO to develop a global plan of action for the health of Indigenous Peoples to be considered by WHA79. The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 provides an update on the steps taken to develop the global action plan.



Outcome at WHA79

The WHA noted the report and adopted decision [WHA79\(21\)](#) *Draft global plan of action for the health of Indigenous Peoples* which defers consideration of the draft global plan of action to the WHA80 in order to allow for additional time to further consult with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, civil society organizations, academic institutions and other stakeholders.

Indigenous communities often face discrimination, racism and significant inequalities, leading to inequities in health outcomes and barriers in access to health services.



Policy documents & resources

- [3rd draft Global Plan of Action for the Health of Indigenous Peoples \(July 2026\)](#)
- [UN Resolution 77/203 Rights of Indigenous Peoples](#)
- [Global Plan of Action for the Health of Indigenous Peoples WHO webpage](#)

ITEM 15.4 MATERNAL, INFANT AND YOUNG CHILD NUTRITION



Nursing policy considerations

- Nurses are important members of the public health nutrition workforce, make a significant contribution to improving maternal, infant and young child nutrition, and are critical to achieving the Global Nutrition Targets.
- 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 provide culturally appropriate counselling on breastfeeding, complementary feeding, dietary diversity, responsive feeding, and food safety.
- Community and public health nurses should participate in nutrition surveillance, home visiting, health promotion, school/community programmes, and outreach to populations experiencing food insecurity.
- Policies should recognize nurses as important links between health systems, families, communities, and social-support services.
- By working across sectors, public health nurses can help address not only individual behaviours but also the social, economic, and environmental factors that contribute to malnutrition.
- 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.
- Nurses generate valuable frontline data through growth measurements, breastfeeding documentation, nutritional assessments, and referrals. Standardized documentation and reporting system should be established to support the contribution of nursing data toward monitoring progress of the 2030 targets.

Although significant progress has been made in reducing stunting and wasting and in increasing exclusive breastfeeding, rates of childhood overweight, low birth weight and anaemia in women aged 15–49 years have stagnated.



Background

In 2012, the WHA65 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition. The implementation plan sets out six global targets and five actions, with proposed activities for Member States, the WHO Secretariat and international partners.

In 2025, the WHA78 adopted resolution WHA78.24 to extend the Global Nutrition Targets for improving maternal, infant, and young child nutrition from 2025 to 2030. The targets remain vital for identifying priority areas for action and catalyzing global change, aligning with the 2030 SDG agenda. Although significant progress has been made in reducing stunting and wasting and in increasing exclusive breastfeeding, rates of childhood overweight, low birth weight and anaemia in women aged 15–49 years have stagnated. Accelerated progress is needed for all six indicators to achieve the 2030 targets.

The [report](#) presented to the WHO Executive Board and subsequently considered by WHA79 describes the progress made on the comprehensive implementation plan on maternal, infant and young child nutrition. The report also provides information on nutrition standards and policies for food provided in preschool and school nutrition programmes as well as on the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes.



Outcome at WHA79

The WHA noted the report. Discussion highlights included:

- Member States underscored the importance of integrating nutrition targets into primary health care and national policies, protecting breastfeeding and restricting unregulated digital advertising of breast-milk substitutes.
- There is concern at the stagnation or slow progress towards some of the global nutrition targets and interventions called on stakeholders to intensify actions to reduce inequalities, fulfil commitments, and accelerate implementation of the comprehensive implementation plan, prioritizing support for fragile settings.



Policy documents & resources

- [Global Targets 2030: To improve maternal, infant, and young child nutrition](#)
- [Global nutrition targets 2030: topical briefs on maternal, infant and young child nutrition](#)
- [Global strategy for women's, children's and adolescents' health \(2016-2030\)](#)
- [International Code of Marketing of Breast-Milk Substitutes](#)
- [WHO acceleration plan to stop obesity](#)

ITEM 15.5 DRAFT STRATEGY ON THE ECONOMICS OF HEALTH FOR ALL



Nursing policy considerations

- Health and economic policies should explicitly account for the economic value of a strong and sustainable nursing workforce.
- Nurses should have a meaningful role in economic and health policy decision-making. Governments and health systems should include nurses and national nurses' organizations in policy development, budgeting, workforce planning and health-system reform.
- Governments should make long-term, sustainable investments in nursing workforce capacity. Workforce planning should move beyond short-term responses to shortages and include sustained investment in nursing education, recruitment, retention, career development, and leadership.
- Safe staffing and appropriate skill mix should be treated as core economic and health-system investments.
- Governments should maximize the economic and health returns from nursing by enabling nurses to practise to their full scope of practice. Regulatory and financing frameworks should remove unnecessary barriers to advanced practice nursing and other models of nurse-led care.

