

ICN Delegation at the 72nd World Health Assembly: Report



INTERNATIONAL COUNCIL OF NURSES

2019

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FOREWORD

As one of the first seven nongovernmental organisations to enter into official relations with the World Health Organization (WHO) in 1948, the International Council of Nurses (ICN) sends a delegation to the World Health Assembly (WHA) every year to ensure that the nursing voice is heard at the world's highest health policy-setting table. In May 2019, nurses from around the world joined the ICN delegation to represent and intervene on behalf of the world's nurses and the profession. The voice of the next generation of nurse leaders was also represented by our student and youth delegation.

In 2019, ICN celebrated its 120th anniversary and as we look back on our achievements, it is clear that our strong and growing relationship with WHO is one which stands out. For many years, we have lobbied for the increase in nursing representation at WHO and the reinstatement of the position of Chief Nursing Officer. Our hard work paid off in 2017 when Elizabeth Iro was appointed to this important position. At this year's WHA, we once again saw the fruition of our lobbying work when 2020, the bicentennial of Florence Nightingale's birth, was confirmed as the International Year of the Nurse and the Midwife. Why is this important? In 2020 the eyes of the world will be on the nursing profession. This is a truly unique opportunity for us to showcase the value of nursing and advocate for investment in the profession, a growth in leadership roles, an expansion of advanced practice and gender equality.

Once again, we were delighted to welcome all the WHA nurse delegates to our annual Nurse Delegates Luncheon giving the opportunity for our delegation, together with nurses working in other organisations and from member countries' delegations, to exchange and consult on the profession.

These amazing successes could not have been achieved without the help of the members of our diverse and dynamic delegation to WHA. Thank you to everyone who supported our work this year and to all the nurses who participated in the WHA on their country's delegation. ICN will continue to lobby governments to include the voice of nursing in their delegation.

In 2020, the eyes of the world will be on nursing and so we aim to have a very high profile and presence at the 73rd WHA. We will be working to support more nurses, from across the world and with a variety of backgrounds, to attend. Just prior to WHA, we will be holding our biennial Triad (WHO-ICN-ICM) meetings, including the WHO Chief Nursing and Midwifery Officer meetings and the ICN National Nursing Association meetings and Regulators Forum. We look forward to seeing you in 2020!



Annette Kennedy
President
International Council of Nurses



Howard Catton
Chief Executive Officer
International Council of Nurses

EXECUTIVE SUMMARY

The 72nd World Health Assembly (WHA) was held in Geneva at the Palais des Nations from 20-28 May 2019. The WHA is the supreme decision-making body of the World Health Organization (WHO) and is attended by delegations from all 194 Member States. The agenda focuses on specific health issues that are prepared by the Executive Board (EB) during its January meeting of the same year.

Achieving global health objectives requires action from a number of stakeholders and as the largest group of healthcare professionals, the importance of the nursing voice at a forum such as the WHA cannot be overstated. Through the statements made to the WHA and ICN's participation in side events and other meetings, we have a powerful opportunity to highlight developments in nursing practice and how they are shaping health and healthcare. Furthermore, the WHA agenda is significant in informing ICN and the nursing profession about where and how efforts to advance health and healthcare should be focused, and the most strategic way to do so at all levels, using a multi-stakeholder approach. The discussions that take place at WHA contribute to ICN's policy development and advocacy strategies, particularly supporting the organisation to position these issues within the international context.

ICN delivers official statements on key agenda items and participates in several meetings and events throughout the course of the WHA, making the WHA a significant platform for advocacy for nursing and global health. ICN addressed the WHA, including delivering official statements on nine agenda items, which can be found [here](#) and are in Annex A-I in this report.

Having a delegation at the World Health Assembly ensures a strong representation of nursing in all policies in which the role of nursing must be supported and strengthened. The 72nd WHA ICN delegation comprised of one ICN Board Member, several ICN staff members, and more than 30 delegates from our member National Nurses' Associations and partner organisations. For the second year, ICN brought a nursing student delegation, led by our student intern. This gave student delegates the opportunity to network with a wide range of WHA delegates, including policy makers and nursing leaders, and advocate for the importance of the student voice in contributing to the nursing profession and global health. The student delegates attended committee meetings and delivered statements on behalf of ICN.

ICN hosted a pre-World Health Assembly event, organised by Nursing Now and supported by the WISH Foundation and Sigma Nursing, to start the process of training young nurses to be leaders in and beyond their profession. The 30-plus young nurses then joined ICN's delegation, allowing them an opportunity to learn about and observe policy development in the areas of nursing and global health, and the workings of the WHO.

In all, ICN had more than 70 delegates from around the world, covering all six WHO regions, raising a powerful nursing voice and helping to shape an equitable and sustainable future for all.

The report¹ focuses on the 72nd WHA agenda items that are of particular importance to the nursing profession, ICN and its member associations. A brief background to each issue, the WHA's actions, a summary of decisions and resolutions, and ICN policy considerations are presented for each relevant agenda item. Readers may follow links in the report for more information on each topic and copies of key documents presented at the meeting.

¹ Information for 'Background' and 'World Health Assembly Action' sections has been taken from cited WHO reports, resolutions and decisions.



PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE

Background

WHO's work in health emergencies

In 2016 the 69th WHA considered a new WHO Health Emergencies (WHE) Programme, as adopted in decision WHA69(9), on the reform of the WHO Health Emergencies Programme. In July 2016, WHO officially launched the Programme.

The report presented to the 72nd WHA streamlines WHO's reporting on preparing for, preventing, detecting and responding to health emergencies and is an executive summary of a more comprehensive document entitled 'WHO's work in emergencies: annual report 2018'. It covers preparing for health emergencies, strengthening national emergency preparedness, Member States' (MS) readiness to respond, preventing epidemics and pandemics, rapid detection and response, and emergency response.

ICN will soon release the new ICN - WHO Disaster Nursing Competencies. The previous version of these competencies are significantly used for continued professional development of disaster nursing

International Health Regulations (2005)

The International Health Regulations (IHR), which came into force in June 2007, are an international legal instrument that is binding on 196 countries across the globe, including all the MS of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. IHR require countries to report certain disease outbreaks and public health events to WHO. IHR define the rights and obligations of countries to report public health events and establish a number of procedures that WHO must follow in its work to uphold global public health security.

The report contains annual progress in implementation of IHR, including information provided by States Parties and details of the Secretariat's activities. Progress in the implementation of the five-year global strategic plan to improve public health preparedness and response (2018–2023) is reported in the relevant sections: event management, strengthening national core capacities, compliance with requirement of the regulations, and activities by the Secretariat in support of States Parties to implement the regulations.

Read ICN's Position Statement to learn to more on the nursing role in disaster risk reduction, response and recovery.

World Health Assembly Action

The WHA noted reports [A72/7](#) and [A72/8](#).

ICN POLICY CONSIDERATIONS

- Improving public health preparedness and response is of utmost importance considering the ongoing risk of public health events occurring secondary to natural and human-induced hazards such as climate change and conflict.
- Nurses are critical to preventing, detecting, assessing, and responding to public health events and are at the frontline of care during and after such events, providing acute care, response coordination, information management and mental health support.
- Nurses' technical skills and knowledge of epidemiology, pharmacology, cultural-familial structures and psychosocial issues, coupled with our experience in strengthening health systems, makes nursing of particular value to the development of national plans and policies for public health preparedness and response.
- A significantly greater focus must be placed on recovery, as these events can destroy a country's health and social systems and reverse any efforts to achieving the Sustainable Development Goals (SDGs) targets.
- Health emergencies create challenging conditions, including lack of security and safety, lack of access to healthcare services, family separation, abuse, neglect and exploitation with long-term negative social impacts. Countries must keep these in mind when developing the recovery phase of national plans.
- Management of public health events without disruption in healthcare service delivery cannot be achieved without a sufficient number of well-educated healthcare professionals.
- WHO and governments should focus on longer-term health workforce planning and continuing education of health professionals as an initial step forward towards building resilient health systems.

IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Background

Significant progress has been made towards achievement of the health-related Sustainable Development Goals (SDGs) such as under-five mortality, increased coverage of HIV treatment, and reductions of TB prevalence and mortality. However, advancement has stalled in areas such as malaria, drug-resistant TB, alcohol use, and air pollution. Many countries continue to struggle with weakened health systems, basic health service coverage gaps, and poor preparedness for health emergencies.

The 69th World Health Assembly (WHA) adopted resolution WHA69.11 'Health in the 2030 Agenda for Sustainable Development'. A first report on progress made in implementing the resolution was submitted to the 70th WHA in 2017. It provides an update on progress towards the SDGs. Part I summarises collective progress towards achieving Goal 3 and Part II describes the progress made in implementing resolution WHA 69.11.

ICN is an ally organisation of the Women Deliver's Deliver for Good Campaign, which applies a gender lens to the SDGs. Learn more [here](#).

World Health Assembly Action

The WHA noted report [A72/11 Rev.1](#).

ICN POLICY CONSIDERATIONS

- Fundamental to the achievement of the SDG agenda is a system-wide investment in universal health coverage (UHC), with a primary focus on health promotion and prevention of illness.
- The SDGs will not be achieved unless inequities between populations are addressed. In collaboration with other healthcare workers, nurses are integral to addressing inequities.
- A shift in focus to the highly cost-effective frontline health system will accelerate the progress to reach SDG 3. As nurses make up the majority of the frontline health workforce, this means investing in nurses.
- Health in the SDG era is about including health in all policies. The cross connection of health and well-being to quality education, gender equity, decent work and economic growth, industry, innovation and infrastructure, peace and justice, and reduced inequities, should not be minimised.
- In collaboration with other healthcare workers, nurses are integral to addressing inequity and achieving universal health coverage through contribution to affordable and accessible models of care to address both communicable and noncommunicable disease (NCDs).
- Nursing plays a central role in addressing NCDs by focusing on disease prevention through tobacco control, substance abuse, healthy eating and active living. Increasing nursing scope of practice and involvement in policy decisions can also positively affect traffic safety, sexual and reproductive health, environmental safety and mental health.
- The Global Action Plan with the three strategic approaches: Align, Accelerate and Account, coordinated by WHO, marks the beginning of comprehensive efforts to accelerate progress towards the SDGs. Nurses and other healthcare providers are invited to become familiar with this Global Action Plan.

UNIVERSAL HEALTH COVERAGE COMMUNITY HEALTH WORKERS DELIVERING PRIMARY HEALTH CARE: OPPORTUNITIES AND CHALLENGES

Background

An interdisciplinary team, accessible to populations in urban, rural and remote settings, is integral to strengthening people-centred primary health care (PHC) and accelerate progress towards universal health coverage (UHC). In parallel, there is increased awareness that national education, labour and gender policies offer important synergies with the health workforce development agenda when they are implemented in alignment with broader investments in health and human capital.

Community health workers (CHWs) are part of the interdisciplinary workforce in many countries.

They provide particular roles in PHC and essential public health functions. The Global Strategy on Human Resources for Health: Workforce 2030 acknowledges that CHWs and other types of community-based health workers are effective in the delivery of a range of preventive, promotive and curative health services, and that they can contribute to reducing inequities in access to care. The Global Strategy calls for a more sustainable and responsive skill mix through inter-professional primary care teams, harnessing opportunities from the education and deployment of community-based and mid-level health workers to address population needs for the achievement of the SDGs and UHC.

World Health Assembly Action

The WHA adopted resolution **WHA72.3** (in report **A72/13**) in which it:

Noted the WHO guideline on health policy and system support to optimise CHW programmes.

Urged all Member States (MS), as appropriate to local and national contexts to:

- Align the design, implementation, performance and evaluation of CHW programmes, by means including the greater use of digital technology, with the consolidated evidence presented in the WHO guideline on health policy and system support to optimise CHW programmes, with specific emphasis on implementing these programmes in order to enable CHWs to deliver safe and high-quality care.
- Adapt as appropriate and support implementation of the WHO guideline on health policy and system support to optimise CHW programmes at national level as part of national health workforce and broader health sector, employment and economic development strategies, in line with national priorities, resources, and specificities.
- Strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including cooperation with health ministries, civil service commissions, and employers, to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care, and build a positive relationship with patients.
- Allocate, as part of broader health workforce strategies and financing, adequate resources from domestic budgets and from a variety of sources, as appropriate, to

the capital and recurrent costs required for the successful implementation of CHW programmes and for the integration of CHWs into the health workforce in the context of investments in PHC, health systems and job creation strategies, as appropriate.

- Improve and maintain the quality of health services provided by CHWs in line with the consolidated evidence presented in the WHO guideline on health policy and system support to optimise CHW programmes, including appropriate pre-service selection and training, competency-based certification, and supportive supervision.
- Strengthen voluntary collection and sharing of data, based on national legislation, on CHWs and on CHW programmes, through the use of national health workforce accounts, as appropriate, thus enabling national reporting on SDG indicator 3.c.1 on the density and distribution of their health workforce.
- Ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities.

Invited international, regional, national and local partners to support implementation of the WHO guideline on health policy and system support to optimise CHW programmes, taking into account national context, and to contribute to monitoring and evaluation of implementation.

