



ICN

International
Council of Nurses

The global voice of nursing



76th World Health Assembly ICN Report

NURSING ADVOCACY & INFLUENCE IN GLOBAL HEALTH POLICY

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

Celebrating the 75th anniversary of the World Health Organization (WHO), this year's World Health Assembly (WHA) was held 21-30 May 2023 under the theme "WHO at 75: Saving lives, driving health for all."

As always, ICN took an active role with a physical and virtual delegation of 80 participants. The following report provides a complete overview of the topics discussed and interventions made at this 76th Assembly.

As a member of the UHC2030 Task Force, I would like to emphasize the critical importance of this year's theme and our intervention on the topic of Universal Health Coverage. ICN has said many times that UHC cannot be achieved unless we rebuild strong and resilient health systems and invest in the health workforce, and I took the opportunity of our presence at the WHA to reinforce with WHO Director General Tedros Adhanom Ghebreyesus why investment in nurses is essential not just to recover, but also to rebuild health systems and deliver UHC2030.

In our intervention on UHC, ICN strongly encouraged governments to make urgent and strenuous efforts to follow the UHC2030 From Commitment to Action priority actions, to ensure that UHC is achievable by 2030. We also pointed out the essential role of nurses in rebuilding the strong and resilient health systems that are needed to deliver care in all situations, including emergencies, conflicts, natural disasters and the daily management of care across the lifespan, as well as for ensuring health security.

We also presented interventions on a wide range of other topics of importance to nursing, including: the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030); the prevention and control of non-communicable diseases, and mental health; the draft global strategy on infection prevention and control; strengthening WHO preparedness for and response to health emergencies; the Global Health for Peace Initiative; and well-being and health promotion.

We held our annual Luncheon for all nurse delegates attending the WHA as well as ministers of health from several countries and representatives from ICN's member associations. This luncheon gives us the opportunity to meet with others representing nursing at WHA and to ensure that our messages and goals are aligned and strengthened. We were grateful to have Dr Amelia Afuha'amango Tu'ipulotu, the WHO Chief Nursing Officer, attend and speak at the Luncheon as well.

Our contributions to the World Health Assembly are a really critical part of the work we do to represent the voice of nurses and nursing at the world's highest policy-making forum for health. I commend the work of ICN's nursing team, particularly Erica Burton and Hoi-Shan Fokeladeh, who ensured ICN made significant contributions throughout the meeting. Their support also enabled timely and effective involvement of our nurse delegates. I would personally like to thank them all for their active participation. I am certain that this report will be useful to many others advocating for health for all.

Dr Pamela F. Cipriano
ICN President

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INTRODUCTION

The 76th World Health Assembly (WHA) opened on 21 May 2023 and closed on 30 May 2023. 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 76th WHA was “WHO at 75: Saving lives, driving health for all”.

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 that were 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. The report can be used as a strategic document to support nursing policy development.

NURSING ADVOCACY AND 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 Director General (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 organization 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.

At the beginning of the year, as it does each year, ICN wrote a letter to national ministers of health encouraging them to include a nurse in their country’s delegation. This letter described the importance of nurses’ involvement in the WHA and the impact that they have made in the deliberations and outcomes of the discussions.

ICN DELEGATION

This year, due to construction at the Palais des Nations, delegations were limited to six people. The ICN delegation took a hybrid format with six delegates attending in person and almost 80 attending virtually online. Delegates were from 45 countries around the world and included ICN National Nursing Association (NNA) member representatives, representatives from ICN affiliate members, the ICN Board of Directors, the Global Nursing Leadership Institute (GNLI) scholars and alumni, ICN staff and consultants, ICN Nursing Student Steering Group and other student and early career nurses. Delegates engaged in lively discussion throughout the week on the delegation What's App group.

ICN Core Delegates:



Pamela Cipriano,
ICN President



Howard Catton,
ICN CEO



Erica Burton,
ICN Senior Policy Advisor



Hoi Shan Fokeladeh,
ICN Policy Advisor



Michelle Gunn,
Chief Nursing Officer,
Al Dhafra, SEHA, UAE

ICN ACTIVITIES AT WHA

WELCOME MEETING

On 22 May, ICN hosted a welcome meeting for delegates at which ICN President Dr Pamela Cipriano gave opening remarks; ICN Senior Policy Advisor Erica Burton presented the Delegate Pack and provided important information for delegates to support their participation on the virtual delegation; ICN Policy Advisor Hoi Shan Fokeladeh gave an overview of ICN statements and procedures for delivering statements; and ICN CEO Howard Catton described important events and meetings taking place throughout the week as well as important tips to get the most out of the WHA experience.