- Nurses' contribution to PHC, prevention, chronic disease management and community-based care can improve access, reduce avoidable hospitalization and increase the efficiency of health service delivery.
- Investment in nurses' health and well-being should be incorporated into national health and economic strategies. Poor health among health care workers accounts for approximately 2% of total health care expenditure, draining valuable resources.
- Health innovation and macroeconomic strategies must prioritize public health value, equity, and population needs, strengthening PHC, health promotion and workforce capacity globally.

Economic policies that support inclusive long-term growth and competitiveness are central to poverty reduction and sustainable financing of health systems.



Background

Rapid technological change, debt and fiscal constraints, altering demographics, increasing inequities, urbanization, the changing nature of work, and the climate crisis have profound implications for human health and well-being in every setting, and particularly for the poorest and most vulnerable. Economic systems can both hinder and help ensure the conditions necessary to achieve and sustain healthy, fairer and prosperous societies. Economic policies that support inclusive long-term growth and competitiveness are central to poverty reduction and sustainable financing of health systems.

In 2024, WHA77 adopted resolution WHA77.13 *Economics of health for all* which requested the WHO DG to develop, in consultation with Member States, a strategy on how to implement an economics of health for all approach. The [report](#) considered by WHA79 contains the draft strategy on the economics of health for all (2026–2030). The vision of this draft strategy is a world in which the economy both serves and benefits from health for all. This vision sees the economy as a people-centred system, designed to advance and benefit from health of all, across generations. It recognizes that health and health systems are not merely costs to be contained but also essential investments for inclusive and resilient economies. The draft strategy proposes five strategic directions to achieve its goal: Economic policy for health for all; Valuing and investing in health for all; Financing health for all; Capacity for implementing an economics of health for all approach; and Evidence informing the implementation of an economics of health for all approach. Actions outlined in this strategy are intended as a menu of indicative options for Member States to consider.



Outcome at WHA79

The WHA noted the report and adopted decision [WHA79\(22\)](#) *Economics of health for all* which adopts the strategy on the economics of health for all (2026–2030) and requests the WHO DG to report on progress of its implementation to WHA81 and WHA83.

Discussion highlights included:

- Member States highlighted that health and economic prosperity are deeply interconnected and must be advanced through coordinated government approaches.
- The strategy aims to give countries stronger technical capacity and an improved evidence base, enabling more effective engagement with financial and economic actors and supporting informed decision-making.
- Member States noted the urgency of the actions in the strategy in the context of a global health financing emergency and stressed the need to shift towards well-being-oriented economies and to invest in resilient health systems and essential public goods.



Policy documents & resources

- [WHA constituency statement](#)
- [International Nurses Day 2025: Caring for nurses strengthens economies](#)
- [Health for all: transforming economies to deliver what matters: final report of the WHO Council on the Economics of Health for All](#)

ITEM 17.1 & 17.2 HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN



Nursing policy considerations

- As outlined in the Code of Ethics for Nurses (2021), the nursing profession has a critical responsibility to advocate for the protection of all human life and the right to health. ICN calls on all parties to uphold international humanitarian law and protect civilians, health workers, patients and health facilities.
- ICN remains gravely concerned by the deadly health and humanitarian catastrophe in the occupied Palestinian territory including the destruction and degradation of health infrastructure and the severe disruption of health services.
- Conflict of any kind has devastating consequences on physical, mental, spiritual health and wellbeing and disproportionately affects civilians, children, women, older people, people with disabilities and health workers.
- ICN strongly condemns the systematic attacks on health care and reiterates that health workers, health facilities, patients and medical transport must be protected and respected in all circumstances.
- Member States and all parties to conflict must ensure safe, sustained and unimpeded access to health care and humanitarian assistance, including the delivery of essential medicines, medical supplies, equipment, food, water and other life-saving necessities.
- 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. Failing to do so implies complicity in the normalization of attacks on health care.
- National nursing associations 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.
- The profound mental health and psychosocial consequences of prolonged conflict must be addressed. Health workers exposed to violence, trauma, bereavement, displacement and extreme working conditions must have access to appropriate psychological, psychosocial and occupational support.
- 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.