Invited global health initiatives, bilateral and multilateral financing agencies and development banks to support the national CHW programmes in line with the approach of the WHO guideline on health policy and system support to optimise CHW programmes with programme development and financing decisions to support human capital and health workforce development, as appropriate to national context and national resources.

Requested the Director General (DG) to:

- Continue to collect and evaluate data on CHW performance and impacts, in order to ensure a strong evidence-base for their promotion, especially in the context of low- and middle-income countries.
- Integrate and monitor the implementation of the WHO guideline on health policy and system support to optimise CHW programmes in its normative and technical cooperation activities in support of universal health coverage, PHC, health systems, and disease and population health priorities, including patient safety, as relevant to the Thirteenth General Programme of Work, 2019–2023.
- Provide support to MS, upon request, with respect to implementation of the WHO guideline on health policy and system support, to optimise CHW programmes in alignment with national health labour markets and healthcare priorities.
- Support both information exchange and technical cooperation and implementation research between MS and relevant stakeholders – including South–South cooperation – in respect of CHWs, PHC teams and supportive supervision, including supervision performed by, inter alia, senior CHWs and other health professionals.
- Recognise the role of CHWs in an emergency and support MS on how to integrate them within emergency response.
- Strengthen WHO's capacity and leadership on human resources for health at all levels of the organisation through engagement with all relevant stakeholders and provision of high-quality and timely technical assistance from global, regional and country levels to accelerate implementation of resolution WHA69.19 (2016) on the global strategy on human resources for health and resolution WHA70.6 (2017) in which the Health Assembly adopted 'Working for Health': the ILO, OECD, WHO five-year action plan for health employment and inclusive economic growth (2017–2021), and future work on CHW programmes.
- Submit a report every three years to the Health Assembly on progress made in

implementing this resolution, integrated with the regular progress reporting on implementation of resolution WHA69.19 (2016) on Global Strategy on Human Resources for Health: Workforce 2030.

ICN POLICY CONSIDERATIONS

- The nursing profession has for a long time supported achieving the right to the highest attainable standard of health through UHC based on PHC.
- There is an essential need to scale up the health workforce outside of hospital settings to improve access to PHC and achieve UHC.
- There is a robust body of evidence that clearly demonstrates a link between safe staffing levels of Registered Nurses (RN) and improved patient outcomes. Skill mix between RN and CHWs is a critical issue and should be determined based on patient needs and acuity, using professional judgement, guidance and tools.
- RNs delegate and supervise nursing care. They use their knowledge and skills to make clinical judgements when assessing the needs of patients. CHWs should not be making 'stand-alone' clinical judgements.
- Delegation of tasks to CHWs must always be in the best interest of the patient and not performed simply in an effort to save money or time.
- CHW certification is a public protection issue. It will reduce unnecessary variation in training and development but it requires consensus on the knowledge, skills and competencies that CHWs are required to have.
- RNs must be involved when regulations for CHWs are developed, evaluated and revised.
- There should be a structured career framework for CHWs so roles are not regarded as a 'dead-end' but with clear advancement and progression opportunities.
- The functions of CHWs that fall outside of healthcare delivery, including water supply management, social support and community engagement, should be fully recognised and highlighted when defining CHWs' contribution to the health system.
- Support workers are often poorly paid, their contribution to health systems is underrecognised and they suffer low levels of morale. It is critical that there is fair and equitable pay and employment conditions, and zero tolerance of discrimination against CHWs.

UNIVERSAL HEALTH COVERAGE: PREPARATION FOR THE HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY ON UNIVERSAL HEALTH COVERAGE

Background

At least half the world's population still lacks access to essential health services, some 800 million people spend more than 10% of their household budget on healthcare, and almost 100 million people are forced into extreme poverty each year because of out-of-pocket health expenses.

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

In resolution 72/139, co-sponsored by 71 like-minded Member States, the United Nations (UN) General Assembly decided by consensus to hold a high-level meeting (HLM) on UHC in 2019. The overall theme will be 'Universal health coverage: Moving together to build a healthier world'. The one-day meeting on September 23, 2019 at the UN in New York will be the last chance before 2023, the mid-point of the SDGs, to mobilise the highest political support to package the entire health agenda under the umbrella of UHC, and sustain health investments in a harmonised manner.

World Health Assembly Action

The WHA adopted resolution **WHA72.4** (in report **A72/14**) in which it:

Urged Member States (MS) to:

- Accelerate progress towards achieving SDG target 3.8 on UHC by 2030, leaving no one behind, especially the poor, the vulnerable and marginalised populations.

The 2019 International Nurses' Day resource *Nurses: A Voice to Lead Health for All* focuses on the role of nurses in achieving UHC. It showcases innovative nursing practice in a variety of case studies from around the globe.



ICN will attend the HLM on UHC. Please read the [statement](#) delivered by ICN in April at Interactive Multi-Stakeholder Hearing on UHC as part of the preparatory process for the HLM.

- Support the preparation for the UN HLM in 2019 on UHC, participating at the highest possible level, preferably at the level of Head of State and Government, and to engage in the development of the action-oriented, consensus-based political declaration.
- Continue to mobilise adequate and sustainable resources for UHC, as well as ensuring efficient, equitable and transparent resource allocation through good governance of health systems; and to ensure collaboration across sectors, as appropriate, with a special focus on reducing health inequities and inequalities.
- Support better prioritisation and decision-making, notably by strengthening institutional capacities and governance on health intervention and technology assessment, in order to achieve efficiencies and evidence-based decisions, while respecting patient privacy and promoting data security; and to encourage the greater and systematic utilisation of new technologies and approaches, including digital technologies and integrated health information systems as a means of promoting equitable, affordable, and universal access to health, and to inform policy decisions in support of UHC.
- Continue investing in and strengthening PHC as a cornerstone of a sustainable health system, to achieve UHC and other health-related SDGs, with a view to providing a comprehensive range of services and care that are people-centred, of high quality, safe, integrated, accessible, available and affordable, as well as providing public health functions as envisioned in the Declaration of Astana from the Global Conference on Primary Health Care (2018) and implementing the commitments of that Declaration.
- Continue investing in and strengthening gender-sensitive healthcare services that address gender-related barriers to health and secure women and girls' equitable access to health, in order to realise the right to the enjoyment of the highest attainable standard of health for all, and achieve gender equality and the empowerment of women and girls.
- Invest in an adequate, competent and committed health workforce and promote the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States, by active implementation of the Global Strategy on Human Resources for Health: Workforce 2030.
- Promote access to affordable, safe, effective, and quality medicines, vaccines, diagnostics, and other technologies.
- Support research and development on medicines and vaccines for communicable and noncommunicable diseases, including neglected tropical diseases, particularly those that primarily affect developing countries.
- Consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of PHC, according to national context and priorities.
- Promote more coherent and inclusive approaches to safeguard UHC in emergencies, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles.
- Promote health literacy in the population, especially among vulnerable groups, to strengthen patient involvement in clinical decision-making with a focus on health professional–patient communication, and to further invest in easily accessible, accurate, understandable and evidence-based health information, including through the Internet.
- Continue to strengthen prevention and health promotion by addressing the determinants of health and health equity through multisectoral approaches involving the whole of government and the whole of society, as well as the private sector.
- Strengthen monitoring and evaluation platforms to support regular tracking of the progress made in improving equitable access to a comprehensive range of services and care within the health system and to financial risk protection, and make best use of such platforms for policy decisions.

- Make the best use of the annual International Universal Health Coverage Day, including by considering appropriate activities, in accordance with national needs and priorities.

Called upon all development cooperation partners and stakeholders from the health sector and beyond to harmonise, synergise, and enhance their support to countries' objectives in achieving UHC, and to encourage the engagement of such partners and stakeholders in, as appropriate, the development of the global action plan for healthy lives and well-being for all in order to accelerate the progress on SDG 3 and other health-related SDGs and targets in order to achieve the 2030 Agenda for Sustainable Development.

Requested the Director General (DG) to:

- Fully support efforts of MS, in collaboration with the broader UN system and other relevant stakeholders, towards achieving UHC by 2030, in particular with regard to health systems' strengthening, including by strengthening WHO's normative work and the organisation's capacity to provide technical support and policy advice to MS.
- Work closely with the Inter-Parliamentary Union to raise further awareness among parliamentarians about UHC and fully engage them both in advocacy and for sustained political support towards achieving UHC by 2030.
- Facilitate and support the learning from, and sharing of UHC experiences, best practices and challenges across WHO MS, including by engaging relevant non-state actors, as appropriate, as well as initiatives, such as the International Health Partnership for UHC 2030, and in support of the preparatory process and the UN HLM on UHC.
- Produce a report on UHC as a technical input to facilitate informed discussions at the UN HLM on UHC.
- Make the best use of International Universal Health Coverage Day to drive the agenda, including by encouraging increased political commitment.
- Submit biennial reports on progress made in implementing this resolution, starting with the 73rd WHA in 2020 and ending with the 83rd WHA in 2030, as part of existing reporting on resolution WHA69.11(2016).

ICN POLICY CONSIDERATIONS

- Nurses all over the world every day are advocating for Health for All in the most challenging circumstances with limited resources to deliver healthcare to those most in need.
- Nurses, as part of a multidisciplinary team, can create health systems that take into account the social, economic, cultural and political determinants of health. We can address health inequalities and, through a refocusing on health promotion and illness prevention, using a population health approach, we can improve the health of everyone everywhere.
- Nurse-led models are crucial to achieve UHC and it has been found that when nurses practice to their full scope in team-based primary care settings, it is cost-effective, improves quality of care and increases patient satisfaction, access and equity.
- The Human Resources for Health agenda is imperative to achieve any of the states' priorities, especially achievement of UHC. This agenda is essential to support the SDG agenda and should not be overlooked or allowed to fade away.
- UHC will not be achieved without the active involvement of the largest group of healthcare professionals: nurses. Nursing input is essential in the development and implementation of all of the strategic priorities to achieve UHC.
- All countries must have a Chief Nursing Officer and other nurses in senior leadership positions in all health institutions.
- Nurse-led models are crucial to achieve UHC and ICN is working through the WHO Global Service Delivery Network to support and promote nursing in primary and community settings.
- Interprofessional collaboration is a prerequisite for people-centred services to avoid duplication, gaps and discontinuity of care in the patient's journey throughout the health system. Interprofessional collaborative practice requires early meaningful interprofessional learning experiences, especially during undergraduate education. This involves genuine engagement and opportunities to interact with students of other professions, as opposed to learning in silos.
- Populations should not only have access to essential life-saving health services, but work should be done to attempt to maintain services for immunisation, maternal and child health, mental health, and chronic conditions. WHO should support health systems to strengthen in these areas in order to respond appropriately in times of emergencies.

UNIVERSAL HEALTH COVERAGE: PRIMARY HEALTH CARE TOWARDS UNIVERSAL HEALTH COVERAGE

Background

2018 marked the 40th anniversary of the Declaration of Alma-Ata. Four decades on from the first political commitment to primary health care (PHC) there remains a global consensus that the health and well-being of populations is most effectively, equitably and efficiently achieved through the PHC approach, making it a cornerstone of a sustainable health system for universal health coverage (UHC) and the health-related SDGs. The world came together at the 2018 Global Conference on PHC and endorsed the new Astana Declaration, calling for a renewal of PHC and reaffirming their commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind, and to the values and principles of justice and solidarity, underlining the importance of health for peace, security and socioeconomic development. There is a recognition that elements of PHC need to be updated to respond adequately to ongoing and new health and health system challenges, as well as to take advantage of new resources and opportunities for success in the 21st century.

ICN played a key role in bringing the nursing voice to the Global Conference on PHC. The ICN joint statement expresses the strong support for achieving UHC through strengthening PHC.

The Declaration describes the ambition to deal effectively with current and future challenges to health, mobilising all stakeholders – including health professionals, academic institutions, patients, civil society, local and international partners, agencies and funds, the private sector, faith-based organisations and others – around national policies, strategies and plans across all sectors, to take joint actions to build stronger and sustainable PHC towards achieving universal health coverage. Renewing PHC and placing it at the centre of efforts to achieve 'healthy lives and well-being for all at all ages' are critical for three reasons:

- The features of PHC allow the health system to adapt and respond to a complex and rapidly changing world.
- With its emphasis on promotion and prevention, addressing determinants and a people-centred approach, PHC has proven to be a highly effective and efficient way to address the main causes of and risk factors for poor health, as well as for handling the emerging challenges that may threaten health in the future.
- UHC and the health-related SDGs can only be sustainably achieved with a stronger emphasis on PHC.

World Health Assembly Action

The WHA adopted resolution **WHA72.2** (in report **A72.12**) in which it:

Welcomed the Declaration of Astana adopted at the Global Conference on PHC in Astana on 25 October 2018.

Urged Member States (MS) to take measures to share and implement the vision and commitments of the Declaration according to national contexts.

