



ICN Report

75th World Health Assembly

International Council of Nurses

NURSING ADVOCACY & INFLUENCE IN GLOBAL HEALTH POLICY

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FOREWORD

The International Council of Nurses (ICN) has been representing nursing at the World Health Assembly (WHA) since the second assembly in 1949. It is an extremely important platform for nurses, giving us the opportunity to raise our concerns and our calls to action at the highest level of health policy making.

This year, the theme of the 75th WHA was “Health for peace, peace for health” reflecting the ICN campaign #NursesforPeace. On the first day, 22 May, the Director-General, Dr Tedros Adhanom Ghebreyesus, gave his address which covered the many conflicts occurring in the world, saying “Peace is a prerequisite for health”. Delegates passed a resolution on the health emergency in Ukraine and refugee receiving and hosting countries which also condemned attacks on health care. Later in the week, delegates discussed the new Global Health for Peace Initiative. ICN made an intervention highlighting the #NursesforPeace campaign.

Some landmark decisions made at WHA 75 included a decision on sustainable financing for WHO; approval of a Global Strategy on Infection Prevention and Control; and adoption of the [Working for Health Action Plan 2022-2030](#) which presents how countries can optimize, build and strengthen their health and care workforce.

This was an important topic for ICN as we believe that workforce shortages are the greatest immediate threat to health. In January this year, ICN and CGFNS issued the ‘[Sustain and Retain](#)’ report which showed the effect that the pandemic has had on the nursing workforce. It warned of seriously high levels of nurse burnout and increased turnover; and it warned of an increased outflow of nurses from lower-income “source” countries to high income destination countries. And on International Nurses Day, ICN released a [report](#) demanding action on investment in nursing and protection and safety of nurses. ICN made an intervention on the topic of human resources for health calling for Member States to take practical actions to support, protect and invest in nurses and all health workers.

ICN also intervened on the topics of Strengthening WHO preparedness and response to health emergencies. A resolution was approved calling for more action and resources to prepare cities and urban settings to respond to health emergencies, and delegates also passed a resolution for improving clinical trial capabilities in all countries as a central aspect of strengthening countries’ health systems.

A record number of recommendations relating to noncommunicable diseases, including mental health, was approved, as was the new action plan for the Global Coordination Mechanism on the Prevention and Control of NCDs, a platform which brings together stakeholders working to improve the NCD landscape. Delegates also agreed on recommendations on how to strengthen the design and implementation of policies to prevent NCDs in humanitarian emergencies and, for the first time, the creation of a set of global targets for addressing diabetes was agreed, and a landmark global strategy on oral health was approved. The Assembly also agreed new recommendations for the prevention and management of obesity over the life course. Global action plans on epilepsy and other neurological disorders, and on the reduction of the use of alcohol were agreed. The updated WHO Global Strategy for Food Safety was adopted.

We urge you to read carefully through this report which will bring you up to date with ICN’s positions on these critical topics. Video recordings of all our interventions can be found [here](#). I would like to thank the ICN Nursing Team and all the nurse delegates who took part in this year’s WHA, representing the 28 million nurses across the world, and raising the nursing voice at this important decision-making body. Thank you.

Dr Pamela F. Cipriano
ICN President

TABLE OF CONTENTS

p. 4

p. 4

p. 5

p. 6

p. 7

p. 8

p. 9

p. 11

p. 13

p. 14

p. 16

p. 18

p. 22

p. 22

p. 22

p. 23

p. 25

p. 27

p. 28

INTRODUCTION

The 75th World Health Assembly (WHA) opened on 22 May 2022 and closed on 28 May 2022. Due to the ongoing COVID-19 pandemic, the WHA was held in a hybrid format, with a limited number of delegates attending in-person. The WHA is the supreme decision-making body of the World Health Organization (WHO) and is attended by delegations from all 194 Member States as well as Non-State Actors (NSAs) in official relations with WHO. The agenda is prepared by the WHO Executive Board (EB) during its January meeting of the same year.

The theme for the 75th WHA was “Health for peace, peace for health”.

As one of the first NSAs in official relations with WHO, ICN is invited to host a delegation to the WHA, attend Committee meetings and side events and contribute to the discussions through written and verbal statements which are entered into the official record of the meeting. This annual ICN WHA report outlines the key nursing policy considerations as they relate to the current context of a variety of global health issues that have been prioritised by ICN for the nursing profession. It gives readers an overview of the main global health issues addressed on the WHA agenda that are of particular importance to nursing and positions the nursing profession and its contribution within this global agenda. The report provides guidance as to where and how efforts to advance health and health care should be focused and the most strategic ways to do so at all levels, using a multi-stakeholder approach. It can be used as a strategic document to support nursing policy development.

NURSING ADVOCACY & INFLUENCE IN GLOBAL HEALTH POLICY

Achieving global health objectives requires collaborative input from all stakeholders and, as the largest group of health care professionals, the importance of the involvement of the nursing profession at a forum such as the WHA is critical. Nurses are an important partner in setting and enacting health policy and, over the years, we have seen the benefits of nursing input in the deliberations of the WHA. Having nurses’ perspective in the current debate and policy setting in national, regional and international forums will enhance the range of robust and practical solutions required to address global health challenges.

ICN delivers official statements on key agenda items, providing the nursing profession a powerful opportunity to highlight developments in nursing practice and demonstrate how nurses are shaping health and health care and social systems. The ability to deliver these statements makes the WHA a significant platform for global health advocacy on behalf of the 28 million nurses worldwide.

This year’s WHA agenda was once again bursting with important issues—as the WHO DG said: “...from designing the health workforce of the future, to finishing the eradication of polio, to building a new architecture for global health security, and renewing the drive towards universal health coverage.” The WHA is significant for ICN as the discussions that take place contribute to ICN’s policy development and advocacy strategies, particularly supporting the organisation to position these issues within the international context.

Furthermore, ICN’s working relationship with WHO also allows it to provide input into WHO policy documents throughout the rest of the year which inform WHA decision and resolutions.

ICN DELEGATION & ACTIVITIES

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

This year, the ICN delegation took a hybrid format with most delegates participating virtually and a small group of ICN staff in-person in Geneva. ICN was so pleased to welcome over 70 nurses from 40 countries around the world which included representatives from ICN National Nursing Association members, ICN affiliate members, the ICN Board of Directors, scholars and alumni of the Global Nursing Leadership Institute (GNLI) and ICN staff and consultants. ICN also hosted a student delegation of 14 nursing students and early career nurses. ICN's Nursing Student Steering Group (NSSG) members mentored students from their regions through the WHA experience. Delegates engaged in lively discussion throughout the week on the delegation's What's App group.

On 20 May 2022, in advance of the opening of the WHA, ICN hosted a delegation welcome meeting which gave an overview of ICN at the WHA, explained the WHA processes, reviewed the agenda, introduced the ICN Student Delegation and provided opportunities for questions.

Every year during the WHA, ICN hosts a luncheon offering the opportunity for its delegation to gather with nurses working in other NGOs and from member countries' delegations to exchange and consult on the profession at a global policy level. This year's Luncheon was held virtually on 24 May and attended by ICN delegates, Chief Nursing and Midwifery Officers, WHO Secretariat nurses, and nursing colleagues from Geneva-based organisations. Attendees heard from ICN President Dr Pam Cipriano, ICN CEO Howard Catton, WHO Chief Nurse Elizabeth Iro, ICN delegation leader Erica Burton and co-leader Hoi Shan Fokeladeh, and Nursing Student Steering Group Chair, Avani Jain. Participants then went into breakout rooms and had a chance to meet and hear from the ICN Board Member in their region and meet one another.