In 2025, Palestinian health authorities reported 25,985 deaths and 66,932 injuries with an estimated

52%

of deaths among women, children and persons over 60 years.



Background

As outlined in the WHO report, the humanitarian crisis in the occupied Palestinian territory, including east Jerusalem, has continued to place health care services under severe pressure, despite the ceasefire of October 2025. In 2025, Palestinian health authorities reported 25,985 deaths and 66,932 injuries with an estimated 52% of deaths among women, children and persons over 60 years. The health care system remains under severe strain due to widespread damage to hospitals and primary health care facilities, critical shortages of essential medicines, supplies and medical equipment, and the continued impact of hundreds of attacks on health care.

One of the [reports](#) considered by WHA79 provides a short summary of WHO activities in support of the health system and Palestinians. The other [report](#) contains the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including east Jerusalem.



Outcome at WHA79

The WHA noted the reports. The WHA adopted decision [WHA79\(9\) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan](#) which contains requests for 29 actions from the WHO DG.

The WHA adopted resolution [WHA79.1 Health conditions in the occupied Palestinian territory, including east Jerusalem](#) which, most notably:

- Expresses grave concern at the catastrophic humanitarian situation in the Gaza Strip, and its vast consequences for the civilian population, and in the light of the gravity of the current escalating situation, and the magnitude of the intense damage on the public health sector, that has, to this date, killed and injured thousands of civilians, the majority of them children, women and elderly, including humanitarian and health workers, in addition to thousands of victims who remain under the rubble
- 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
- Demands that all parties fully comply with their obligations under the Geneva Conventions of 1949.



Policy documents & resources

- [ICN EB158 statement](#)
- [ICN position statement: Health care in conflict: the nursing perspective](#)
- [Care in the crosshairs: Violence against health care in conflict 2025 \(SHCC\)](#)
- [ICN Humanitarian Fund #NursesForPeace](#)

ITEM 20.1 REFORM OF THE GLOBAL HEALTH ARCHITECTURE AND THE UN80 INITIATIVE



Nursing policy considerations

- ICN supports efforts to reform the global health architecture to create a more coherent, equitable, accountable and effective global health system that responds to the needs of countries and communities.
- Global health governance must address health inequities and the structural determinants of health. Reform should take a whole-of-government and whole-of-society approach, recognising the influence of poverty, gender inequality, climate change, conflict, commercial determinants and other social and economic factors on health outcomes.
- Global health governance must remain Member State-led while ensuring meaningful participation of health workers, civil society, affected communities and other relevant stakeholders. Those closest to the delivery of health services, including nurses, must have opportunities to inform decisions that directly affect health systems and populations.
- Gender equality must be embedded in global health governance and reform. Policies and governance structures should address the disproportionate burden of unpaid and underpaid care work carried by women and the underrepresentation of women, including nurses, in health leadership and decision-making.
- Sustained investment in the health and care workforce, alongside recognition of the disproportionate burden of unpaid and underpaid care work carried by women and their underrepresentation in leadership, will be essential to drive equitable and resilient health systems.
- Meaningful social participation will be essential to ensuring reform processes are grounded in local realities, while prioritizing national ownership, locally led development, regional capacity, and equitable partnerships across the multilateral system.
- WHO's recommendation to increase public financing for health by at least 1% of GDP remains an important benchmark for advancing universal health coverage, pandemic preparedness, and health system resilience.



Background

The existing global health architecture has contributed substantively to improvements in health and well-being over recent decades, including major advances in disease control, strengthened global norms and standards, and more effective collective action to address cross-border health threats. However, the world has changed profoundly, and the global health architecture has not always kept pace: national health sovereignty and regional capacities have expanded; disease burdens and health risks have changed; science, AI and digital technologies are rapidly evolving; and the financing landscape has contracted. The EB158 considered a report on the reform of the global health architecture and the UN80 Initiative and requested the WHO DG to design a proposal for a WHO-hosted joint process to transform the global health architecture to better respond to these challenges. The process is intended to develop options and recommendations that respond to country and community needs, improve coordination and leverage the comparative

The world has changed profoundly, and the global health architecture has not always kept pace: national health sovereignty and regional capacities have expanded; disease burdens and health risks have changed; science, AI and digital technologies are rapidly evolving; and the financing landscape has contracted.

advantages of different global health actors, while building on existing reform initiatives and relevant elements of the UN80 Initiative. The UN80 Initiative is the United Nation's ambitious, system-wide reform effort building on previous reforms but going further to make the UN more responsive and resilient; better equipped to serve the people whose lives depend on it; more accountable to taxpayers who underwrite its work; and more supportive of staff in their critical roles.