Called upon all relevant stakeholders to:

- Align their actions and support to national policies, strategies and plans in the spirit of partnership and effective development cooperation in implementing the vision and commitments of the Declaration.
- Provide support to MS in mobilising human, technological, financial and information resources to help to build strong and sustainable PHC, as envisaged in the Declaration.

Requested the Director General (DG) to:

- Support MS, as appropriate, in strengthening PHC, including the implementation of the vision and commitments of the Declaration in coordination with all relevant stakeholders.
- Develop, in consultation with and with the involvement of more expertise from MS, and in time for consideration by the 73rd WHA, an operational framework for PHC, to be taken fully into account in the WHO general programmes of work and programme budgets in order to strengthen health systems and support countries in scaling-up national implementation efforts on PHC.
- Ensure that WHO promotes the vision and commitments in the Declaration in its work and overall organisational efforts, and enhances institutional capacity and leadership across WHO at all levels, including regional and country offices, in order to support MS in strengthening PHC.
- Report regularly through the Executive Board to the Health Assembly on progress made in strengthening PHC, including implementation of the vision and commitments of the Declaration, as part of all reporting on progress towards achieving UHC by 2030.

ICN POLICY CONSIDERATIONS

- The nursing profession has for a long time supported achieving the right to the highest attainable standard of health through UHC based on PHC.
- Nurses are the principal group of healthcare workers providing PHC across different settings and now more than ever, the nursing workforce is equipped to ensure successful implementation of PHC approaches.
- Nurses are vital in dealing with the problems of access within PHC, reducing health inequalities, applying a people-centred approach and managing the holistic needs of individuals and communities.
- The nursing role is one of care provider, educator, coordinator and advocate. The scope within these roles continues to evolve as the health needs of individuals and communities change. As such, governments should remove barriers to expanded nursing roles to allow nurses to work at full scope of practice.
- Nurses are a fundamental part of the healthcare team and we wholeheartedly support the multidisciplinary approach as an important mechanism to support PHC. Implementation of the Declaration will depend on policies that promote functional multidisciplinary teams, investment in interprofessional learning and governance and funding models that support team-based care.
- It is vital that resources are allocated to the PHC workforce with a focus on quality education, recruitment and retention strategies, and assurance of decent work and fair pay.
- Organisations that deliver health services, ministries of health and governments, should develop and/or adopt a community engagement framework that takes account of the various levels of the community engagement process including informing, consulting, involving, collaborating, and empowering.
- Individuals, families and communities must be co-producers of health and take active roles in their own health and healthcare decision making.



HEALTH, ENVIRONMENT AND CLIMATE CHANGE

Background

Climate change potentially poses the largest threat to global health in the 21st century. Known avoidable environmental risks cause about one quarter of all deaths and disease burden worldwide, amounting to at least a steady 13 million deaths each year. Climate change is increasing the frequency and intensity of heatwaves, droughts, extreme rainfall and severe cyclones in many areas, and modifying the transmission of food-borne, water-borne and zoonotic infectious diseases, resulting in large impacts on health. Wider-ranging potential consequences include scarcity of water and forced migration with the political tensions these involve. New environmental, climatic and health issues are emerging and require rapid identification and response. Recent examples include the management of electronic waste, some nanoparticles, microplastics and endocrine-disrupting chemicals. The world is changing rapidly, with an increased pace of technological development, new organisation of work, such as digital platforms, subcontracting and teleworking, increased migration, climate change and increasing water scarcity. Such emerging issues need to be identified and responded to in a timely manner.

Draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through health environments

The comprehensive draft strategy aims to provide a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030, and to ensure safe, enabling and equitable environments for health by transforming our way of living, working, producing, consuming and governing.

The report presents the current situation and challenges that requiring a transformation in the

way the environment is managed with respect to health and wellbeing. This transformation requires focused action on upstream determinants of health, the environment and determinants of climate change in an integrated and mainstreamed approach across all sectors, using a public health framework that is enabled and supported by adequate governance mechanisms and high-level political will, tailored to the national circumstances.

Draft plan of action on climate change and health in small island developing states

Small island developing states are more vulnerable than others to climate change including through more extreme floods, storms and drought; increased risks of water-, vector- and food-borne infectious diseases; increased risks of noncommunicable diseases and sea-level rise threatening fragile healthcare facilities. These additional stresses combine with the existing challenges of communicable and noncommunicable diseases, resulting in a triple burden of disease that causes high morbidity and mortality.

The draft action plan to address the health effects of climate change, initially in small island developing states, is focused on a targeted effort to rapidly scale up support for a group of countries facing unique and severe challenges; it provides a response to the call for urgent action made by the health ministers of the small island developing states.

ICN's Position Statement on nurses, climate change and health can be found [here](#).

World Health Assembly Action

The WHA adopted decision **WHA72(9)** (in report **A72/15**) in which it:

Noted the WHO global strategy on health, environment and climate change.

Requested the Director General (DG) to report back on progress in the implementation of the WHO global strategy on health, environment and climate change to the 74th WHA.

The WHA adopted decision **WHA72(10)** (in report **A72/16**) in which it:

Noted the plan of action on climate change and health in small island developing States.

Requested the DG to report back on progress in the implementation of the plan of action on climate change and health in small island developing States to the 74th WHA.

ICN POLICY CONSIDERATIONS

- Nurses can make a powerful contribution to both mitigate climate change and to support people and communities around the world to adapt to its impacts. This includes, but is not limited to, developing models of care to reduce unnecessary travel, developing climate-informed health programmes for emerging infectious and communicable diseases; engaging in sustainable practices in the health sector, building the response capacity of the health workforce; engaging in health and climate research, and participating in intersectoral policy and governance responses.
- Increased demand for well-educated and trained nurses is likely to occur as the incidence and prevalence of NCDs is rising across the globe. When coupled with the trend towards ageing populations, climate change is likely to further increase the demand for nurses capable of caring for increasing populations of people with progressing and debilitating NCDs. The need for nurses to deliver integrated models of care, across promotion, prevention and management and control of lifestyle factors to prevent or delay progressing morbidity from NCDs, will be significant.
- To reduce the risks they are expected to face from climate change, governments must make choices in how they advance technology and industry, and make investments in infrastructure and public policies that have less environmental impact.
- ICN and National Nurses Associations work to enable nurses to support healthcare organisations to contribute to climate change mitigation through implementation of environmental policies and sustainable practices.
- Increased investment in the health workforce is required as the impact of climate change, coupled with an ageing population, will further increase the demand for well-educated nurses and healthcare professionals.
- Climate change resilience cannot occur without addressing the full spectrum of social and environmental determinants of health.
- Climate change results in further health inequities for already vulnerable populations and must be addressed from a human rights approach. Special attention should be paid to populations particularly exposed to disease and injury.

ACCESS TO MEDICINES AND VACCINES

Background

Equitable access to health products is a global priority, and the availability, accessibility, acceptability and affordability of health products of assured quality need to be addressed in order to achieve the SDGs, in particular target 3.8. Every disease management strategy requires access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. The high percentage of health spending on medicines - 20 to 60% as demonstrated in a series of studies in selected low- and middle-income countries - impedes progress for the many countries that have committed to the attainment of UHC. PHC services rely on access to health products, including medicines, vaccines, medical devices, diagnostics, protective equipment and assistive devices.

The revised WHO draft road map for access to medicines, vaccines and other health products 2019–2023 is contained in the Annex.

The road map outlines the principles of WHO's work on access to health products, including essential health system components. It is structured around two interlinked strategic areas: ensuring the quality, safety and efficacy of health products, and improving equitable access to health products.

World Health Assembly Action

The WHA adopted resolution WHA72.8 (in report [A72/17](#)) in which it:

Urged Member States (MS) in accordance with their national and regional legal frameworks and contexts to:

- Take appropriate measures to publicly share information on the net prices of health products.
- Take the necessary steps, as appropriate, to support dissemination and enhanced availability of, and access to, aggregated results data and, if already publicly available or voluntarily provided, costs from human subject clinical trials regardless of outcomes or whether the results will support an application for marketing approval, while ensuring patient confidentiality.
- Work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives.
- Facilitate improved public reporting of patent status information and the marketing approval status of health products.
- Improve national capacities, including through international cooperation and open and collaborative research and development and production of health products, especially in developing countries and low- and middle-income countries (LMICs), including health products for the diseases that primarily affect them, as well as for product selection, cost-effective procurement, quality assurance, and supply chain management.

Requested the Director General (DG) to:

- Continue to support MS, upon their request, in collecting and analysing information on economic data across the value chain for health products and data for relevant policy development and implementation towards achieving UHC.
- Continue supporting MS, especially LMICs, in developing and implementing their national policies relevant to the transparency of markets for health products, including national capacities for local production, rapid and timely adoption of generic and biosimilar products, cost-effective procurement, product selection, quality assurance and supply-chain management of health products.
- Support research on and monitor the impact of price transparency on affordability and availability of health products, including its effect on differential pricing, especially in LMICs and small markets, and provide analysis and support to MS in this regard as appropriate.
- Analyse the availability of data on inputs throughout the value chain, including data on clinical trials and price information, with a view to assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for health products, including information on investments, incentives, and subsidies.
- Continue WHO's efforts to biennially convene the Fair Pricing Forum with MS and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products.
- Continue supporting existing efforts to determine the patent status of health products and promote publicly available user-friendly patent status information databases for public health actors, in line with the global strategy and plan of action on public health, innovation and intellectual property, and to work with other relevant international organisations and stakeholders to improve international cooperation, avoid duplication of work, and promote relevant initiatives.
- Submit a report on progress made to the 74th WHA, through the 148th Executive Board.

ICN POLICY CONSIDERATIONS

- Achieving UHC requires access to safe, effective, high-quality and affordable essential medicines and vaccines.
- Nurses are most often the healthcare providers at the interface between patients and the healthcare system at the point of care, and are key to ensuring access to medicines and vaccines.
- Advocating for adequate training and competencies of nurses and for a broadening of their autonomy will allow countries to extend the reach of health products to the most vulnerable populations who are often in remote and deprived areas serviced solely by nurses.
- Encourage collaboration between nurses, pharmacists, physician assistants and physicians to improve access to safe, effective and high-quality medicines and vaccines.
- Emphasise education and training of nurses (nurse prescribers and Advanced Practice Nurses) in the accurate prescribing of medications and vaccines to ensure safe and efficient use in distribution.
- Evidence-based, effective, safe nurse staffing levels can ensure the quality, safety and efficacy of medicines and vaccines, which is often undermined by an overburdened health workforce.
- Working in all settings and across the care continuum, nurses are well-placed to ensure the quality, safety and efficacy of health products. For example, reporting adverse drug reactions and identifying substandard and falsified medical products.
- Nurses are key to promoting and improving health literacy related to medicines and vaccines in patients, families and communities.
- Inequities in access to healthcare, a lack of development of medical products for certain health conditions (vaccines, diagnostics and medicines) and high prices for both out-of-pocket payers and health systems are fueling the proliferation of substandard and falsified medical products.

FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: ANTIMICROBIAL RESISTANCE

Background

Antimicrobial resistance (AMR) endangers human health and the future of healthcare delivery and is considered one of the biggest threats to global health and human development. Many recent achievements in global health and development are challenged by AMR, including progress towards UHC, building strong and resilient health systems, reduction of illness and death from infectious diseases, quality, safe, and efficacious medicines, and hygiene, safe water, and sanitation. In all areas of the world, bacteria, parasites, viruses and fungi are becoming increasingly resistant to antimicrobial medicines. As a result, antimicrobials become ineffective and infections persist in the body, increasing the risk of spread to other people and populations.

AMR is a strategic priority area for ICN. Please read the ICN Position Statement on AMR.

World Health Assembly Action

The WHA adopted resolution **WHA72.5** (in report **A72/18**) in which it:

Welcomed the new Tripartite agreement on AMR and encourages the Tripartite agencies (WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) and the United Nations Environment Programme (UNEP) to establish clear coordination for its implementation and to align reporting to their governing bodies on progress under the joint workplan, according to their respective mandates.

Urged Member States (MS) to:

- Remain committed at the highest political level to combating AMR using a One Health approach, and to reducing the burden of disease, mortality and disability associated with it.
- Increase efforts to implement the actions and attain the strategic objectives of the global action plan on AMR, and take steps to address emerging issues.
- Further enhance the prudent use of all antimicrobials, and consider developing and implementing clinical guidelines and criteria according to which critically important antimicrobials should be used, in accordance with national priorities and context, in order to slow the emergence of drug resistance and sustain the effectiveness of existing drugs.
- Conduct post-market surveillance of antimicrobials and take appropriate action to eliminate substandard and falsified antimicrobials.

- Strengthen efforts to develop, implement, monitor and update adequately resourced multisectoral national action plans.
- Participate in the annual antimicrobial resistance country self-assessment survey administered by the Tripartite and, where applicable, regional economic integration organisations.
- Develop or strengthen monitoring systems that will contribute to the annual antimicrobial resistance country self-assessment survey administered by the Tripartite and to participation in the Global Antimicrobial Resistance Surveillance System (GLASS), and to use this information to improve implementation of the national action plans.
- Enhance cooperation at all levels for concrete action towards combating antimicrobial resistance, including through: health system strengthening; capacity-building, including for research and regulatory capacity; and technical support, including, where appropriate, through twinning programmes that build on best practices, emerging evidence and innovation.
- Support technology transfer on voluntary and mutually agreed terms for controlling and preventing antimicrobial resistance.