ICN wishes to thank all delegates for their participation in the ICN delegation to the 75th WHA. Their participation contributes to making the nursing voice heard at the WHA and ensures that the discussions and decisions that take place in this forum feed back into national nursing policy through ICN NNA members.

“ICN was so pleased to have a delegation of nurse leaders to make the nursing voice heard at the WHA which ultimately impacts national ministries of health and influences national and global health policy”

– Erica Burton, Senior Policy Advisor & ICN Delegation Lead

ON-SITE MEETINGS

While the ICN delegation was mostly virtual, Geneva-based staff managed to hold a number of bilateral meetings with members of Ministry of Health delegations and partner organisations who attended the WHA in person. These meetings included:

- A high-level discussion organised by IAPO titled: Compassionate, safe, quality, and humanised health care: Agenda for the Global Ministerial Patient Safety Summit Switzerland 2023. The ICN CEO was invited to speak at that event and said “compassionate care should be the measuring rod of the humanity of our health systems”. The Health Minister of Bhutan also spoke.
- Meeting with the Thai delegation at the UN and also at ICN headquarters. The delegation included Dr. Siriorn Sindhu, President of the Nurses Association of Thailand, and nurses from the Thai Nursing Council.
- Meeting at the UN with Rosie Bistoquet, President of the Nurses Association of the Republic of Seychelles, and Peggy Vidot, Health Minister of Seychelles.
- In-person reception for the WHO-NGO Climate-Health Working Group members and alumni titled WHO-Civil Society Working Group to advance action on Climate Change and Health.
- Meeting at ICN headquarters with Ukraine’s Deputy Minister of Health, Oleksii Iaremenko and Elizabeth Iro, which included a briefing on the #NurseforPeace campaign, an update on the situation on the ground in Ukraine, and discussions on exploring ways to provide mental and psychological support to Ukrainian nurses and other health care workers affected by the war.



HIGHLIGHTS OF THE 75TH WHA

Dr Tedros Adhanom Ghebreyesus was re-elected to serve his second term as WHO Director-General.



The WHA adopted resolution **WHA75.20**, thereby adopting the Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030.

The WHA adopted decision **WHA75(11)** in which several NCD-related strategies, implementation road maps, recommendations, action plans, and workplaces were adopted (see agenda item 14.1 in this report)

The WHA adopted resolution **WHA75.17** “Human resources for health” in which it adopted the Working for Health 2022–2030 Action Plan as a platform and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection. The resolution calls for a number of actions from Member States, partners and stakeholders, and the Director-General (see agenda item 15 in this report).

On the Global Health for Peace Initiative, the WHA adopted decision **WHA75(24)** in which it requests the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward and to then develop – in full consultation with Member States and Observers, and in full collaboration with other organisations of the United Nations system and relevant Non-State Actors in official relations with WHO – a road map for the Initiative, for consideration by the 76th WHA.

The WHA adopted decision **WHA75(9)** in which it welcomed the report of the Member States’ Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The WHA adopted resolution **WHA75(9)** “Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression”

The WHA adopted resolution **WHA75.7** “Strengthening health emergency preparedness and response in cities and urban settings” in which it urges Member States and requests the Director-General to take a number of actions related to preparedness for and response to health emergencies in cities and urban settings.

The WHA adopted decision **WHA75(18)** in which it requests the Director-General to continue to report to the WHA every two years until 2030 on progress made in the implementation of resolution WHA63.22(2010), “Human organ and tissue transplantation”.

The WHA adopted decision **WHA75(20)** in which it requests the Director-General to continue to report to the WHA every two years until 2030 on WHO’s activities to address the public health dimensions of the world drug problem and progress made in the implementation of decision WHA70(18) (2017).

ICN delivered statements on the following agenda items:

14.6: Infection prevention and control – [Watch video](#)
 15: Human resources for health – [Watch video](#)
 16.2: Strengthening WHO preparedness for and response to health emergencies – [Watch video](#)

17.2: Global Health for Peace Initiative – [Watch video](#)
 27.4: Public health dimension of the world drug problem – [Watch video](#)

Excerpts from the WHO Director-General's High-Level Welcome and Opening Address

The full text can be found [here](#).

“The coronavirus disease (COVID-19) pandemic has turned our world upside down. Our world has endured great suffering – and endures it still. I know how difficult the last two years have been for you and the people we serve together.

People have lost their lives, loved ones and livelihoods; health systems have been strained to breaking point, and in some cases, beyond; health workers have laboured under extreme circumstances. Some have paid the ultimate price, and we have lost others to stress and depression; communities have faced great disruptions to their lives, with schools and workplaces closed, and the burden of isolation and anxiety.”

“But it’s not over anywhere until it’s over everywhere. Reported cases are increasing in almost 70 countries in all regions – and this in a world in which testing rates have plummeted.”

“Only 57 countries have vaccinated 70% of their population – almost all of them high-income countries. We must continue to support all countries to reach 70% vaccination coverage as soon as possible, including 100% of those aged over 60; 100% of health workers; and 100% of those with underlying conditions.”

“We call on all countries that have not yet reached 70% vaccination coverage to commit to achieving it as soon as possible; and to prioritize the vaccination of all health workers, all people over 60 years and everyone at increased risk.

We call on those countries that have reached 70% to support those that have not.

We call on all countries to maintain surveillance and sequencing.

We call on all countries to be prepared to reintroduce and adjust public health and social measures as necessary.

We call on all countries to restore essential services as rapidly as possible. And we call on all countries to work with your communities to build trust.”

“It [conflict] deprives whole communities of essential health services, leaving children at risk of vaccine preventable diseases; women at increased risk of sexual violence; expectant mothers at risk of an unsafe birth; and people who live with communicable and noncommunicable diseases without access to the lifesaving services and treatments on which they depend.”

“Last year I travelled to Afghanistan, where I met a group of women nurses who told me they had not been paid in three months, but would continue to serve their patients. WHO paid their salaries so they could continue to deliver the care on which their communities depend. But ultimately, the one medicine that is most needed is the one that WHO can’t deliver – peace. Peace is a prerequisite for health.”

“There can be no health without peace. But equally, there can be no peace without health.”

“Health can contribute to peace by delivering services equitably to all people in a society, especially disadvantaged groups. This can help address the triggers of conflict, such as unequal access to health care, which can often lead to feelings of exclusion and resentment. Equitable health services strengthen community trust, which in turn contributes to strengthening health systems and peace building.”

“Today, and every day, we have a choice – we make the choices. And today, and every day, we must choose health for peace, and peace for health. Peace, peace, peace.”

14.1 FOLLOW-UP TO THE POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Nursing Policy Considerations

- The nursing 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.
- 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.
- High-level policy and planning decision-making must include and strengthen the contribution of nursing leaders. This includes appointing nurses to senior positions within the health system.
- The availability of safe, effective and quality diagnostics, medicines, vaccines, technologies and palliative care must be ensured.
- Nurses are local people who can work with local communities on improving health and help make community health workers more effective by providing support, supervision and a point for referral.