The [report](#) considered by the WHA79 contains the draft proposal for this joint process.



Outcome at WHA79

The WHA noted the report, reviewed the draft proposal and adopted decision [WHA79\(20\)](#) *Reform of the global health architecture and the UN80 Initiative* in which it established the proposed joint process to support reforms of the global health architecture.



Policy documents & resources

- [WHA constituency statement](#)
- [UN80 Initiative](#)

3

CHAPTER

ICN DELEGATION

The ICN delegation took a hybrid format with six delegates (Non-State Actor delegation size limit) attending in person and over 150 attending virtually online. Delegates were from 60 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 the ICN Alliance of Student and Early Career Nurses (ICN SECN Alliance).

Delegates engaged in discussion throughout the week on the delegation's What's App group and at ICN events virtually.

ICN wishes to thank all delegates for their participation in the ICN delegation to the 79th 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:



José Luis Cobos Serrano
ICN President



Sineva Ribeiro
ICN First Vice President



Howard Catton
ICN CEO



Erica Burton
ICN Senior Policy Advisor



Hoi Shan Fokeladeh
ICN Senior Policy Advisor



Josephine Agyei
Chair ICN SECN Alliance



Gillian Moore
Communications Advisor



4



CHAPTER

ICN ACTIVITIES AT WHA

ICN hosted and participated in major side events at WHA79, with the ICN Headquarters serving as a central hub for global nursing and health workforce discussions throughout the week.

ICN CORE MEETINGS & EVENTS

Welcome meeting

On 15 May 2026, ICN hosted a welcome meeting for delegates at which ICN President Dr José Luis Cobos Serrano and ICN First Vice President Sineva Ribeiro 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 Nurses 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 20 May 2026, 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. Impactful speeches were delivered by WHO's Chief Nursing Officer, ICN's President and CEO, ICN's Senior Policy Advisor Erica Burton and ICN SECN Alliance Chair Josephine Agyei.

Strengthening Nursing for Global Health

On 18 May, ICN and WHO co-hosted an event at ICN Headquarters, where ICN and WHO leaders, including WHO Chief Nursing Officer Amelia Latu Afuhaamango Tuipulotu and WHO leaders alongside ICN's President, First Vice President and CEO reinforced ICN's and WHO's strong continued partnership and the central role of nurses in advancing global health priorities.

WHPA leadership gathering and side event

As one of the founding members of the World Health Professions Alliance (WHPA), ICN co-hosted a leadership gathering and side event. ICN's President spoke, emphasizing the evidence-based case for interprofessional collaboration and bold investment in health professionals, with First Vice President Sineva Ribeiro and SECN Alliance Chair Josephine Agyei also participating, and ICN CEO and WHPA Chair Howard Catton moderating the sessions.

Ministerial Dialogue on health worker mobility

On 21 May 2026, this dialogue, hosted at ICN Headquarters and convened by Global Health Partnerships, the Philippines, and representatives from the Global South, brought together Health Ministers from the Philippines and Jamaica as well as senior representatives from Ghana and other states to advance south-to-south collaboration on workforce strengthening and ethical recruitment. ICN CEO Howard Catton spoke on the need to go beyond production and pipelines to invest in supportive conditions and enabling environments that retain nurses.

CoNGO event at ICN Headquarters

With the Conference of NGOs in Consultative Relationship with the United Nations (CoNGO), ICN co-hosted an event bringing together 25+ health NGO representatives to explore creating a new NGO Committee on Health as a coordinated civil society platform for a stronger, united health voice within the UN system.

KEY BILATERAL MEETINGS

ICN President José Luis Cobos Serrano held a series of high-level bilateral meetings across the week to discuss in-country nursing situations and current and potential ICN support with delegations including Brazil, Norway, Cambodia, Barbados, Latvia, Palau, and the Philippines. ICN's President and CEO met with nursing leaders from across the globe, as well as with a wide range of health organizations and partners including the International Confederation of Midwives, Direct Relief, the World Organization of Family Doctors (WONCA), and the World Innovation Summit for Health. ICN's President and CEO also held a number of Ministerial discussions across the week.