Invited international, regional and national partners, and other relevant stakeholders, to:

- Continue to support MS in the development and implementation of multisectoral national action plans in line with the five strategic objectives of the global action plan on AMR.
- Coordinate efforts in order to avoid duplication and gaps and leverage resources more effectively.
- Increase efforts and enhance multi-stakeholder collaboration to develop and apply tools to address AMR following a One Health approach, including through coordinated, responsible, sustainable and innovative approaches to research and development, including but not limited to quality, safe, efficacious and affordable antimicrobials, and alternative medicines and therapies, vaccines and diagnostic tools, adequate water, sanitation and hygiene (WASH), including infection prevention and control measures.
- Consider AMR priorities in funding and programmatic decisions, including innovative ways to mainstream antimicrobial resistance-relevant activities into existing international development financing.

Requested the Director General (DG) to:

- Accelerate the implementation of the actions of, and advance the principles defined in, the global action plan on AMR, through all levels of WHO, including through a comprehensive review to enhance current work in order to ensure that AMR activities are well coordinated, including those with relevant UN agencies and other relevant stakeholders, and that they are efficiently implemented across WHO.
- Significantly enhance support and technical assistance provided to countries in collaboration with relevant UN agencies for developing, implementing, and monitoring their multisectoral national action plans, with a specific focus on countries that have yet to finalise a multisectoral national action plan.
- Support MS to develop and strengthen their integrated surveillance systems, including by emphasising the need for the national action plans to include the collection, reporting and analysis of data on sales and use of antimicrobials as a deliverable that would be integrated into reporting on the WHO indicators.
- Keep MS regularly informed of WHO's work with the Tripartite and UNEP, as well as with other UN organisations to ensure a coordinated effort on workstreams, and of their progress in developing and implementing multisectoral approaches.

- Consult regularly with MS and other relevant stakeholders to adjust the process and scope of the global development and stewardship framework, considering the work of the Interagency Coordination Group on AMR to ensure a unified and non-duplicative effort.
- Support MS to mobilise adequate, predictable and sustained funding and human and financial resources and investment through national, bilateral and multilateral channels, to support the development and implementation of national action plans, research and development on existing and new antimicrobial medicines, diagnostics, and vaccines, and other technologies, and strengthening of related infrastructure, including through engagement with multilateral development banks and traditional and voluntary innovative financing and investment mechanisms, based on priorities and local needs set by governments and on ensuring public return on investment.
- Collaborate with the World Bank and other financial institutions, OECD and regional economic communities, in order to continue to make and apply the economic case for sustainable investment in AMR.
- Facilitate, in consultation with the UN Secretary-General, the Tripartite and UNEP, the development of a process to allow MS to consider the Secretary-General's report requested in UN General Assembly resolution 71/3 (2016).
- Maintain and systematically update the WHO list of Critically Important Antimicrobials for human medicine.
- Submit consolidated biennial reports on progress achieved in implementing this resolution and resolution WHA68.7 (2015) to the 74th, 76th, and 78th WHA, incorporating this work into existing antimicrobial resistance reporting, in order to allow MS to review and evaluate efforts made.



ICN POLICY CONSIDERATIONS

- Nurses and other healthcare workers have a vital role to play in preserving the power of antimicrobial medicines.
- Nurses play a central role in patient care and interdisciplinary communication and, as such, are in a key position to contribute to reducing AMR and critical for the function of antimicrobial stewardship programmes (ASP).
- 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
- Individuals, families, communities and the health of populations must be central to actions aimed at preventing and eliminating AMR.
- Comprehensive, coordinated and sustained efforts in reducing global AMR is required, with the full collaboration of nurses, consumers, physicians, pharmacists, microbiologists and veterinarians, as well as the environmental and agricultural sectors.
- Nurses must participate in the development of evidence-based ASPs in healthcare facilities, leading infection prevention and control (IPC) teams and initiatives, and supporting the multidisciplinary team to apply IPC principles and best practices.
- Promote awareness and disseminate information to improve public understanding of AMR and the implications it has on human health and development.
- Improving vaccination rates is an effective means to reduce the risk of AMR.
- IPC policies and practices must be strengthened to prevent and control healthcare-associated infections.
- Countries must work towards eliminating the non-prudent use of antimicrobial agents in food-animal production, plant agriculture and industrial settings, and develop national guidelines on use in these areas according to internationally recognised standards.

FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Background

WHO estimates that in 2016, 15.2 million people between the ages of 30 and 70 years died from noncommunicable diseases (NCDs). Globally, the probability of dying from cardiovascular disease, cancer, diabetes and chronic lung disease between the ages of 30 and 70 years continues to decline from 22% in 2000 to 18% in 2016. However, this rate of decline is insufficient to meet SDG target 3.4.

The third UN high-level meeting (HLM) took place at the UN General Assembly (UNGA) on 10 October 2018, at which the Political Declaration entitled 'Time to deliver: accelerating our response to address NCDs for the health and well-being of present and future generations', was accepted. The report outlines the preparatory process for the HLM and the outcomes. It highlights follow-up actions and statutory reporting requirements. The fourth HLM on the prevention and control of NCDs will take place in 2025.

ICN's President Annette Kennedy is a Commissioner on the WHO Independent High-Level Commission on NCDs to advise the WHO DG on how to transform new opportunities to enable countries to accelerate progress towards SDG target 3.4. Read the final report of this Commission with its recommendations [here](#).

ICN participated in the third UN HLM on NCDs.

World Health Assembly Action

The WHA adopted decision **WHA72(11)** (in report **A72/19**) in which it:

Welcomed the political declaration of the third HLM on the prevention and control of NCDs adopted by UNGA in resolution 73/2 (2018), and requested the Director General to provide support to MS in its implementation.

Confirmed the objectives of WHO's global action plan for the prevention and control of NCDs 2013–2020 and WHO's comprehensive mental health action plan 2013–2020 as a contribution towards the achievement of SDG target 3.4 (by 2030, to reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being) and other NCD-related goals and targets, and to extend the period of the action plans to 2030 in order to ensure their alignment with the 2030 Agenda for Sustainable Development.

Requested the Director General (DG) to:

- Propose updates to the appendices of the global action plan and WHO's comprehensive mental health action plan 2013–2020, as appropriate, in consultation with Member States (MS), and taking into account the views of other stakeholders.
- Ensure that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of NCDs, SDG target 3.4 and other related goals and targets.
- Build on the work already under way to prepare and update, as appropriate, a menu of policy options and cost-effective interventions to support MS in implementing the commitments included in the Political Declaration to promote mental health and well-being, for consideration by the 73rd WHA.
- Build on the work already under way, to prepare a menu of policy options and cost-effective interventions to provide support to MS in implementing the commitments included in the Political Declaration to reduce the number of premature deaths from NCDs attributed to air pollution, while recognising the importance of addressing all environmental determinants, for consideration by the 73rd WHA.
- Report to the 73rd WHA on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward.
- Consolidate reporting on the progress achieved in the prevention and control of NCDs and the promotion of mental health with an annual report to be submitted to the WHA from 2021 to 2031.
- Provide further concrete guidance to MS in order to strengthen health literacy through education programmes and population-wide targeted and mass and social-media campaigns, to reduce the impact of all risk factors and determinants of NCDs to be presented to the 74th WHA.
- Present, in the consolidated report to the 74th WHA, based on a review of international experiences, an analysis of successful approaches to multisectoral action for the prevention and control of NCDs, including those that address the social, economic and environmental determinants of such diseases.
- Collect and share best practices for the prevention of overweight and obesity, and in particular, to analyse how food procurement in schools and other relevant institutions can be made supportive of healthy diets and lifestyles in order to address the epidemic of childhood overweight and obesity, and reduce malnutrition in all its forms.
- Provide the necessary technical support to MS in integrating the prevention and control of NCDs and the promotion of mental health into PHC services, and in improving NCD surveillance.
- Make available adequate financial and human resources to respond to the demand from MS for technical support in order to strengthen their national efforts for the prevention and control of NCDs, including by identifying voluntary innovative funding mechanisms, such as a multi-donor trust fund, building on ongoing relevant work.

ICN POLICY CONSIDERATIONS

- The health workforce has an enormous contribution to make in the promotion, prevention and control of NCDs and needs to be a central part of any NCD strategy.
- Nurses are increasingly taking on the management of NCDs and providing high quality, accessible and cost-effective services.
- Nurses use every contact and every opportunity for health promotion, disease prevention and early detection.
- Countries must enable nurses to work to their full scope of practice and support the development of advanced and specialist roles. This may require modernising regulatory frameworks to support nurses' broader decision-making authority.
- Include and strengthen the contribution of nursing leaders in high-level policy and planning decision making. This includes appointing nurses to senior positions within the health system.
- Ensure the availability of safe, effective and high-quality diagnostics, medicines, vaccines, technologies and palliative care.
- Nurses are local people who can work with local communities on improving health and help make CHWs more effective by providing support, supervision and a point for referral.



FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: ENDING TUBERCULOSIS

Background

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

In May 2014, the WHA67 adopted the End TB Strategy, globally targeting the prevention, management and control of TB, and ultimately aimed at ending the TB epidemic. A report submitted in 2017 to the 70th WHA revealed data showing current efforts towards and investments in the End TB Strategy have fallen far short, which has provided further impetus for a UN high-level meeting (HLM) on ending TB.

The report summarises outcomes of the first HLM on the fight against TB, which was held on 26 September 2018, with more than 1,000 participants. The theme of the meeting was 'United to end tuberculosis: an urgent global

response to a global epidemic'. The meeting resulted in an action-oriented political declaration, which the delegations approved by acclamation, and the General Assembly adopted on 10 October 2018. The HLM heard statements of commitment from 65 high-level national representatives, including 15 Heads of State and Government. More than 100 high-level national delegations attending expressed interest in speaking during the plenary session. Also attending were representatives of ten entities of the UN system and more than 360 external stakeholders, including, representatives from affected communities and civil society, nongovernmental organisations, private sector entities, philanthropic foundations, academic institutions and other agencies.

The ICN TB/MDR-TB Project aims to build global nursing capacity in the prevention, care and treatment of TB. The Project has trained 2,224 nurses in 17 countries in Africa, Asia and the Russian Federation.

World Health Assembly Action

The WHA noted report [A72/20](#)

ICN POLICY CONSIDERATIONS

- ICN urges countries to invest in human resources for health to ensure an adequate number of well-educated healthcare professionals for TB prevention, treatment and delivery of quality person-centred care as part of integrated health services in line with universal health coverage targets.
- Healthcare professional are at high risk of TB/MDR-TB and an increased focus on occupational health is needed in order to protect the health workforce.
- Priority must be given to strengthening health systems, focusing on countries with the highest burden of disease.
- Countries must develop and introduce legislation, regulation and policies that support optimal use of the nursing workforce in its delivery of TB and TB/HIV programmes.
- TB negatively impacts global social and economic development by disproportionately affecting poor and marginalised communities and those in the productive age group. Nurses can create solutions that could reduce exposure to those in vulnerable populations and provide an outlet for public health information in educating communities about prevention of TB.



MEMBER STATE MECHANISM ON SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS

Background

WHO defines 'substandard' medical products as those that are authorised 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 unauthorised medical product. It should be noted that the term 'counterfeit' is now associated with intellectual property rights infringements. Falsified products can apply to both innovator and generic products, and may include products without any active ingredients, with insufficient active ingredients, with the wrong active ingredient, and/or containing other toxic chemicals, impurities or bacteria. Substandard and falsified (SF) medical products have been reported in all main therapeutic categories including medicines, vaccines and in vitro diagnostics.

In 2012, the WHA established the Member State (MS) Mechanism to address the issue of substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products. This resolution renewed and re-established a mandate for WHO and MS in tackling SSFFC products in a transparent and inclusive way, from a public health perspective, and expressly excluding consideration of intellectual property rights. The WHA in 2017 agreed to have 'Substandard and Falsified (SF) medical products' as the terms to be used in the future. The general goal of the Mechanism is to promote through effective collaboration among MS and the Secretariat, the prevention and control of SF medical products and associated activities, to protect public health and promote access to affordable, safe, efficacious, and quality medical products.

ICN recently released a Position Statement on Substandard and Falsified Medical Products, noting that nurses are most likely to identify SF medical products. Read more [here](#).

ICN is a proud member of the [Fight the Fakes Campaign](#), which seeks to raise awareness of the dangers of fake medicines. Don't let fake meds block the road to UHC - learn more about how you can get involved.

World Health Assembly Action

The WHA noted report [A72/22](#).