Background

In December 2020, the United Nations General Assembly adopted resolution 75/130, “noting with concern that non-communicable diseases, notably cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, as well as mental disorders, other mental health conditions and neurological disorders, are the leading causes of premature death and disability globally, including in low- and middle-income countries and that people living with non-communicable diseases are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic, and recognizing that necessary prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers”.

Premature deaths caused by NCDs can be prevented when countries take legislative and regulatory measures and implement policies to respond to the needs of people living with or at risk of cardiovascular diseases, cancers, diabetes, chronic respiratory diseases or mental health conditions, including preventive, curative, palliative and specialized care. Some 85% of all premature deaths occurs in low- and middle-income countries. A large proportion of the global population live in low- and middle-income countries where the social, economic and physical environments afford lower levels of protection from the risk factors of NCDs, such as tobacco use, the harmful use of alcohol, unhealthy diets, physical inactivity and air pollution. In addition, during the COVID-19 pandemic, NCDs and mental health services have been the most commonly disrupted among all essential health services.

Ensuring essential service provision for people living with NCDs in humanitarian emergencies by investing in and building longer-term NCD emergency preparedness and responses during the COVID-19 pandemic and beyond should be part of “build back better” through a multisectoral all-hazards approach.

At its 150th session, the WHO Executive Board noted the reports in documents EB150/7 and EB150/7 Add.1 and adopted decision EB150(4) on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs.

“... UHC is based on a robust primary health care system and Member States should provide effective NCD care with a focus on integrated care and this can only be achieved through the integrated and complimentary role of a multidisciplinary health team.”

- Hoi Shan Fokladeh, ICN Policy Advisor

WHA Actions

The WHA adopted decision **WHA75(11)** in which it noted the consolidated report by the Director-General and adopted the following:

- The implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
- the recommendations to strengthen and monitor diabetes responses within national NCD programmes, including potential targets
- the global strategy on oral health
- the recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies
- the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031
- the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
- the recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard
- the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases 2022–2025

Relevant Policy Documents

A75/10 Rev.1,
Add.1,
Add.2,
Add.3,
Add.3Corr.1,
Add.4,
Add.5,
Add.6,
Add.8,
A75/INF./4,
A75/INF./8,
WHA75(11),
Non-State Actor Constituency Statement

14.2 THE GLOBAL HEALTH SECTOR STRATEGIES ON, RESPECTIVELY, HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS

Nursing Policy Considerations

- The health sector response to the continuing global epidemics of HIV, viral hepatitis and sexually transmitted infections is critical to achieving the Sustainable Development Goals (SDGs) and making progress towards achieving Universal Health Coverage (UHC).
- ICN believes that strategies and services must be integrated and people-centred, organised around people's needs rather than around diseases and be evidence-informed.
- ICN firmly believes that strategies and services must be human-rights based and free from stigma and discrimination. Nurses play an important role in addressing stigma, discrimination and inequalities to uphold human rights and to increase access to prevention and care.
- Nurses are key to delivering people-centred care that supports and empowers individuals and communities to be active participants in their own care.
- Particular attention must be paid to key populations who disproportionately carry the burden of disease yet who face multiple barriers to accessing services and have worse health outcomes. These key populations include transgender people, people in prison, sex workers, people who inject drugs and men who have sex with men.
- The majority of care delivered to people with HIV is by nurses and throughout history, nurses have been at forefront of caring and advocating for people who are disempowered and marginalised.
- ICN supports the urgent reenergizing and reframing of the global response to sexually transmitted infections after years of neglect and a lack of political commitment and funding.
- ICN aligns itself with WHO's definition of sexual health including that it requires a positive and respectful approach to sexuality and sexual relationships and should be free of coercion, discrimination and violence. Furthermore, for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Background

More than one million people are newly infected with HIV, viral hepatitis and sexually transmitted infections every day. The resulting diseases collectively cause 2.3 million deaths and 1.2 million cases of cancer each year and continue to impose a major public health burden worldwide. Although progress has been made in all three disease areas, the global response is not on track and most global health targets for 2020 related to these disease areas were missed. The full benefits of available tools and technologies are not being realised, many populations are left behind and structural barriers to accelerating progress persist.

The 150th WHO Executive Board noted the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 and decided that informal consultations on the draft global health sector strategies continue to be facilitated by the Secretariat prior to the 75th WHA.

Additional information on the development process of the strategies, including the informal consultations and the resulting final versions of the strategies in the six official languages, is available [online](#).

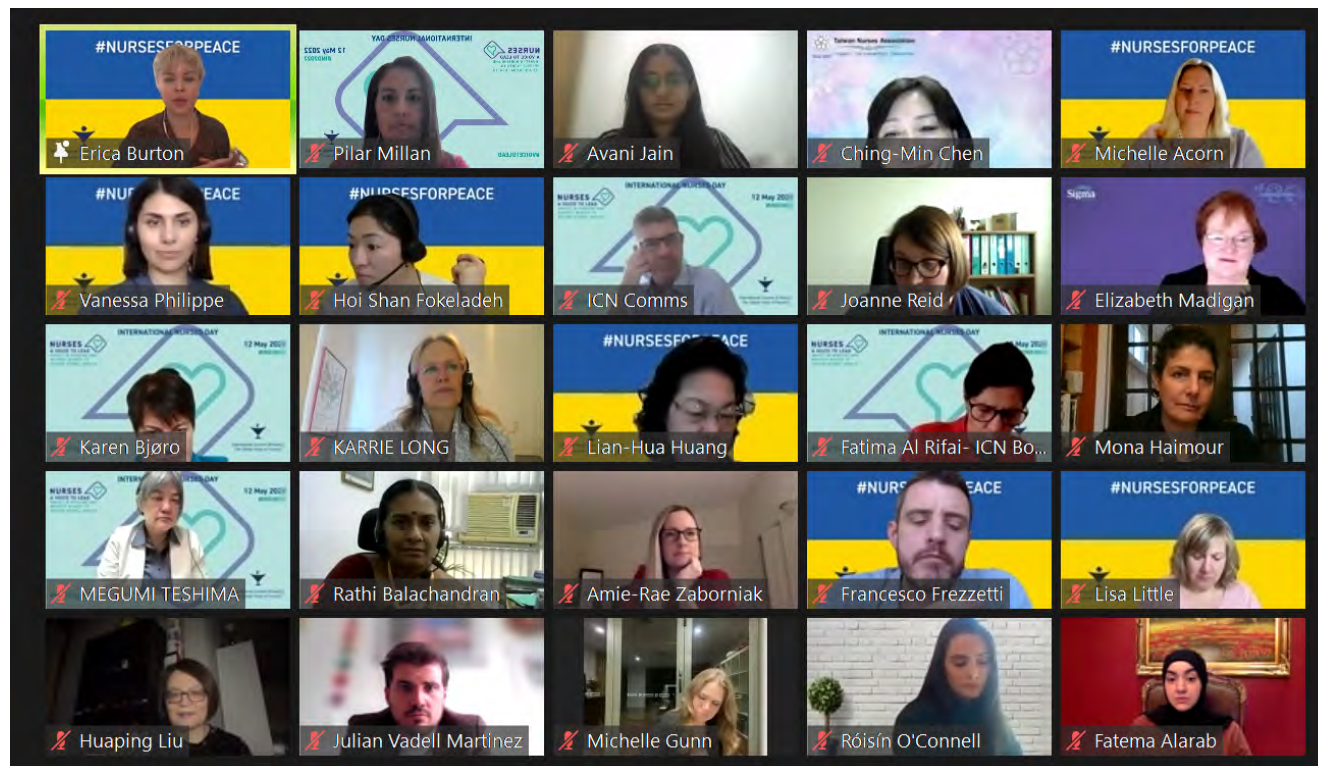
WHA Actions

The WHA adopted resolution **WHA75.20** in which it:

- notes with appreciation the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030
- reaffirms that in implementing the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, the national context should be considered
- requests the Director-General to report on the progress made in the implementation of the global health sector strategies to the Health Assembly in 2024, 2026, 2028 and 2031, noting that the 2026 report will provide a mid-term review based on the progress made in meeting the strategies' 2025 targets and the progress made towards achieving the 2030 goals

Relevant Policy Documents

A75/10 Rev.1,
Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030,
WHA75.20



14.3 GLOBAL STRATEGY FOR TUBERCULOSIS RESEARCH AND INNOVATION

Nursing Policy Considerations

- Nurses are uniquely placed to provide holistic care to people with tuberculosis (TB) and provide psychosocial support and health education needed to help manage side-effects and continue treatment
- In many parts of the world, nurses are the main source of care for patients with TB.
- It is imperative to ensure that frontline nurses working in TB/DR-TB have the knowledge and tools they need to identify, diagnose and successfully treat patients.
- Countries must invest in human resources for health to ensure an adequate number of well-educated health care professionals for TB prevention, treatment and delivery of quality person-centred care as part of integrated health services in line with UHC targets.
- Health care professionals are at high risk of TB/MDR-TB and a sharp focus on health worker safety and wellbeing is needed in order to protect the health workforce.
- 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 create solutions that reduce exposure of vulnerable populations and are a critical source of public health information in educating communities about prevention of TB.

Background

TB is a preventable and curable communicable disease, and is one of the leading causes of death from an infectious agent worldwide. It is also the foremost cause of death of people living with HIV and among the top contributors to disease and death from drug-resistant infections. The COVID-19 pandemic has significantly affected the TB response, with serious implications on progress towards ending TB. Between 2019 and 2020, the global number of TB deaths (including deaths among people living with HIV) increased from 1.4 million to 1.5 million, reversing progress to the level of 2017. Financing for universal access to care and prevention, and for TB research and development continues to fall far short of the globally estimated need and the United Nations global target.

The 150th WHO Executive Board noted the **report** on the **global strategy** for TB research and innovation, adopted in 2020. It underscored the impact of the COVID-19 pandemic on the fight against TB and the importance of restoring essential TB services as quickly as possible. It called for more domestic and international resources to be mobilized in order to accelerate the implementation of the global strategy and achieve faster progress towards global TB targets.

WHA Actions

The WHA noted the report.

Relevant Policy Documents

A75/10 Rev.1,
EB150/9

14.5 IMMUNIZATION AGENDA 2030

Nursing Policy Considerations

- ICN strongly believes that immunization is a powerful tool for global health and sustainable development, ending the COVID-19 pandemic and preventing future pandemics.
- The nursing workforce is central to immunization strategies and the main clinical provider of vaccines to billions of individuals.
- The strong involvement of nurses at all stages—planning, design, implementation and delivery—is essential for the success of this agenda.
- ICN calls for active involvement of nurses in regional and national operational planning, monitoring and evaluation, mechanisms for ownership and accountability, and communications and advocacy strategies and believes this is essential to progress the IA2030 goals.
- Nurses offer valuable expertise in behavioural and social strategies to address under-vaccination, support effective communication, increase health literacy, and build public confidence in immunization. Nurses have been particularly active in providing information and support to the development of education resources and tools on the importance of vaccination.
- National nurses' associations offer important contributions to national strategies on immunization and are able to swiftly mobilise the nursing workforce. These associations have established relationships with policy makers, service leaders and regulators so are important agents in facilitating planning and execution of mass immunization.
- Strengthening and investing in the nursing workforce, to ensure that it is appropriately resourced to effectively and efficiently support implementation of the IA2030 are essential for maximum impact.
- Vaccine equity and prioritisation of nurses and health care workers is a fundamental issue of morality, ethics and human rights and should be non-negotiable.

Background

Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security. Immunization reaches more people than any other health or social service and is a vital component of primary health care.

Many successes have been achieved in immunization: more than 20 life-threatening diseases can now be prevented by immunization; since 2010, 116 countries have introduced vaccines that they did not use previously; there has been much innovation in vaccine development, distribution and administration to improve immunization services.

There are also important challenges that remain: coverage varies widely among and within countries; some populations—often the poorest, the most marginalized and the most vulnerable, in fragile, conflict-torn settings—have poor access to immunization services; in some countries, progress has stalled or even reversed, and the risk that complacency will undermine past achievements is real.

The **Immunization Agenda 2030 (IA2030)** provides a long-term strategic framework to guide a dynamic operational phase, responding to changes in country needs and the global context over the next decade.

IA2030 includes seven indicators that track progress towards its three impact goals: (a) reduce mortality and morbidity from vaccine-preventable diseases for everyone throughout the life course; (b) leave no one behind, by increasing equitable access and use of new and existing vaccines; and (c) ensure good health and well-being for everyone by strengthening immunization within primary health care and contributing to universal health coverage and sustainable development.

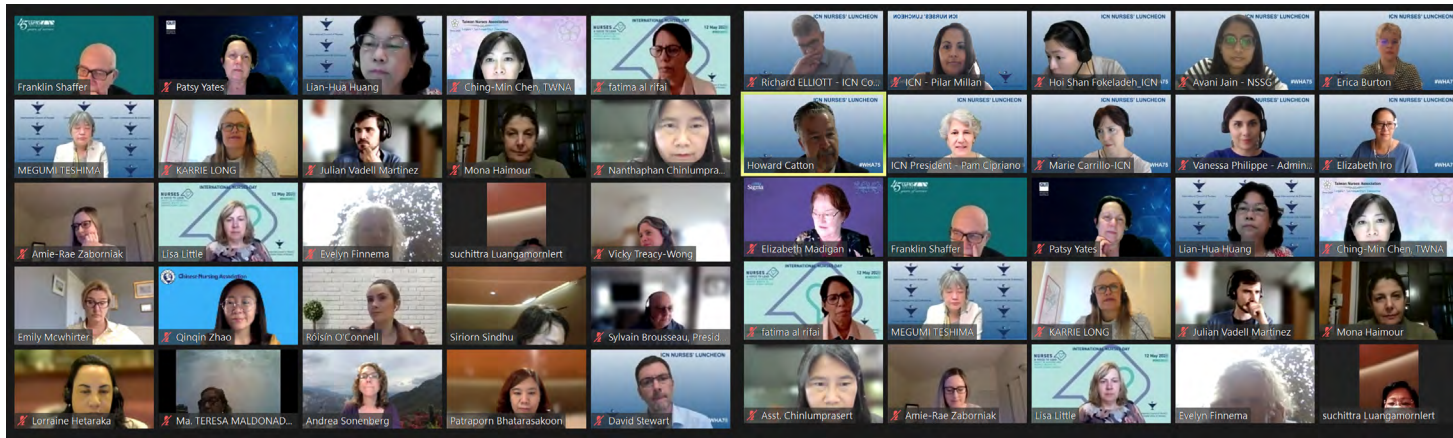
The 150th WHO Executive Board noted the **report** on the IA2030 which summarized the draft global report on the IA2030 for 2021. In the discussions, EB150 called for strengthened collaboration between Member States and partners to implement global, regional and national strategies, so as to mitigate the lost momentum in immunization due to the COVID-19 pandemic and renew progress towards the impact goals of the Immunization Agenda 2030.