SIDE EVENTS

During the WHA, WHO Member States and global organizations held side events, many of which ICN participated in or attended, including:

- WHO's **Walk the Talk: Health for All Challenge** (17 May);
- Alliance for Health Promotion's WHA Lunch Seminar, **"From Dialogue to Action: Co-creating the Next Steps for Civil Society in Global Health Promotion"** (17 May);
- Taiwan Smart Medical & Health Tech Expo's **Taiwan Smart Medical & Health Tech Expo Opening** (17 May);
- American Heart Association, Laerdal Foundation and Operation Smile's **Acute Care Action Network Mid-Year Meeting** (17 May);
- Taiwan Smart Medical & Health Tech Expo's **Digital Health Forum: AI Governance and Digital Health Innovation** (18 May);
- Official WHA79 side event, **"From Global Strategy to Country Impact: Scaling Emergency, Critical and Operative Care"** (18 May);
- World Medical Association's **"Financing the Future: Investing in Health Workforces for Economic Resilience and Universal Health Coverage"** (18 May);

- World Health Professions Alliance's **"Health is Wealth: Why Investing in Health Professionals Pays Off"** (19 May);
- Health Parliament and the Global Commission for 21st Century Healthcare's Global Health System Redesign Lab session, **"From Proliferation to Purposeful Progress of AI"** (19 May);
- WHO official side event, co-organized by the World Medical Association, Germany, the Philippines, Ethiopia, France, India and Indonesia, **"Sustaining the Global Health and Care Workforce Agenda in Times of Financial Challenges"** (19 May);
- WISH, Qatar, Finland, Japan, Thailand, the International Federation on Ageing, WFPHA and WONCA's **"Healthy Longevity as a Life-Course Investment Strategy: Integrating Prevention, Primary Care, Productivity and Digital Innovation"** (19 May);
- WHO's strategic roundtable, **"From COVID-19 Lessons to Action: The Evolution of the WHO Health Emergencies Programme"** (19 May);
- Belgium's **WHA79 Networking Reception: "Access to Medicines, Innovation, and AMR,"** hosted by H.E. Ambassador Christophe Payot and co-hosted by Dr Hans Kluge, WHO Regional Director for Europe (19 May);
- Global Action on Men's Health, the Global Self-Care Federation and Opella's **WHA79 High-Level Roundtable on Self-Care and Men's Health** (19 May);
- Geneva Health Forum and Terre des Hommes' workshop, **"Access to Care in Crisis Settings: Rethinking Cooperation in Practice"** (19 May);
- World Medical Association's **"Health Workforce at WHA 2026: Sustaining Health Workforce as a Global Health Priority"** (20 May);
- International Alliance of Patients' Organizations, Harvard, UNAIDS, Harvard Medical School Program in Global Primary Health Care and Roche's event on **Flexible, People-Centred Primary Health Care** (20 May);
- Economist Enterprise and Sanofi's breakfast discussion, **"Shaping the Future of Brain Health: What It Means for Economic Growth"** (20 May);
- Frontline Health Workers Coalition's **WHA Salon Dinner** (20 May);
- WONCA's **"Bridging Health and Peace: Accelerating the Global Health and Peace Initiative in Turbulent Times"** (21 May);
- Movendi International's **"Predicting and Promoting Well-Being Societies: How Policy Benchmarking and Simulation Models Can Accelerate NCD Prevention"** (21 May);
- Bayer, the United Nations University Centre for Policy Research and the Government of Egypt's roundtable, **"Self-Care, Universal Health Coverage and Financing Development: Advancing Practical Pathways for Countries"** (21 May);
- BBC StoryWorks' **"Bringing Audiences In: Storytelling as a Trusted Tool in Health Communications"** (21 May);
- The Lancet's **MedZero Launch**, organized alongside the delegation of the Philippines, the University of Singapore, and the delegations of Thailand, the United Kingdom and Médecins Sans Frontières (22 May);
- International Federation of Pharmaceutical Manufacturers and Associations' **Adult Immunization Policy Advisory Board** (22 May);
- Italian Ministry of Health's official side event, **"Delivering on Brain Health: Implementing IGAP and the Political Declaration on NCDs,"** co-organized by OneNeurology, the MS International Federation, the International Bureau for Epilepsy and Alzheimer's Disease International (22 May).



International Council of Nurses

3, Place Jean Marteau
1201 Geneva, Switzerland
+41 22 908 01 00
icn@icn.ch



www.icn.ch