ICN POLICY CONSIDERATIONS

- Billions of people around the world do not have access to effective preventative, health promotive and life-saving healthcare. Inequities in access to healthcare, a lack of development of medical products for certain health conditions, including vaccines, diagnostics and medicines, and high prices for both out-of-pocket payers and health systems, are some of the factors that are fueling the proliferation of SF medical products.
- SF medical products have a substantial negative impact on public health, cause increased disease prevalence, loss of public confidence in healthcare professionals and health systems, and antimicrobial resistance.
- SF medical products are a symptom of a larger problem: a lack of access to quality, safe, and affordable healthcare.
- Healthcare professionals are an important component of a comprehensive pharmacovigilance system, which includes all activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem.
- Nurses play an important role in educating the public on safety concerns related to the use of SF medical products, and can further prevent their use by promoting health literacy to support informed healthcare seeking behaviours and discourage a self-diagnosis and self-prescribing culture, which has perpetuated these products.
- The problem of SF medical products is further impacted by a poor reporting culture. Nurses can foster a reporting culture within their multidisciplinary healthcare teams by committing to leadership in this area and empowering colleagues, and through a dedication to ongoing vigilance.
- Medicines and medical products should be prescribed, administered, and monitored only by qualified and competent healthcare professionals in the context of their professional scope of practice.
- Multi-stakeholder collaboration is needed to increase public awareness of SF medical products and inform consumers about the risks associated with their use in order to engage them in helping to reduce this risk.

HUMAN RESOURCES FOR HEALTH: GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: WORKFORCE 2030

Background

Health workers are critical for accelerating progress towards SDG 3 and for building equitable primary health care (PHC) systems. Investing in the education and employment of health workers as part of national human capital strategies represents an opportunity to create jobs, particularly for women and young people, and thus to make a significant contribution to the achievement of SDG 4 (education), 5 (gender equality) and 8 (decent work), and to foster additional inclusive economic growth.

The WHO Global Strategy on Human Resources for Health: workforce 2030 was adopted by the WHA in resolution WHA69.19 (2016). The vision of the Strategy is to accelerate progress towards universal health coverage (UHC) and the SDGs by ensuring equitable access to health workers within strengthened health systems.

The Thirteenth General Programme of Work (GPW), 2019–2023 recognises that the 'delivery of safe and good-quality services calls for a fit-for-purpose, well-performing and equitably distributed health and social workforce'. Moreover, the health workforce has emerged as one of the most frequently prioritised outputs for coordinated action in the continuing dialogue between Member States (MS) and WHO country offices on the implementation of the GPW. The Secretariat is advancing a substantial body of work on human resources for health in order to help countries to accelerate progress on PHC, UHC, and the SDGs. There is growing evidence of progress in MS where data on human resources for health are informing policy dialogue and enabling effective and often new investments in education and employment. Additionally, MS reporting reveals a positive trend globally on public sector investment in the health workforce.

The WHO State of the World's Nursing report will provide a technical description of the nursing workforce, described how it will help deliver UHC and the SDGs and highlight areas for policy development. This report is being developed in collaboration with ICN and Nursing Now.

ICN has partnered with the World Bank and Jhpiego, in collaboration with East, Central and Southern African (ECSA) College of Nursing, to produce a comprehensive assessment of the education and labour markets for nurses in the ECSA region. This activity aims to support the achievement of global health goals and maximise opportunities for employment and economic growth through a paradigm shift in the health workforce and education system.

World Health Assembly Action

The WHA noted report [A72/24](#).

ICN POLICY CONSIDERATIONS

- The achievement of health systems objectives, including achieving universal health coverage and the targets of SDG 3, requires an adequate and effective nurse workforce. Daily, nurses promote health, improve access to healthcare, and advocate for people and communities.
- Investing in the education and employment of nurses as part of national human capital strategies will make a significant contribution to achieving SDG 5 and to empowering women, as 80% of the 20 million-plus nurses worldwide are women.
- Support for country-level nursing development has been reinforced by the Nursing Now campaign, which focuses on five core areas: ensuring that nurses and midwives have a more prominent voice in health policy-making, encouraging greater investment in the nursing workforce, recruiting more nurses into leadership positions, conducting research that helps determine where nurses can have the greatest impact, and sharing of best nursing practices.
- Through its appointment of a Chief Nursing Officer, WHO has set a clear lead for investing in and supporting nursing leadership and all countries are encouraged to follow.
- Activities that strengthen collaboration in the healthcare team are crucial for an effective and efficient workforce.
- ICN encourages nursing leaders and ministries of health, education and finance to be actively engaged in the development of the State of the World's Nursing Report, as they are important contributors.
- There is a need for further developments in relation to the scope of practice and competencies of nurses, supported by a transformational educational approach and flexible regulatory systems.
- The WHO strategy forms the basis from which the provision of PHC can be successfully achieved. ICN strongly supports the strategy to reorient health systems towards PHC.

HUMAN RESOURCES FOR HEALTH: WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL: THIRD ROUND OF NATIONAL REPORTING

Background

The health workforce is frequently emphasised as an area of priority among Member States (MS) and WHO country offices in order to continue a systematic effort towards optimising the global workforce. In 2010, the 63rd WHA adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel. The Code is a comprehensive, multilateral framework that advances cooperation and information sharing on health worker migration. It establishes ethical principles and practices for the international recruitment of health personnel and the strengthening of health systems. Although non-binding in nature, it includes a robust monitoring framework. During the second round of reporting, 74 MS had submitted national reports, up from 56 during the first round.

The adoption of the Global Compact for Safe, Orderly and Regular Migration by 164 UN MS in December 2018 is important for the context of this WHA report as the final text includes important links to the Code. The UN report on International Migration and Development also highlights the importance of the Code and health workforce-related data to the broader migration agenda. Data on foreign-born and/or foreign-trained health workers provide evidence of increasing international migration and mobility of health workers, as well as of increasing complexity in patterns of movement. The inference is that a simplistic binary narrative of source/destination or sending/receiving countries is outdated. The report submitted to the WHA presents the third round of national reporting on implementation of the Code and will form the basis of the second review of the Code's relevance and effectiveness in 2019. As of March 2019, 80 MS had submitted a national report, with 26 of the countries reporting for the first time.

ICN is currently updating its Position Statement on Ethical recruitment and International Migration. Please check back on our website later this year.

World Health Assembly Action

The WHA noted report [A72/23](#).

ICN POLICY CONSIDERATIONS

- Health workers are essential for ensuring healthy lives for people around the world and building stable PHC systems. Investing in the education and employment of healthcare workers is important for creating jobs for young people, empowering women and stimulating economic growth.
- ICN respects and supports the rights of nurses to pursue professional achievement and to better the circumstances in which they live and work.
- Losing highly skilled nurses to actively recruiting high-income countries is compromising the capacity of some countries to achieve and sustain health systems improvements, and provide universal access to quality healthcare.
- The goal for all countries should be to have a self-sustainable national nursing workforce that focuses on a stable core of domestically trained nurses, while acknowledging and enabling the contribution of international nurses and other health professionals.
- Government organisations, in collaboration with nurses, should provide effective human resources planning with management and development strategies that target local, national and international levels that are regularly reviewed and maintained.
- Governments and nursing regulatory and credentialing bodies should remove unnecessary barriers to migration, while ensuring systems are in place to maintain safe, quality patient care and safeguard the public.
- Safeguards that protect nurses' interests and acquired rights, and ensure decent work, must be in place when career moves, transfers and international migration occur.
- ICN denounces unethical recruitment practices that exploit nurses or mislead them into accepting job responsibilities and working conditions that are incompatible with their qualifications, skills and experience.
- Circular migration does have potential benefits and mechanisms to support nurses who wish to return to their home countries must be in place..

PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS: DRAFT GLOBAL ACTION PLAN, 2019-2023

Background

The number of refugees, migrants and displaced persons (MRDPs) worldwide is at unprecedented levels, with an estimated 244 million migrants and 68.5 million forcibly displaced persons and a further 10 million stateless. They may not have had access to clean drinking water, adequate nutrition or shelter, and may experience financial insecurity due to limited education, language barriers, loss of qualifications, social exclusion or discrimination. Recognising the diverse experiences and circumstances surrounding displacement is critical to promoting their health and wellbeing. The circumstances surrounding MRDPs leaving their homes are complex, and while some arrive without incident and in good health, this is not always the case. Others' experiences, which may include experiences of trauma, impact on their physical and mental health in a multidimensional way. Despite often having high healthcare needs, many MRDPs are unable to access the services they need or maintain continuity of care, including health promotion, disease prevention and mental healthcare. Women, children older persons and people with disabilities have particular vulnerabilities that need to be considered.

The aim of the plan is to improve global health by addressing the health and well-being of MRDPs in an inclusive, comprehensive manner, and as part of holistic efforts to respond to the health needs of the overall population in any given setting, including the coordination of international efforts to link healthcare for refugees and migrants to humanitarian programmes. The proposed plan reflects the urgent need for the health sector to deal more effectively with the impact of migration and displacement on health, wherever people have settled.

The report outlines the following six priority areas for action, which build on international cooperation in line with the New York Declaration for Refugees and identified best practices and experience of MRDP health.

1. Promote the health of MRDPs through a mix of short-term and long-term public health interventions.
2. Promote continuity and quality of essential healthcare, while developing, reinforcing and implementing occupational health and safety measures
3. Advocate the mainstreaming of MRDP health into global, regional and country agendas and the promotion of: MRDP-sensitive health policies and legal and social protection; the health and well-being of MRDP women, children and adolescents; gender equality and empowerment of MRP women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms.
4. Enhance capacity to tackle the social determinants of health and to accelerate progress towards achieving the SDGs, including UHC.
5. Strengthen health monitoring and health information systems.
6. Support measures to improve evidence-based health communication and to counter misperceptions about MRDP health.

World Health Assembly Action

The WHA adopted decision **WHA72(14)** (in report **A72/25 Rev.1**) in which it:

Took note of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023.

Requested the Director General (DG) to report back on progress in the implementation of the Global Action Plan including relevant information provided by MS on a voluntary basis, and UN agencies as appropriate, to the 74th and 76th WHA.

ICN POLICY CONSIDERATIONS

- The principle of universal and equitable health coverage should be applied to all individuals residing de facto in a country, regardless of their legal status, as well as to MRDPs in transit, and denounces restrictive healthcare policies that limit or restrict access to healthcare services on the basis of legal status
- ICN recognises and supports efforts of countries that host MRDPs, and those governmental and non-governmental organisation programmes at the international and national levels that respect and uphold basic human rights, promote social justice and equity, and build and sustain self-reliance and resilience among MRDPs, especially among vulnerable groups.
- Early detection of outbreaks of communicable diseases, and national guidance, models and standards to underpin prevention and management, should be strengthened.
- Public awareness of the health vulnerabilities and healthcare-related challenges faced by MRDPs should be increased in order to garner public support.
- Screening should focus on identifying at-risk groups, including those with chronic disease, communicable disease and survivors of trauma.
- Women, children, older persons and people with disabilities should be a priority, and ICN would seek to have this strengthened in the global action plan.
- Health professionals' education should focus on addressing communication barriers and increasing the cultural sensitivity of service delivery.
- Nurses and other healthcare professionals who deliver care to undocumented migrants, despite legal restrictions, must not face retribution as they are upholding the individual's human right to health and their responsibility to practice in accordance with their professional codes of ethics.
- Research is necessary to contribute to evidence that expands understanding of issues that relate to the physical, psychosocial, spiritual, cultural and social needs of MRDPs, and that can improve healthcare service delivery and support the development of consistent and comparable measures to facilitate this research.

PATIENT SAFETY:

GLOBAL ACTION ON PATIENT SAFETY

Background

Up to 64 million disability-adjusted life years are lost every year because of unsafe care worldwide. This means that patient harm due to adverse events is probably one of the top 10 causes of death and disability in the world. Patient safety is now being recognised as a large and growing global public health challenge. Global efforts to reduce the burden of patient harm have not achieved substantial change over the past 15 years, despite pioneering work in some healthcare settings. Safety measures, even those implemented in high-income settings, have had limited or varying impact, and most have not been adapted for successful application in low- and middle-income countries. Many medical practices and risks associated with healthcare are emerging as major challenges for patient safety, including medication errors, healthcare-associated infections, unsafe surgical care, unsafe injection practices, diagnostic errors, unsafe transfusion practices, radiation errors, sepsis, venous thromboembolism and unsafe care in mental health settings.

WHO's work on patient safety began with the launch of the World Alliance for Patient Safety in 2004. WHO has launched Global Patient Safety Challenge 'Clean Care is Safer Care' (2005), 'Safe Surgery Saves Lives' (2008), and 'Medication

Without Harm' (2017). Since 2016, Germany and the United Kingdom, in collaboration with WHO, have co-led annual Global Ministerial Summits on Patient Safety, seeking political commitment and leadership to prioritise patient safety at the global level. The Global Patient Safety Network connects actors and stakeholders; currently, there are members from more than 125 countries and key international organisations participating in the Network.

Patient safety is an important strategic priority for ICN as the delivery of safe, high-quality patient care is of utmost importance to nurses. ICN is engaged in a variety of activities in this area. Please visit our website for more information.