WHA Actions

The WHA noted the report on the Immunization Agenda 2030, which summarized the draft global report on the Immunization Agenda 2030 for 2021.

Relevant Policy Documents

A75/10 Rev.1,
Immunization Agenda 2030,
EB150/11



14.6 INFECTION PREVENTION AND CONTROL

Nursing Policy Considerations

- Nurses play a key role in improving the quality and safety of health care. As frontline health care professionals, nurses are educated to promote patient safety and prevent patient safety incidents such as medication errors and health care-associated infections.
- ICN fully supports the leadership role of nurses in infection prevention and control (IPC) teams and initiatives, and to support the multidisciplinary team to apply IPC principles and best practices.
- Nurses have a crucial role in collaborating with education providers to include education about IPC and antimicrobial resistance (AMR) in the core curricula of pre- and post-registration education.
- Nurses are advocates for supporting and strengthening IPC policies and practices to prevent and control health care-associated infections in health care settings.
- Efforts must be increased to improve IPC measures. This requires funding and high-level support in countries to ensure IPC is prioritized and funded.

Background

Over the past decade, the significant global burden of health care-associated infections has been demonstrated, many of which are caused by multidrug-resistant organisms and/or can cause outbreaks in health care facilities and in community settings. In acute care hospitals, out of every 100 patients, 7 in high-income countries and 15 in low- and middle-income countries will acquire at least one health care-associated infection during their hospital stay. Among intensive care patients, the incidence of health care-associated infections is 2 to 20 times higher in low- and middle-income countries than in high-income countries. Although no precise analysis is possible due to lack of comprehensive data, WHO has estimated that hundreds of millions of patients are affected by health care-associated infections leading to death in 1 in 10 infected patients every year. The COVID-19 pandemic has demonstrated how critical infection prevention and control is to maintaining essential health services and ensuring patient and health worker safety.

In most cases, both health care-associated infections and the spread of antimicrobial resistance in health care settings are a consequence of poor-quality care delivery and inadequate health infrastructure combined with inexistent or defective infection prevention and control programmes. In particular, key determinants are low compliance with hand hygiene and aseptic technique practices, contaminated medical equipment and supplies, inadequate environmental cleaning, lack of trained infection prevention and control professionals and limited opportunities for staff training, exceeded bed occupancy, understaffing and limited or suboptimal infrastructure for patient isolation.

The WHO Executive Board at its 150th session noted the report on infection prevention and control. In the discussions, Board members underscored the importance of developing a global infection prevention and control strategy to accelerate progress on implementation and monitoring in that area.

“We call on Member States to support and protect nurses and other health personnel by ensuring safe staffing levels, providing sufficient personal protective equipment and regular IPC training, and ensuring access to vaccines for infection prevention. ICN will continue to contribute and direct its work to achieve safe care delivery and health security.”

- Hoi Shan Fokladeh, ICN Policy Advisor

WHA Actions

The WHA adopted resolution **WHA75.13** “Global strategy on infection prevention and control” which calls on Member States to support, acknowledge and take a number of steps related to infection prevention and control (see resolution for further details). The resolution also requests the Director-General to develop, in consultation with Member States, a draft global strategy on infection prevention and control to be considered by the 76th WHA through the 152nd Executive Board.

Relevant Policy Documents

A75/10 Rev.1,
WHA75.13,
ICN Statement,
ICN Video Statement

15. HUMAN RESOURCES FOR HEALTH

Nursing Policy Considerations

- ICN believes that the greatest threat to global health is workforce shortages.
- Though WHO reports a reduction in the estimated global health workforce shortage to 15 million in 2020, and a projected decline to 10 million by 2030, evidence from ICN's report '**Sustain and Retain in 2022 and Beyond**' identifies a very high risk that shortages will be exacerbated by the pandemic. Furthermore,
 - nurse demand-supply gaps are growing;
 - domestic supply of nurses varies, but is often inadequate;
 - the pandemic is driving up demand for nurses: notably in "destination" countries and will drive increased international outflow of nurses from low/middle income "source" countries.
- ICN and WHO report that the pandemic, combined with pre-existing factors (work environment, pay, access to education, safe staffing, workloads, professional autonomy etc.) worldwide, has resulted in high numbers of infections and deaths of nurses; increased stress, burnout and other serious mental health issues; decreased performance and retention; an unprecedented number of labour protests; and increased numbers of nurses expressing intention to leave and/or resigning.
- To mitigate the damaging effects, and to improve longer-term nurse workforce sustainability, there is an urgent need for effective and co-ordinated policy responses both at national level, and internationally.
- ICN calls on all stakeholders to act urgently on its recommendations for sustaining and retaining the nurse workforce laid out in its 'Sustain and Retain' report in an 'Action Agenda and Plan for 2022, and Beyond: To sustain and retain the nursing workforce'.
- ICN urges Member States to implement and monitor the policy priorities of the Global Strategic Directions for Nursing and Midwifery: Governments must take drastic action to invest in nursing education, jobs, leadership and service delivery to safeguard our future health care systems and must strengthen the role of nurses in the health, social and education systems.

"The International Council of Nurses believes that the greatest threat to global health is workforce shortages. The COVID-19 pandemic has caused immense damage to individual nurses and the nursing workforce... We urgently need Member States to take practical actions to support, protect and invest in nurses and all health workers."

– Howard Catton, ICN CEO

Background

Three consecutive rounds of the WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic, published in August 2020, April 2021 and February 2022 respectively, indicated that a lack of available health workers was the most common cause of disruptions to health services in the majority of Member States.

The 74th WHA (May 2021) adopted resolution WHA74.14 on protecting, safeguarding and investing in the health and care workforce.

Working for Health: draft 2022-2030 action plan

WHA74.14 requested the WHO Director-General to develop, through a Member State-led process, a clear set of actions, a 2022–2030 agenda, and an implementation mechanism to be presented to WHA75. That process involves building on, and ensuring alignment with, the ILO, OECD and WHO “Working for Health” five-year action plan for health employment and inclusive economic growth (2017–2021), the existing Working for Health Multi-Partner Trust Fund hosted by UNDP, the WHO Global Strategy on Human Resources for Health: Workforce 2030 and the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth.

The WHA75 report presented the updated **Working for Health: draft 2022–2030 action plan** and implementation mechanism.

The draft action plan presents a set of strategic actions and provides a platform for enabling domestic, multisectoral and international cooperation and coordination. Its foundation is a progression model structured around three key and cross-cutting priority areas:

1. planning and financing: optimizing the use of the existing health and care workforce, and creating and distributing the jobs and skills needed to achieve universal health coverage;
2. education and employment: building the diversity, availability and capacity of the health and care workforce, and addressing critical shortages; and
3. protection and performance: strengthening the economic, health and social impact of health and care workforce investments, enhancing health systems resilience and performance, and strengthening the capability of the workforce to deliver universal health coverage and essential public health functions and enhance emergency preparedness and response.

ICN was consulted on this draft action plan.