ICN delivered a statement at the Third Global Ministerial Summit on Patient Safety in Tokyo, Japan, which resulted in the Tokyo Declaration on Patient Safety.

World Health Assembly Action

The WHA adopted resolution **WHA72.6** (in report **A72/26**) in which it:

Endorsed the establishment of World Patient Safety Day, to be marked annually on 17 September, in order to increase public awareness and engagement, enhance global understanding, and work towards global solidarity and action by Member States (MS) to promote patient safety.

Urged MS to:

- Recognise patient safety as a health priority in health sector policies and programmes, making it an essential component for strengthening healthcare systems in order to achieve UHC.

- Assess and measure the nature and magnitude of the problem of patient safety, including risks, errors, adverse events and patient harm at all levels of health service delivery, including through reporting, learning and feedback systems that incorporate the perspectives of patients and their families, and to take preventive action and implement systematic measures to reduce risks to all individuals.
- Develop and implement national policies, legislation, strategies, guidance and tools, and deploy adequate resources in order to strengthen the safety of all health services.
- Work in collaboration with other MS, civil society organisations, patients' organisations, professional bodies, academic and research institutions, industry and other relevant stakeholders to promote, prioritise and embed patient safety in all health policies and strategies.
- Share and disseminate best practices and encourage mutual learning to reduce patient harm through regional and international collaboration.
- Integrate and implement patient safety strategies in all clinical programmes and risk areas, as appropriate, to prevent avoidable harm to patients related to healthcare procedures, products and devices, including medication safety, surgical safety, infection control, sepsis management, diagnostic safety, environmental hygiene and infrastructure, injection safety, blood safety and radiation safety, as well as to minimise the risk of inaccurate or late diagnosis and treatment, and to pay special attention to at-risk groups.
- Promote a safety culture by providing basic training to all health professionals, developing a blame-free patient safety incident reporting culture through open and transparent systems that identify and learn from examining causative and contributing factors of harm, addressing human factors, and building leadership and management capacity and efficient multidisciplinary teams, in order to increase awareness and ownership, improve outcomes for patients and reduce the costs related to adverse events at all levels of health systems.
- Build sustainable human resource capacity, through multisectoral and interprofessional competency-based education and training, based on the WHO patient safety curricula and continuous professional development, to promote a multidisciplinary approach, and to build an appropriate working environment that optimises the delivery of safe health services.
- Promote research, including translational research, to support the provision of safer health services and long-term care.
- Promote the use of new technologies, including digital technologies, for health, including to build and scale up health information systems and to support data collection for surveillance and reporting of risks, adverse events and other indicators of harm at different levels of health services and health-related social care, while ensuring the protection of personal data, and to support the use of digital solutions to provide safer healthcare.
- Consider the use of traditional and complementary medicine, as appropriate, in the provision of safer healthcare.
- Put in place systems for the engagement and empowerment of patients' families and communities (especially those who have been affected by adverse events) in the delivery of safer healthcare, including capacity-building initiatives, networks and associations, and to work with them and civil society, to use their experience of safe and unsafe care positively in order to build safety and harm-minimisation strategies, as well as compensation mechanisms and schemes, into all aspects of the provision of healthcare, as appropriate.
- Mark World Patient Safety Day annually on 17 September to promote all aspects of patient safety, including progress towards reaching national milestones, in collaboration with relevant stakeholders.

- Consider participating in the annual Global Ministerial Summits on Patient Safety.

Invited international organisations and other relevant stakeholders to collaborate with MS in promoting and supporting patient safety initiatives, including marking World Patient Safety Day annually.

Requested the Director General (DG) to:

- Emphasise patient safety as a key strategic priority in WHO's work across the UHC agenda.
- Develop normative guidance on minimum standards, policies, best practice and tools for patient safety, including on safety culture, human factors, hygienic infrastructure, clinical governance and risk management.
- Provide technical support to MS, especially low-and middle-income countries, where appropriate and where requested, to help to build national capacities in their efforts to assess, measure and improve patient safety, in collaboration with professional associations, as appropriate, and to create a safety culture, as well as ensuring effective prevention of health care-associated harm, including infections, by building capacity in leadership and management, and open and transparent systems that identify and learn from the causes of harm.
- Provide support to MS in establishing and/or strengthening patient safety surveillance systems.
- Strengthen global patient safety networks to share best practice and learning and foster international collaboration, including through a global network of patient safety trainers, and to work with MS, civil society organisations, patients' organisations, professional associations, academic and research institutions, industry and other relevant stakeholders in building safer healthcare systems.
- Provide technical support and normative guidance on the development of human resource capacity in MS through interprofessional competency-based education and training based on WHO patient safety curricula, and, in consultation with MS, develop 'training-of-trainers' programmes for patient safety education and training, and develop global and regional networks of professional educational councils to promote education on patient safety.
- Develop and manage, in consultation with MS, systems for global sharing of learning from patient safety incidents, including through reliable and systematic reporting, data analysis and dissemination systems.
- Design, launch and support Global Patient Safety Challenges, and develop and implement strategies, guidance and tools to support MS in implementing each Challenge, using the best available evidence.
- Promote and support the application of digital technologies and research, including translational research for improving the safety of patients.
- Provide support to MS putting into place systems to support the active engagement, participation and empowerment of patients, families and communities in the delivery of safer healthcare, and in establishing and strengthening networks for engagement of patients, communities, civil society and patient associations.
- Work with MS, international organisations and other relevant stakeholders to promote World Patient Safety Day.
- Formulate a global patient safety action plan in consultation with MS and all relevant stakeholders, including in the private sector, for submission to the 74th WHA.
- Submit a report on progress in the implementation of this resolution to the 74th, 76th, and 78th WHA.

ICN POLICY CONSIDERATIONS

- As nursing care spans all areas of care delivery, nurses are well-placed to prevent harm to patients and improve the quality and safety of healthcare.
- Safe staffing is critical to preventing patient safety incidents. Governments should invest in safe staffing as this has proven to be cost-effective and to lead to positive patient outcomes.
- Developing safe nurse staffing national legislation can ensure its delivery and maintenance.
- Healthcare organisations should promote a just culture of safety that supports staff to openly and honestly report near misses and incidents without fear, allowing for future learning and improvements. Patient safety learning systems should be a priority intervention to addressing patient safety.
- As frontline healthcare professionals, nurses are educated to prevent patient safety incidents such as medication errors, care and treatment errors, trips and falls, and healthcare-associated infections.
- Interprofessional teamwork will advance quality and safety by fostering a safe work environment built on mutual respect and shared decision-making. Achieving this will require policies that promote functional multidisciplinary teams, investment in interprofessional learning and governance and funding models that support team-based care.
- There must be a greater emphasis placed on engaging patients and families as key enablers of quality and safety. Patients and families should be involved in the development of relevant patient safety policies and strategies.

PATIENT SAFETY: WATER, SANITATION AND HYGIENE IN HEALTH CARE FACILITIES

Background

Water, sanitation and hygiene (WASH) should be accessible in all settings, particularly in healthcare facilities, where people are at their most vulnerable. Yet the first ever global assessment conducted by WHO and UNICEF in 2015 found that nearly 40% of facilities lacked water, 19% were without adequate sanitation and 35% did not have materials for hand hygiene. Furthermore, just over 40% did not safely manage healthcare waste. Access to WASH services in birthing settings and primary health care (PHC) facilities are even lower than in other service areas or types of facilities, highlighting important inequities. These failings undermine the promise of universal health coverage (UHC) and renewed efforts on PHC and adversely affect quality care and infection prevention and control. Lack of WASH in healthcare facilities also contributes to the unnecessary use of antibiotics

and the spread of antimicrobial resistance. To call attention to this issue of fundamental importance to health and development, the UN Secretary-General issued a global call to action on WASH in healthcare facilities in March 2018.

Responding to the Secretary General's call to action, WHO and UNICEF, in collaboration with more than 30 partners and all regions, have developed a global work plan and architecture on WASH in healthcare facilities. The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene will regularly report on progress, with the first global baseline report due to be launched in early 2019, in time to inform WHA discussions in the same year. An advisory group is being established to provide strategic direction and review to WHO, UNICEF and the partners committed to the global workplan on WASH in healthcare facilities.

World Health Assembly Action

The WHA adopted resolution **WHA72.7** (in report **A72/27**) in which it:

Urged Member States to:

- Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for, safe WASH in healthcare facilities, and infection prevention and control (IPC) status, using existing regional and global protocols or tools, and in collaboration with the global effort to improve provision of safe WASH in healthcare facilities.
- Develop and implement a road map according to national context so that every healthcare facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including those for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.
- Establish and implement, according to national context, minimum standards for safe WASH and IPC in all healthcare settings and build standards for safe WASH and IPC into accreditation and regulation systems, and establish accountability mechanisms to

reinforce standards and practice.

- Set targets within health policies and integrate indicators for safe WASH and IPC into national monitoring mechanisms to establish baselines, track progress, and track health system performance on a regular basis.
- Integrate safe WASH into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective UHC, IPC, and containment of antimicrobial resistance.
- Identify and address inequities and interruptions in the availability of adequate WASH services in health facilities, especially in facilities that provide maternity services and in PHC facilities.
- Align their strategies and approaches with the global effort for safe WASH in healthcare facilities and contribute to the realisation of SDG 3 and 6 (Ensure availability and sustainable management of water and sanitation for all).
- Have procedures and funding in place to operate and maintain services for safe WASH and IPC in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities to access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimised and in order to maintain hygiene practices.
- Educate and raise awareness, in line with regional agreements, on WASH with a particular focus on maternity, hospital facilities and settings used by mothers and children; and to conduct ongoing education campaigns on the risks of poor sanitation, including open defecation, to discourage this practice and encourage community support for use of toilets and safe management of faecal waste by health workers.
- Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe WASH and IPC across the health system; and to invest in a sufficient and well-trained health workforce, including healthcare workers, cleaners and engineers to manage safe WASH services, provide ongoing maintenance and operations, and perform appropriate safe WASH and IPC practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff.
- Promote a safe and secure working environment for every health worker, including working aids and tools, safe water, sanitation and hygiene services, and cleaning and hygiene supplies, for efficient and safe service delivery.

Invites international, regional and local partners to:

- Raise the profile of safe WASH and IPC in healthcare facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole, rather than focusing on vertical or siloed programming approaches.
- Support government efforts to empower communities to participate in the decision-making concerning the provision of better and more equitable safe WASH services in health facilities, including their reporting to authorities about insufficient or inadequate services.

Requested the Director General (DG) to:

- Continue to provide global leadership and pursue the development of technical guidance to achieve the targets set out in this resolution.

- Report on the global status of access to safe water, sanitation and hygiene in healthcare facilities as part of efforts to achieve SDG 6 (Ensure availability and sustainable management of water and sanitation for all), including through the Joint Monitoring Programme, and to include safe water, sanitation and hygiene, and infection prevention and control in healthcare facilities within effective universal health coverage, PHC and efforts to monitor the quality of care.
- Catalyse the mobilisation of domestic and external resources from the public and private sectors, and support the development of national business cases for investment in safe water, sanitation and hygiene, and infection prevention and control in healthcare facilities.
- Continue to raise the profile of safe water, sanitation and hygiene, and infection prevention and control in healthcare facilities within WHO and at high-level political forums, and to work with other UN agencies in order to respond to the UN Secretary-General's call to action in a coordinated manner.
- Work with Member States (MS) and partners to review, update and implement the global action plan, and support MS in the development of national road maps and targets for safe WASH in healthcare facilities.
- Work with partners to adapt existing reporting mechanisms and, if necessary, develop new such mechanisms in order to capture and monitor progress on the coordination, implementation, financing, access, quality and governance of safe WASH and IPC and control in healthcare facilities, according to established indicator reporting methodology for SDG 6 (Ensure availability and sustainable management of water and sanitation for all).
- Support coordination and implementation of safe WASH and basic IPC measures in healthcare facilities and triage centres in times of crisis and humanitarian emergencies through the Health and WASH clusters, leveraging partnerships to prevent disease outbreaks in these contexts.
- Report on progress in the implementation of the present resolution to the WHA in 2021 and 2023.

ICN POLICY CONSIDERATIONS

- As nursing care spans all areas of care delivery, nurses are well-placed to prevent harm to patients and improve the quality and safety of healthcare.
- Nurses understand and witness the impact of sub-optimal hygiene and the scarcity of water and sanitation equipment on patients, families and providers.
- Lack of adequate WASH is both a patient safety issues and an issue that affects the work environment and health and wellbeing of the health workforce.
- In many healthcare facilities, nurses and other healthcare workers are working with limited material resources, are understaffed and working in dangerous conditions.
- Investing in WASH is necessary to build strong PHC systems that will advance the goal of achieving UHC.
- Governments must allocate resources to develop, implement and monitor WASH standards, incentivise facility leaders to implement these standards, and offer continuing development and training for nurses and other healthcare workers.
- WASH training should include information on how to secure WASH during and after disasters or public health emergencies.

GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENT'S HEALTH (2016-2030)

Background

Women, children, and adolescents are the most vulnerable demographic population in healthcare. It is estimated that 26 million women and girls of reproductive age are in dire need of sexual and reproductive health services. A reported 850 women die daily in childbirth or as a direct result of pregnancy. Between 2011 and 2016, of those who delivered safely, only 59% received postpartum care. As of 2015, an estimated 246 million children, many under that age of five, resided in conflict zones where abuse, neglect, and disruption are pervasive and their health is compromised due to limited access to safe medical facilities. Newborn deaths account for 45% of deaths among children under the age of five globally, resulting in 2.7 million lives lost

each year. Experiences in early childhood have a major impact on brain development and affect learning, health, behavior, and eventually social relationships and earnings.

The Global Strategy is a roadmap to achieve the right to the highest attainable standard of health for all women, children and adolescents – to transform the future and ensure every newborn, mother and child not only survives, but thrives. The new Strategy builds on the success of the 2010 Strategy and its Every Woman Every Child movement, as a platform to accelerate the health-related Millennium Development Goals and put women, children and adolescents at the heart of the SDGs.

ICN attended the 63rd United Nations Commission on the Status of Women and held a parallel event entitled 'Promoting the health and empowerment of women: Innovative exemplars in global nursing practice, education, consultation and partnership'

ICN is a member of the Childhood and Early Parenting Principles Global Initiative. Learn more [here](#).

World Health Assembly Action

The WHA noted report [A72/30](#).

ICN POLICY CONSIDERATIONS

- ICN supports a vision in which every woman, child and adolescent has the right to physical and mental health and well-being, has social and economic opportunities, and is fully able to participate in shaping prosperous and sustainable societies.
- The urban-rural gap in health status is significant and greatly affects the health of women and children.
- Often the only health professional 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.
- The lack of access to services by women, low socio-economic status, and societal values that tolerate violence, sexual abuse and other violations of women's rights, have a direct impact on the health of women and girls.
- Given the important role that nurses play in improving access to services for vulnerable populations, the need to support them is even more crucial as it requires not only effective skills and quality education, but also recognition of their status and decision-making abilities to allow them to carry out their role to their full potential.
- Often the first point of care and working across all settings, nurses are in a unique position to support nurturing care by reaching out to families and caregivers during the early years.
- ICN encourages policies, information and services to be family-centered in order to provide knowledge and resources to parents and families, and to empower them to provide nurturing care.
- Environmental risk factors account for some 25% of the disease burden among children under five, and as such, the health community must raise awareness of the health implications of climate change and to scale-up its contribution to addressing it.
- Unsafe abortion and the associated morbidity and mortality in women are avoidable, and governments should implement measures to improve access to safe abortion services in order to protect women and girls' health and human rights.

EMERGENCY AND TRAUMA CARE: EMERGENCY CARE SYSTEMS FOR UNIVERSAL HEALTH COVERAGE: ENSURING TIMELY CARE FOR THE ACUTELY ILL AND INJURED

Background

Emergency care is an integrated platform to deliver time-sensitive healthcare services for acute illness and injury across the life course. The emergency care system that delivers these services extends from care at the scene through transport and emergency unit care, and it ensures access to early operative and critical care when needed. Many proven health interventions are highly time dependent: they save lives, but only when delivered in time. By ensuring early

recognition of acute conditions and timely access to needed care, organised emergency care systems save lives and amplify the impact of many other parts of the health system.

In several previous resolutions, the WHA prioritised integrated service delivery models and identified the lack of access to timely emergency care as a cause of extensive and serious public health problems.

World Health Assembly Action

The WHA adopted resolution **WHA72.16** (in report **A72/31**) in which it:

Called for near-term additional efforts globally to strengthen the provision of emergency care as part of universal health coverage (UHC) to ensure the timely and effective delivery of life-saving healthcare services to those in need.

Urged Member States (MS) to:

- Create policies for sustainable funding, effective governance and universal access to safe, high-quality, needs-based emergency care for all, without regard to sociocultural factors, without requirement for payment prior to care, and within a broader health system that provides quality essential care and services, and financial risk protection as part of UHC.
- Conduct voluntary assessments using the WHO emergency care system assessment tool to identify gaps and context-relevant action priorities.
- Work towards, or promote, at appropriate levels of governance, the inclusion of routine prehospital and hospital emergency unit care into health strategies, and in other relevant planning documents, such as emergency response plans and obstetric and surgical plans.
- Develop a governance mechanism, as appropriate to their national context, for the coordination of routine prehospital and hospital-based emergency care services, including links with other relevant actors for disaster and outbreak preparedness and response, including the capacity of personnel in other sectors.
- Promote more coherent and inclusive approaches to safeguard effective emergency care systems as a pillar of UHC in fragile situations and conflict-affected areas, ensuring the continuum and provision of essential health services, and public health functions, in line with humanitarian principles.

- Promote as appropriate, according to the level of healthcare services, from first level and above, the establishment of a dedicated area or unit for emergency services and care with appropriate equipment and capacity for management and diagnosis.
- Promote access to timely prehospital care for all, by using informal or formal systems, as resources allow, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards.
- Implement key processes and protocols as identified in WHO guidance on emergency care systems, such as triage and checklists.
- Provide dedicated training in the management of emergency conditions for all relevant types of health providers, including developing post-graduate training programmes for doctors and nurses, training frontline providers in basic emergency care, integrating dedicated emergency care training into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to their national context.
- Increase awareness and capacity in communities to deal with emergency situations, including through campaigns, and through training of standard practices across educational and occupational settings, adapted to their corresponding target populations, so they can identify, mitigate and refer potential emergencies.
- Implement mechanisms for standardised data collection to characterise the local acute disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of emergency care.
- Support efforts to ensure, based on local risks, that prehospital and hospital emergency units have plans in place to protect providers, patients and infrastructure from violence, and to protect providers and patients from discrimination; and that they have in place clear protocols for the prevention and management of hazardous exposures.

Requested the Director General (DG) to:

- Enhance WHO's capacity at all levels to provide necessary technical guidance and support for the efforts of MS and other relevant actors to strengthen emergency care systems, including to ensure preparedness in all relevant contexts.
- Foster multisectoral networks, partnerships and action plans, and facilitate collaboration among MS to support the effective dissemination and implementation of best practices in emergency care.
- Promote equitable and non-discriminatory access to safe, quality emergency care services for all people as part of UHC.
- Renew efforts outlined in resolution WHA60.22 to provide support to MS upon request, for needs assessments, facility inspection, quality and safety improvement programmes, review of legislation and other aspects of strengthening the provision of emergency care.
- Support MS to expand policy making, administrative and clinical capacity in the area of emergency care, by the provision of policy options and technical guidance, supported by educational strategies and materials for providers and planners.
- Strengthen the evidence base for emergency care by encouraging research on the burden of acute disease and emergency care delivery, and by providing tools, protocols, indicators and other needed standards to support the collection and analysis of data, including on cost-effectiveness.
- Facilitate awareness and international and domestic resource mobilisation, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development by providing advocacy resources.
- Report to the 74th WHA on progress in the implementation of this resolution.

ICN POLICY CONSIDERATIONS

- Emergency care systems play an essential role in all phases of disaster risk reduction, response and recovery. Emergency nurses collaborate with their community response partners to develop, implement and evaluate disaster preparedness strategies. As such, nurses should be central to developing and implementing all relevant policies.
- Emergency nurses make up a large part of the emergency care system workforce.
- Evidence-based safe nurse staffing is critical to ensure high quality patient care and patient safety in emergency care service delivery. Robust, valid and evidence-based human resource planning systems and policies must be in place to match nursing supply to patient and population health needs.
- Organisations representing nurses should be central to developing, implementing emergency care.
- Dedicated emergency care training should be integrated into post-registration nursing curricula.
- Emergency nurses participate in the development of policies and procedures that contribute to a safe, effective and healthy work environment.
- The use of emergency care services for non-emergency health needs can be reduced by strengthening primary health care (PHC) systems. Access to PHC services can be increased by promoting advanced practice nursing roles and allowing nurses to practice to their full scope.
- Trauma-related continuing education and certification are recommended and an important adjunct for emergency nurses and other healthcare professionals who provide trauma care.
- Emergency care settings are highly vulnerable to incidents of workplace violence, which represent a serious occupational health risk for nurses and other healthcare providers. Governments and healthcare organisations must develop and implement policies and instruments that safeguard the nurse's right to a safe work environment.

2020: INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Background

In January 2019, the 144th Executive Board considered the subject of human resources for health. During discussions, the Board drew attention to the vital role of nurses and midwives in achieving universal health coverage and the need to highlight their contributions. Noting that 2020 was the 200th anniversary of the birth of one of the founders of modern nursing, Florence Nightingale, the Board recommended that the WHA should designate 2020 as the International Year of the Nurse and the Midwife.

'WHO is proud to nominate 2020 as the Year of the Nurse and the Midwife. These two health professions are invaluable to the health of people everywhere. While WHO recognises their crucial role on a daily basis, 2020 will be dedicated to highlighting the enormous sacrifices and contributions of nurses and midwives, and to ensuring that we address the shortage of these vital professions. I would like to thank the International Council of Nurses and the Nursing Now campaign for raising the status and profile of nurses, and am proud to contribute to the recognition of their work.'

- Dr Tedros Adhanom Ghebreyesus, Director General, WHO.

World Health Assembly Action

The WHA adopted decision **WHA72(19)** (in report **A72/54 Rev.1**) in which it:

Decided to designate 2020 as the International Year of the Nurse and the Midwife.

ICN POLICY CONSIDERATIONS

- The adoption by the WHA of the draft decision to designate 2020 as the year of nursing and midwifery is enthusiastically welcomed by the over 20 million nurses worldwide.
- Making up approximately half of the health workforce, nurses are intrinsically linked to the ability of countries to address health priorities and achieve UHC – daily, nurses are advocating for Health for All, often in the most challenging circumstances with limited resources.
- Celebrating 2020 as the International Year of the Nurse and the Midwife will allow us to honour the nursing contribution and celebrate the bicentenary of the birth of Florence Nightingale, one of the founders of modern nursing.
- This celebration will recognise past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue, and garner investment in the development and increased capacity of the nursing workforce.
- All stakeholders should use the unique opportunity of 2020 to invest in and support the development of nurse leaders. Nurses, as both leaders and implementers, will turn the ambition of achieving health for all people into a reality.
- In 2020, the first-ever State of the World's Nursing report will provide a global picture of the nursing workforce and inform national policy on strengthening nursing in order to make meaningful progress toward universal health coverage and the SDGs.
- The Nursing Now campaign has raised the profile of nursing and highlighted the importance of the need for more well-educated nurses, of investing in recruitment and retention strategies, and of removing barriers to advanced nursing roles that are proving highly effective at expanding healthcare coverage.



STRENGTHENING SYNERGIES BETWEEN THE WORLD HEALTH ASSEMBLY AND THE CONFERENCE OF THE PARTIES TO THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Background

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first global public health treaty developed by countries in response to the globalisation of the tobacco epidemic. It aims to tackle some of the causes of that epidemic, including complex factors with cross-border effects, such as trade liberalisation and direct foreign investment, tobacco advertising, promotion and sponsorship beyond national borders, and illicit trade in tobacco products. The Convention entered into force on 27 February 2005 – 90 days after it had been acceded to, ratified, accepted, or approved by 40 States. There are currently 181 Parties to the Convention.

This report describes the outcomes of the eighth session of the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (Geneva, 1–6 October 2018). It provides for information purposes an overview of the main decisions adopted by the COP and of the main outcomes of the first session of Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol) (MOP1).

The 8th session was attended by more than 1,200 participants and 24 decisions were adopted. One of the most significant outcomes of the session was the adoption of the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO FCTC 2019–2025, through decision FCTC/COP8(16). The Global Strategy aims to strengthen implementation of the FCTC and provides a road map to guide the work of the Parties, the Convention Secretariat and other stakeholders. It aims also to mobilise international, intergovernmental and developmental partners to integrate the implementation of the FCTC into their work, their responses for achieving the SDGs, or both, establishing inter alia stronger alignment between, and cooperation with, WHO, entities in the UN system and other relevant international agencies and initiatives.

The COP continued to emphasise the important role of international cooperation, including the SDGs, the global agenda on noncommunicable diseases, human rights and South–South and Triangular cooperation.

World Health Assembly Action

The WHA noted report [A72/57](#).

ICN POLICY CONSIDERATIONS

- Nurses make an important contribution to tobacco control and carry out work in line with several of the WHO FCTC tobacco control policies:
- Research, surveillance and exchange of information (Monitoring)
- Protection from exposure to tobacco smoke (Smoke-free environments)
- Demand reduction measures concerning tobacco dependence and cessation (Cessation programmes)
- Education, communication, training and public awareness (mass media)
- Nurses are actively involved in influencing policy related to packaging and labelling of tobacco products; tobacco advertising, promotion and sponsorship, and price and tax measures to reduce the demand for tobacco.
- The role and image of health professionals are essential in promoting tobacco-free lifestyles and cultures. As the largest and one of the most trusted group of healthcare providers, nurses are powerful tobacco-free role models for patients, families and communities.
- The nursing voice on tobacco prevention and cessation is heard across a vast range of settings, including in care delivery, education, mass media and policy arenas.
- All aspects of tobacco control must be incorporated into health professionals' curricula.
- Tobacco use is a major risk factor common to the main noncommunicable diseases (NCDs) and progress on global tobacco control must continue if we are to reduce the burden of NCDs.