Global Health and Care Worker Compact

WHA74.14 requested the Director-General “to develop, in consultation with Member States, a succinct compilation document under the name of ‘global health and care worker compact’ based on already existing documents of relevant international organizations which aims at providing Member States, stakeholders and relevant other organizations with technical guidance on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment”.

The request originated in the context of Member States’ recognition of the tireless efforts of health and care workers at the forefront of the COVID-19 response, clear evidence of the pandemic’s persistent and negative impact on their health, wellbeing and practice environment and the designation, by the 73rd WHA, of 2021 as the International Year of Health and Care Worker.

The **Care Compact** sets out complementary management and policy actions structured around four domains: preventing harm, providing support, inclusivity, and safeguarding rights.

ICN contributed to the process to inform the develop of content of the Care Compact as a key informant.

WHO Global Code of Practice on the International Recruitment of Health Personnel: fourth round of national reporting

Member State implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel is reviewed on a three-year basis and the WHA75 report contained national reports.

The rising demand for health personnel has prompted contrasting government measures. While some countries have introduced a moratorium on the outward migration of health personnel during the COVID-19 pandemic, a far greater number has simplified the process for inward migration and professional licensure to facilitate rapid recruitment of international personnel. Additionally, many countries have imposed generalized entry bans and travel restrictions that have limited traditional migration pathways.

The combined impact on the mobility and migration of health professionals will have to be monitored and analysed as more data become available. A process for doing so is presented in the final section of the report.

Key actions:

- The Secretariat will establish a process, engaging expertise from Member States, for assessing implications of the emigration of health personnel; The Expert Advisory Group on the Relevance and Effectiveness of WHO's Global Code of Practice on the International Recruitment of Health Personnel will be re-convened.
- In the interim, all Member States and relevant stakeholders are guided to apply the precautionary principle in international recruitment and encouraged to renew their individual and collective efforts to implement the Code, engage in technical cooperation and file reports; without such efforts, market-led and/or pandemic-driven economic demand for international health personnel may have direct or inadvertent consequences on access to health in other countries.

- The Secretariat will respond to the requests for technical support from 58 Member States, develop evidence and guidance on bilateral agreements, and review ethical governance models with private recruitment agencies.

Global Strategy on Human Resources for Health: Workforce 2030

This report summarizes progress in the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030 adopted by the 69th WHA (2016) and incorporates progress in the implementation of three additional health workforce resolutions and a decision, as requested by the WHA.

WHA Actions

The WHA adopted resolution **WHA75.17** “Human resources for health” in which it adopted the Working for Health 2022–2030 Action Plan as a platform and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection.

It called on Member States to:

- implement the Action Plan and integrate, as appropriate, its objectives and actions for workforce planning and financing, education and employment, and protection and performance within their health and care workforce strategies, investment plans and programmes at national and subnational levels;
- implement and monitor policy options and actions, supported by multisectoral partnership, coordination and financing: (a) to enhance protection and safeguarding, as well as to optimize the distribution, deployment and utilization of the health and care workforce, with a focus on the employment, inclusion and participation of women at all levels and youths; (b) to consider regional and global approaches to building multidisciplinary health and care worker capacity to address

and respond to population needs, with particular emphasis for the most vulnerable groups, and to enable the functioning of efficient health systems and service delivery, with specific attention to equity, accessibility diversity and social inclusion; (c) to maximize the health, social and economic benefits of investment in the health and care workforce, with a view to achieving universal health coverage; (d) to utilize, where relevant, the global health and care worker compact to inform national review, action and implementation to protect and support health and care workers; (e) to engage at the national, regional and global levels to undertake and accelerate work on building a health and care workforce through training programmes and using best available educational and training facilities, online platforms and hybrid learning opportunities; and to increase the absorption of trained staff into health and care systems through sustainable employment practices.

The WHA invited international, regional, national and local partners and stakeholders from across the health sector and other relevant sectors, as appropriate, to engage in and support implementation of the Working for Health 2022–2030 Action Plan: (1) to implement, as appropriate, national, regional and global employment initiatives to promote decent

jobs, including for youth and women in the health and care sector; (2) to invite Member States and regional bodies to undertake educational investment and educational training opportunities in person and through hybrid learning or other technological platforms to allow greater access to learning tools, including through the WHO Academy; (3) to support the Working for Health Multi-Partner Trust Fund and encourage direct funding to Member States for the implementation of the Action Plan in collaboration with national stakeholders, United Nations agencies and implementing partners;

It also requested the Director-General to: (1) support implementation of Action Plan for Member States through technical support, and mobilize catalytic funding and expertise, especially for those countries on the WHO Health Workforce Support and Safeguards List (2020), taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource for global health professionals, political leaders, business leaders and representatives of civil society; (2) support Member States in how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination, and a safe and enabling practice environment, including by taking into account, as appropriate, the global health and care worker compact; (3) report on the progress of the implementation of the resolution to the 78th and 81st WHA and to the 83rd WHA in advance of the Action Plan's end-point.

The WHA:

- noted report A75/13 and encouraged Member States and all relevant stakeholders to utilize, where relevant, the global health and care worker compact as a benchmark to inform national review and action, including implementation, within the Working for Health: draft action plan (2022–2030):
- noted report A75/14:
- noted report 75/15 and to encourage all Member States to continue in their efforts to implement, as relevant to their context, the provisions of the Global Strategy and the related resolutions; and to report their national data on human resources for health through the national health workforce accounts online platform.

Relevant Policy Documents

A75/12,
A75/13,
A75/14,
A75/15,
Care Compact,
Working for Health: draft 2022–2030 action plan,
'Sustain and Retain in 2022 and Beyond',
ICN Statement,
ICN Video Statement

16. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE

Nursing Policy Considerations

- A healthy and well-protected health workforce is critical to future pandemic preparedness and response.
- Under-investment and inaction in this area have resulted in a deterioration of working conditions, professional shortages and service disruptions that have severely impacted people's health.
- ICN strongly supports the call for the crucial and urgent increased investment in health systems. However, this should not only be for a global health emergency workforce able to respond rapidly to any acute event, but it must also be applied to the health workforce as a whole.
- The pandemic highlights that decent, safe and responsive working conditions are essential to continuously deliver better health outcomes and overcome health and economic crises.
- All health sector stakeholders, including governments and policymakers, need to work together for a common goal: improved working conditions and environments for everyone.

Background

The COVID-19 pandemic has once again highlighted the need for strong global health capacities. WHO has a central role to play in addressing global health challenges, including prevention, detection and response to outbreaks. WHO's constitution states that it is the mandated leading and coordinating authority in global health.

16.1 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC) was established in 2016 and is mandated to provide oversight and monitoring of WHO's work in health emergencies, to guide the activities of the WHO Health Emergencies Programme, to offer advice to the Director-General within its mandate and to report to the WHA.

Presented as an Annex to Item 16.1, the tenth IOAC report is the annual review of progress of WHO's work in health emergencies from May 2021 to April 2022. Whilst there is a major focus on the progress of WHO's response to COVID-19 since the last report, this report also highlights recurring issues observed since the Committee's inception in 2016. The IOAC's findings and observations are summarized in three parts: an overview of progress on persistent issues impacting WHO's performance in emergencies; WHO response to the COVID-19 pandemic and lessons learned; and the future direction of the WHO Health Emergencies Programme and vision for WHO.

16.2 Strengthening WHO Preparedness for and Response to Health Emergencies

The COVID-19 pandemic has once again highlighted the need for strong global health capacities. WHO has a central role to play in addressing global health challenges, including prevention, detection and response to outbreaks. WHO's constitution states that it is the mandated leading and coordinating authority in global health.

The 73rd WHA adopted a resolution asking the Director-General to "initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the IHR and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO's contribution to United Nations-wide efforts; (iv) and the actions of WHO and their timelines pertaining to the COVID19 pandemic, and make recommendations to improve global pandemic prevention, preparedness, and response capacity, including through strengthening, as appropriate, WHO's Health Emergencies Programme."

In resolution WHA74.7, the WHA, having taken note of the recommendations of reviews, including those of the Independent Panel for Pandemic Preparedness and Response, requested the Director-General to strengthen WHO's capacity to prepare for and respond to health emergencies in key areas. Guided by this resolution, the Secretariat has built on the existing framework of the three outcomes for achieving the target of one billion people better protected from health emergencies set out in the Thirteenth General Programme of Work, 2019–2023 and the Programme budget 2022–2023 by launching a coordinated series of initiatives that will form the foundation of a new system for global health emergency preparedness and response. The three outcomes are: countries prepared for health emergencies; epidemics and pandemics prevented; and health emergencies rapidly detected and responded to.

16.3 WHO's Work in Health Emergencies

The 150th WHO Executive Board noted the report ([Document EB150/18](#)) on WHO's work in health emergencies. In the discussions, Board members drew attention to the importance of strengthening the WHO Health Emergencies Programme and the Contingency Fund for Emergencies, and of boosting sustainable financing for the Programme and WHO's emergency functions more broadly.

“...ICN strongly supports the development of a new international instrument on pandemic preparedness and response in accordance with IPPPR recommendations. ICN also calls on governments to invest in strengthening their nursing workforce as an essential part of preparedness for and response to health emergencies. Furthermore, nurse leaders and government chief nurses must be involved in the decision-making for concrete actions to prepare for future pandemics.”

– Howard Catton, ICN CEO

Relevant Policy Documents

A75/10 Rev.1,
A75/17,
A75/17 Add.1,
A75/16,
A75/18,
A75/19,

A75/20,
A75/21,
A75/22,
A75/47,
International Health Regulations (2005),
ICN Statement,
ICN Video Statement

WHA Actions

- The WHA adopted resolution **WHA75(9)** “Proposal for amendments to the International Health Regulations (2005)” in which it adopts the amendments to Article 59, and the consequent necessary updates to Articles 55, 61, 62, and 63 of the International Health Regulations (2005) (IHR) and urges States Parties to collaborate with each other in the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under the IHR.
- The WHA adopted resolution **WHA75(9)** “Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression” in which it (1) condemns in the strongest terms the Russian Federation’s military aggression against Ukraine, including attacks on health care facilities; (2) draws attention to the fact that the Russian Federation’s aggression against Ukraine constitutes exceptional circumstances, causing a serious impediment to the health of the population of Ukraine, as well as having regional and wider-than-regional health impacts; (3) urges the Russian Federation to immediately cease any attacks on hospitals and other health care facilities; (4) also urges the Russian Federation to fully respect and protect all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment; (5) further urges respect for and protection of the sick and wounded, including civilians, health and humanitarian aid workers, and health care systems consistent with the Geneva Conventions and their Additional Protocols, and with broader international humanitarian law; (6) decides that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Health Assembly should consider the application of relevant articles of the WHO Constitution. It also urges and encourages Member States and requests the Director-General to take a number of actions.
- The WHA adopted decision **WHA75(9)** in which it welcomed the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.
- The WHA adopted resolution **WHA75.7** “Strengthening health emergency preparedness and response in cities and urban settings” in which it urges Member States and requests the Director-General to take a number of actions related preparedness for and response to health emergencies in cities and urban settings.
- The WHA adopted resolution **WHA75.8** “Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination”.

17.2 GLOBAL HEALTH FOR PEACE INITIATIVE

Nursing Policy Considerations

- ICN believes that health and wellbeing are the bedrock to safety and security and that peace and health are inseparable.
- Nurses work on the frontlines in fragile, conflict-affected, and vulnerable settings and deliver care that is centred on neutrality, reconciliation and healing.
- Engaging nurses in this Initiative would be highly beneficial for mainstreaming the Health for Peace approach as they already work as influencers of peace in their day-to-day activities from frontline service delivery to advocacy and policy making. Examples, as outlined in the **ICN Code of Ethics for Nurses**, include:
 - the values of the nursing profession such as justice, respect, equity, human rights and compassion are all foundations of peace, and by upholding these in everyday practice, nurses are influencers of peace, peace diplomacy and peace building;
 - nurse educators and researchers, educate and research for peace diplomacy and peace building in communities and globally;
 - National Nurses' Associations collaborate with nursing regulatory bodies, voluntary organisations, and global agencies to develop position statements and guidelines that support human rights, environmental justice and international peace;
- nurses collaborate globally, nationally and regionally with governments and nursing agencies to further the ends of global peace and justice and ameliorate the causes of illness.
- As one of the most trusted health care professionals in the health workforce, the nursing workforce can greatly contribute to the strengthen and operationalize the link between health, social cohesion and peace.
- To show our solidarity with nurses in Ukraine, ICN has launched the **#NursesforPeace campaign** to call for peace, condemn attacks on health care, and support nurses on the frontlines. Nurses around the world have supported and engaged in this campaign.
- Nurses and other health care workers deliver care and treatment to all patients without fear or favour: they must be allowed to do their work protected from threats and violence, and the health care facilities they work in must be shielded from harm.
- Civil society organisations are important partners in increasing capacities and support for the Initiative.

Background

The WHO-led Global Health for Peace Initiative (formerly the Health for Peace Initiative) was launched in November 2019. What is new and innovative about the Health for Peace approach is that health programmes can be used not only to work in conflict (achieving health benefits in conflict situations) but also to work on conflict. Health interventions are particularly well-suited for peacebuilding because caring for the sick and injured is considered both a neutral activity and a universal good. Health has a convening power, often being viewed as a common good by all sides of a conflict; health initiatives can therefore serve as a starting point for bringing people together.

The Global Health for Peace Initiative seeks to strengthen and operationalize the link between health, social cohesion and peace, focusing on the unique role that public health programmes can play in convening different groups and in building trust. It considers different components of peace, including political peace and social cohesion at the community level. The Global Health for Peace Initiative focuses on contributing to resilience and trust at the community level as well as between populations and governments.

Peace is a structural determinant of health. Conversely, conflict has a devastating impact on people's health and on health systems. Most of WHO's humanitarian work and the majority of disease outbreaks that WHO responds to occur in fragile, conflict-affected and vulnerable settings.

Priorities for the Initiative over the next two years:

- updating WHO's global strategy in respect of the Health for Peace approach
- generating additional evidence on the impact of Health for Peace projects
- developing awareness and capacities to implement the Health for Peace approach
- engaging with Member States on the Initiative

The WHO Executive Board at its 150th session noted the report on the Global Health for Peace Initiative. It also adopted decision EB150(5).

WHA Actions

The WHA adopted decision **WHA75(24)** in which it noted the report and requests the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward contained in document EB150/20 on the Global Health for Peace Initiative, and to then develop – in full consultation with Member States and Observers, and in full collaboration with other organisations of the United Nations system and relevant Non-State Actors in official relations with WHO – a road map for the Initiative, for consideration by the 76th WHA.