RESOURCES

[72nd World Health Assembly documents](#)

[ICN Position Statements](#)

[Fight the Fakes campaign](#)

[ICN's TB/MDR-TB Project](#)



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 11.4

Implementation of the 2030 Agenda for Sustainable Development

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

We would like to applaud governments and WHO for their efforts to ensure that health remains central to the Agenda for Sustainable Development.

Health in the SDG era is about health in all policies. The cross connection of health and wellbeing to quality education, gender equity, decent work and economic growth, industry, innovation and infrastructure, peace and justice, and reduced inequities should not be minimized. It has been noted that nearly 50 targets across 14 goals are critical to ensure health and wellbeing.

ICN firmly believes that the SDGs will not be achieved unless inequities between populations are addressed. In collaboration with other healthcare workers, Registered Nurses and Advanced Practice Nurses are integral to the solution to addressing inequities. Around the world, nurses are working in incredible and sacrificial ways for the betterment of health. There are nurses caring for prisoners irrespective of what the crimes they may have committed; working on the streets caring for the homeless; for anyone who walks through hospital doors; on the back of trucks providing mobile clinics; in completely under-resourced, remote locations in the world. The voice of nursing is a commanding one because it sees the health needs of the patient beyond the medical diagnosis.

As outlined in the Global Action Plan, a shift in focus to the highly cost-effective frontline health system will accelerate the progress to reach SDG 3. As nurses make up the majority of the frontline health workforce, this means investing in nurses.

In order to fully mobilize the expertise of nurses, we encourage WHO and governments to continue to actively involve nurses in the planning and development of relevant policies and strategies and provide global support for the expansion of advanced practice roles.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 11.5

Universal health coverage: Primary health care towards universal health coverage

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

ICN and the nursing profession has for a long time firmly believed that strengthening primary health care (PHC) is the most effective approach to ensuring universal health coverage (UHC). As outlined in our 2019 International Nurses' Day resource, now more than ever the nursing workforce is equipped to ensure successful implementation of PHC approaches and are at the center of ensuring health for all.

Nurses are the principal group of healthcare workers providing PHC across different settings as care providers, educators, coordinators and advocates. The scope within these roles continues to evolve as the health needs of individuals and communities change. ICN urges governments to remove barriers that impede nurses from working to their full scope of practice, thereby optimising the contribution of the largest group of healthcare providers in the health workforce.

The holistic people-centred models of care and ongoing community engagement in health policy decision-making that are central to PHC are consistent with nursing models of care. Nurses are vital to improving access within PHC, reducing health inequalities, applying a people-centred approach and managing the holistic needs of individuals, families and communities. Nurses should be supported through policy and legislation to prevent, detect and manage common conditions encountered in PHC settings.

We strongly believe that effective and safe delivery of comprehensive PHC services is dependent on the strength, capacity and capability of the health workforce. We call on governments to invest in quality education, recruitment and retention strategies, and assurance of decent work and fair pay.

ICN is committed to working with its stakeholders and WHO to transform the PHC vision into action.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 11.8

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Prevention and control of noncommunicable diseases

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

The health workforce has an enormous contribution to make in the promotion, prevention and control of noncommunicable diseases (NCDs) and needs to be a central part of any NCD strategy. The WHO Independent High-level Commission on NCDs recommended that governments reorient health systems to include health promotion, the prevention and control of NCDs, and mental health services in their universal health coverage (UHC) policies and plans. Essential for this is strengthened primary health care and a well-equipped multi-disciplinary health workforce, especially nurses. As noted in the report, with the right knowledge, skills, opportunities, and financial support, nurses are uniquely placed to act as effective practitioners, health coaches, spokespersons, and knowledge suppliers for patients and families throughout the life course.

Nurses are increasingly taking on the management of NCDs and providing high-quality, accessible and cost-effective services. Nurses use every contact and every opportunity for health promotion, disease prevention and early detection. Prevention and treatment healthcare services for NCDs, especially primary care services, should be designed to be primarily nurse-led which will ensure high-quality care that meets emerging and increasing needs of populations.

ICN calls on Member States to:

- Enable nurses to work to their full scope of practice and support the development of advanced and specialist roles. This may require modernising regulatory frameworks to support nurses' broader decision-making authority.
- Include and strengthen the contribution of nursing leaders in high-level policy and planning decision-making. This includes appointing nurses to senior positions within health systems.
- Ensure the availability of safe, effective and quality diagnostics, medicines, vaccines, technologies and palliative care.

Recognising, investing in and mobilising the nursing workforce will lead to real and lasting changes.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 12.2

Member State mechanism on substandard and falsified medical products

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN). ICN is committed to action to address the ongoing problem of substandard and falsified (SF) medical products. Today we release our Position Statement on this issue, guiding National Nurses' Associations and nurse clinicians, educators, researchers and policy influencers on how to reduce the risks posed by SF products.

SF products pose significant threats to health, increased disease prevalence and antimicrobial resistance. They cause loss of public confidence in healthcare professionals and health systems, impeding access to healthcare and ultimately achieving universal health coverage. ICN encourages governments to enact legislation that criminalizes falsification and to respond with adequate penalties and strict enforcement.

Working in all settings, nurses prescribe, administer and monitor patient treatment and are therefore well-positioned to detect SF medical products, which are often only detected when they do not have the intended therapeutic effect. As such, nurses 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.

SF medical products are a symptom of a larger problem and one that is of utmost importance to ICN and the nursing profession: a lack of access to quality, affordable healthcare. Much of the morbidity and mortality from SF medical products could be avoided if people were assured the availability of affordable, quality, authentic medical products.

Increased public awareness is vital to addressing this issue. ICN is a partner of the Fight the Fakes campaign which aims to create a global movement to raise the profile of SF medical products. ICN encourages the Member State Mechanism to engage with this campaign and to foster collaborative action with important stakeholders in the fight against SF medical products.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 12.3

Human resources for health – WHO Global Code of Practice on the International Recruitment of Health Personnel: third round of national reporting

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN). ICN supports the rights of nurses to pursue professional achievement and to better the circumstances in which they live and work.

Recently, international migration of health professionals has risen markedly in magnitude and in its policy challenges for health, education, immigration and regulation. However, unethical recruitment of nurses is compromising the capacity of some countries to provide universal access to quality healthcare and in delaying local measures that would improve recruitment, retention and effective human resource planning.

As healthcare demands increase from forces such as ageing populations and the rise of noncommunicable diseases, countries must invest in a self-sustainable national nursing workforce which focuses on a stable core of domestically educated nurses as well as retention strategies while acknowledging and enabling the contribution of international nurses. ICN urges governments, in collaboration with national nurses associations, to develop and adopt regulated and ethical recruitment practices and effective human resources planning.

ICN encourages Member States to establish and/or strengthen transparent health workforce information systems ensuring the inclusion of health personnel migration.

ICN thanks the Secretariat for providing support to Member States who have requested technical assistance in implementing the Code.

ICN is pleased to collaborate with WHO in developing the seminal State of the World's Nursing Report which will provide a global picture of the nursing workforce and inform national policy on strengthening nursing. We urge Ministries of Health to support the development of the report and nursing leaders to be actively engaged.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 12.4

Promoting the health of refugees and migrants

Thank you for the opportunity to speak on behalf of the International Council of Nurses and the over 20 million nurses worldwide. ICN congratulates the Secretariat on the Draft global action plan and its efforts to build on international cooperation to promote the health of refugees and migrants.

As global numbers of displaced people rise to unprecedented levels, so does the role of nurses in responding to their complex and multidimensional health needs. Nurses are at the front line of migrant and refugee health service provision and have a key role to play in programmes that increase access to care and enhance capacity to address the social determinants of health.

ICN recognises and supports efforts of countries that host refugees and migrants and those governmental and nongovernmental organisation programmes at the international and national levels that respect and uphold basic human rights, promote social justice and equity and build and sustain self-reliance and resilience among refugees and migrants.

ICN urges that the principle of universal and equitable health coverage be applied to all individuals residing de facto in a country regardless of their legal status, as well as to migrants and refugees in transit, and denounces restrictive healthcare policies that limit or restrict access to healthcare services on the basis of legal status. The needs of women, children, older persons and people with disabilities must be a priority and we seek to have this strengthened in the plan.

ICN supports the use of technology to: improve monitoring and early detection of risk; improve decision-making and effective use of resources; and remove obstacles and increase access to quality and compassionate care.

Nurses play a central role in addressing the physical and mental health challenges of refugees and migrants worldwide. We encourage WHO and governments worldwide to continue to work co-operatively with nurses in the planning, implementation and evaluation of strategies and to promote refugee and migrant health.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 12.5

Patient safety: Global action on patient safety

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN).

As nursing spans the care delivery spectrum, nurses are well-placed to prevent patient harm in several key areas where unsafe care occurs. This includes preventing medication errors and healthcare-associated infections and providing safe care in mental health settings.

For health systems to fully benefit from nursing practice, ICN urges governments to invest in safe nurse staffing as it has proven to be cost-effective to preventing these incidents. Safe staffing ensures that there is an appropriate number of nurses with a suitable mix of education and skills available. Furthermore, developing safe nurse staffing national legislation can ensure its delivery and maintenance.

ICN promotes a just culture of safety that supports staff to transparently report near misses and incidents without fear, allowing for future learning and improvements. As such, we encourage the development of patient safety learning systems as a priority intervention.

Working in both policy and practice, nurses bridge the “design gap” by bringing evidence-based solutions to policy decisions and must be central to the development of policies and strategies at all levels.

ICN emphasises the importance of interprofessional teamwork to advance quality and safety by fostering a safe work environment built on mutual respect and shared decision-making. This requires functional multidisciplinary teams, interprofessional learning and governance structures and funding models that support team-based care.

ICN promotes people-centred care and believes engaging patients and families in care is a key enabler of quality and safety.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 12.8

Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)

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

The 2019 UN Commission on the Status of Women agreed that “...progress in achieving gender equality and the empowerment of all women and girls, and the full enjoyment of their human rights, has been held back owing to the persistence of historical and structural unequal power relations between women and men, poverty, inequalities and disadvantages in access to, ownership of and control over resources, growing gaps in equality of opportunity and limited access to social protection systems and public services, including universal health-care services and education, gender-based violence, discriminatory laws and policies, negative social norms and gender stereotypes and the unequal sharing of unpaid care and domestic work”. Our organisations wholeheartedly support the conclusions of the Commission and are committed to working to remove these barriers – if they remain, universal health coverage will not be achieved and people will be left behind.

The health issues in the report are deeply rooted in the concept of health as a human right - the health of these groups can only be improved if human rights are upheld. Women and girls continue to experience multiple human rights violations related to issues such as cervical cancer, lack of access to reproductive health services, female genital mutilation and gender-based violence. Health care professionals (HCPs) work to ensure that people are aware of their rights and empower them to demand that they be upheld.

Women, children, and adolescents are the most vulnerable demographic population in healthcare. Given the important role that HCPs play in improving access to services for vulnerable populations, we urge Members States to invest in and support the healthcare workforce, of which the majority are women.

Thank you.



72nd WORLD HEALTH ASSEMBLY

May 2019

Provisional agenda item 19

Other matters referred to the Health Assembly by the Executive Board 2020: International Year of the Nurse and the Midwife

Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN).

We thank the Director General and the Executive Board for their recommendation to the Health Assembly to designate 2020 as the International Year of the Nurse and the Midwife.

Making up approximately half of the health workforce, nurses are intrinsically linked to the ability of countries to address health priorities and achieve universal health coverage – daily, nurses are advocating for Health for All and often in the most challenging circumstances with limited resources. Through ICN’s 2019 International Nurses Day resource we are helping nurses around the globe understand the various aspects of universal health coverage and giving them the voice to lead to achieve it.

Designating 2020 as the International Year of the Nurse and the Midwife will allow us to honour the nursing and midwifery contribution to health and wellbeing and celebrate the bicentenary of the birth of Florence Nightingale, one of the founders of modern nursing. This celebration will raise the visibility of the nursing profession in policy dialogue and garner investment in the development and increased capacity of the nursing workforce. We encourage all stakeholders to use the unique opportunity of 2020 to invest in and support the development of nurse leaders. Nurses, as both leaders and implementers, will turn the ambition of achieving health for all people into a reality.

The Nursing Now campaign has raised the profile of nursing and has highlighted the importance of the need for more well-educated nurses, of investing in recruitment and retention strategies and of removing barriers to advanced nursing roles that are proving highly effective at expanding healthcare coverage.

The adoption by the Health Assembly of the draft decision to designate 2020 as the International Year of the Nurse and the Midwife is enthusiastically welcomed by ICN and the over 20 million nurses worldwide.

Thank you.

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