Relevant Policy Documents

A75/10 Rev.1,
EB150/20,
ICN Statement,
ICN Video Statement

“ICN’s #NursesforPeace campaign was set up in the immediate aftermath of the invasion of Ukraine. Thanks to the generosity of our member National Nursing Associations and individual nurses around the world, we have started to get money directly to the nurses who need it most in Ukraine, and to nurses in the surrounding countries that are providing the most support to the millions of refugees who have fled their country in the face of fierce fighting. We cannot forget the nurses working in the many challenging conflict zones around the world, caring for the injured, ill, and dying.”

– Howard Catton, ICN CEO

27.2 HUMAN ORGAN AND TISSUE TRANSPLANTATION

Nursing Policy Considerations

ICN represents the many nurses working in the end-of-life donation field, eye and tissue banking sector and recipient transplant services and advocates on behalf of patients. ICN calls for improved access to organ and tissue transplantation services across the world.

ICN calls on Member States to:

- commit to strengthening global and national action plans and appropriate government oversight of donation and transplantation;
- invest in developing or improving the eye and tissue banking sector, including workforce, ethics, regulation, funding, monitoring, surveillance, infrastructure and local sustainable services;
- sustainably finance WHO in implementing its Global Action Frameworks for Transplantation of Tissues and Organs;
- provide Non-State Actors the support for the implementation of the 'Frameworks'.

Background

In 2010, the 63rd WHA endorsed WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation and provided strategic directions to support progress in human organ, tissue and cell donation with the aim of maximising the benefits of transplantation, meeting the needs of recipients, protecting donors and ensuring the dignity of all involved. In response to a request from the 74th WHA, a new report has been developed to provide an analysis of the current situation and proposed actions for improving access to transplantation services.

Organ and tissue transplantation is an effective and proven form of treatment which can dramatically improve the health and wellbeing of recipients. However, despite the many benefits that it can bring, there continues to be a significant gap between demand for organs and tissues and their availability. Since the adoption of the resolution WHA63.22 there is still insufficient growth and inequitable development of donation and transplantation services worldwide because of inadequate planning, limited infrastructure and resourcing, funding (reimbursement), limited community awareness, and ethical, regulatory, monitoring, surveillance, and legal issues. There is also limited understanding of the unique differences

between donation types and their management (e.g. organs are managed and regulated differently to tissues), and how these differences impact how organs and tissues are accessed, and their sectors supported.

To address these issues, WHO is developing frameworks for a road map of activities and will enable the exchange of best practices and technical expertise. A special area of concern is tissue services, e.g. corneas for eye health and vision or skin for emergency burn treatment. We emphasize tissues as they require additional recovery, processing and storage steps, in comparison to organs. They have additional and complex regulatory requirements and unique management and global distribution patterns. For this reason, ICN supports the steps to address tissue services.

Through supporting efforts to enhance tissue services, a range of wider health systems and recipient needs can be addressed. For example, eye health and vision have an important implication on all aspects of life, health, sustainable development, and the economy. WHO is seeking to develop a Global action framework to advance universal access to safe, effective and quality-assured human tissues for transplantation. This will provide strategies and recommendations to Member States.

WHA Actions

The Health Assembly adopted decision **WHA75(18)** in which it requests the Director-General to continue to report to the WHA every two years until 2030 on progress made in the implementation of resolution WHA63.22(2010).

Relevant Policy Documents

A75/41,
ICN Statement,
ICN Video Statement

27.4 PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM

Nursing Policy Considerations

- ICN advocates for policies in all sectors that address the social determinants of substance use and changes in social and political norms.
- A public health approach is widely recognised as essential to addressing the world drug problem at all levels within a comprehensive and multidisciplinary approach.
- The role of public health entities and health and social service providers, including nurses, cannot be overestimated.
- Nurses are key to identifying, educating and confronting stigma and discrimination as determinants of marginalisation and poor quality of care for persons with substance use and mental health disorders.
- An effective and person-centred response to the world's drug problem includes access to controlled substances for comprehensive primary health care services, specifically end-of-life care and pain management; prevention of substance use; harm reduction for people who use substances; and universal access to effective treatment and care for people with substance use disorders.
- A harm reduction approach to reducing the harmful health, social and economic consequences of substance use is in line with the ICN Code of Ethics for Nurses as it emphasizes a human rights approach and ensures that nursing care treats all people with respect, dignity and compassion.
- There is urgent need to develop a competent and confident nursing workforce to address the growing burden of mental health and substance use disorders. This will require strengthening the mental health component of nursing curricula for the development of generalist skills at pre-registration and specialist skills at post-registration and continuing education levels and critical investments and developments of mental health/psychiatric nursing roles.

Background

The world drug problem has multiple public health dimensions encompassing vulnerability to drug use disorders and dependence, treatment and care of people with drug use disorders, reducing harm associated with drug misuse, and access to controlled medicines for medical pain relief.

With around 275 million people using psychoactive drugs in 2020 and an expected rise by 11% worldwide by the year 2030, and with an estimated 36 million people with drug use disorders and only small minority of them having access to effective treatment and care, the scope of public health problems related to drug use, drug use disorders and related health conditions continues to be very high. Injection drug use leads to 20% of HIV infections outside sub-Saharan Africa and contributes significantly to the epidemics of hepatitis B and C in all regions. Since 1999, more than 600,000 people in the USA and Canada have died from opioid overdose and a staggering 1.2 million more are estimated to die due to overdose by 2029. At the same time, opioid analgesics and psychotropic medicines

under international control are indispensable for the provision of essential health care services, including for palliative care, pain management and treatment of mental, neurological and substance use disorders. 75% of the world's population lacks access to pain relief and palliative care causing needless suffering to millions of patients and their families.

Achievement of target 3.5 (Strengthen the prevention and treatment of substance abuse) and other health-related targets of the Sustainable Development Goals, within WHO's mandate, requires enhanced and sustained WHO actions aimed at promoting and supporting prevention, early identification and effective management of substance use disorders; improving access to controlled medicines; reducing the burden of drug-related infectious diseases and prevention of the harms associated with drug use; effective monitoring of the health consequences of drug use, as well as public health policy and programme responses; and promoting a public health approach to the world drug problem. Work has begun on updating the recommendation on the identification and management of drug use disorders in primary health care, included in the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.

The 70th WHA (2017) adopted decision WHA70(18) in which it requested the Director-General to continue efforts to improve the coordination and collaboration of WHO with UNODC and the International Narcotics Control Board and to report on the implementation of the decision to the 71st, 73rd, 75th WHA and to continue to keep the Commission on Narcotic Drugs informed of programmes and progress.

WHA Actions

The WHA adopted decision **WHA75(20)** in which it requests the Director-General to continue to report to the Health Assembly every two years until 2030 on WHO's activities to address the public health dimensions of the world drug problem and progress made in the implementation of decision WHA70(18) (2017).

Relevant Policy Documents

A75/43,
ICN Statement,
ICN Video Statement

“ICN supports an effective and person-centered response to the world’s drug problem which includes access to controlled substances for comprehensive primary health care services, specifically end-of-life care and pain management; prevention of substance use; harm reduction for people who use substances; and universal access to effective treatment and care for people with substance use disorders.”

– Erica Burton, ICN Nurse Consultant