ICN NURSES' LUNCHEON

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 on 24 May, in person and virtually, by ICN WHA delegates, Chief Nursing and Midwifery Officers, WHO Secretariat nurses, dignitaries from a wide range of nations and global organizations, including the ministers of health from El Salvador, France, Jamaica, Malawi, New Zealand, Seychelles, Thailand and the UK, and senior representatives from leading health and humanitarian organizations.

Attendees heard from ICN President Pamela Cipriano, ICN CEO Howard Catton, WHO Chief Nursing Officer Dr Amelia Afuha'amango Tu'ipulotu, ICN delegation leader Erica Burton and co-leader Hoi Shan Fokeladeh.

ICN wishes to thank all delegates for their participation in the ICN delegation to the 76th 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.

ON-SITE MEETINGS

On-site delegates held a number of bilateral meetings during the WHA. These included:

ICN President Dr Pamela Cipriano met with WHO Director General Tedros Adhanom Ghebreyesus and discussed why investment in nurses is essential not just to recover, but also to rebuild health systems and deliver UHC2030.

Dr Pamela Cipriano and Howard Catton held discussions about the pressing issues facing nursing and health care with senior figures from around the world who were in Geneva for the WHA meeting. Topics covered included the COVID-19 pandemic, ICN's [Charter for Change](#), this year's International Nurses Day theme, Universal Health Coverage and non-communicable diseases. The Geneva visitors included:

- Australian Chief Medical Officer, Professor Paul Kelly
- Barbados Foreign Minister, Jerome X. Walcott and Acting Chief Nursing Officer (CNO,) Annastacia Jordon
- French CNO, Brigitte Feuillebois
- President of the Nurses Association of Jamaica, Patsy Edwards Henry
- Malawi Deputy Director of Nursing & Midwifery, Lucy Mkutumula
- New Zealand CNO, Lorraine Hetaraka
- Salvadorian CNO, Ludys Mabel Soto de Zepeda and Vice Minister of Health Management & Development, Carlos Alvarenga
- President of the Romanian Order of Nurses, Midwives and Medical Assistants, Mircea Timofte and Health Minister, Dr Alexandru Rafila

- Thai CNO, Ms. Amarapas Attachaiwat, and Nurses Association of Thailand President Dr Siriorn Sindhu
- Taiwan Nurses Association President, Dr. Ching Min Chen, Director-General, Department of Nursing and Health Care, Ministry of Health and Welfare (MOHW), Dr. Tsay Shwu-Feng, and Specialist, Department of Nursing and Health Care, MOHW, Ms. Lee, Ya-Lin.

Erica Burton, ICN Senior Policy Advisor, attended the Member Meeting of the WHO Civil Society Working Group to Advance Action on Climate Change representing ICN as an inaugural and alumni member of the Working Group. This meeting was co-hosted with the Global Climate and Health Alliance (GCHA). Attendees included Dr. Maria Neira, Director of WHO Department of Environment, Climate Change and Health, Jeni Miller, Executive Director of GCHA as well representatives from member organizations and WHO representatives working in the WHO Department of Environment, Climate Change and Health.

STRATEGIC ROUNDTABLE DISCUSSIONS

During these sessions, WHA delegates, partner agencies, representatives of civil society and WHO experts discussed current and future priorities for public health issues of global importance. ICN delegates participated in these daily Strategic Roundtable Discussions, both in-person and virtually. Watch the recordings [here](#).

- Protecting and investing in the health and care workforce: An action-oriented agenda for the second half of the SDGs highlighted the role of political leadership and intersectoral governance on this priority health agenda. Speakers highlighted key challenges faced by the global health workforce today, including maldistribution, inefficiencies, gender disparities, workforce ageing and poor working conditions, resulting from a lack of support, protection and respect of labour rights that further compound the challenges. The roundtable concluded with calls to action to protect and invest in the health and care workforce and strengthen national health system capacity if the world is to attain the goals for universal health coverage and global health security.
- The role of the health community in climate action: taking stock and moving forward looked at the critical intersections of climate change and health. The discussion included the political importance of the agenda for today's and future generations and the need for smarter investments and solutions to bring a catalytic impact across sectors. The meeting heard that 70% of reporting countries identified lack of funding as a top barrier in addressing the health impacts of climate change and the WHO Director-General highlighted that climate change and health action are falling between the siloes of climate financing and health financing and emphasized the need for urgent and increased investment in the climate and health agenda.
- At the Ending TB by 2030: Universal access to care, multisectoral collaboration, and innovations to accelerate progress and combat antimicrobial resistance session, participants heard from ministers of health, leaders from civil society, partner organizations and WHO on global and national leadership and innovations to end TB, as well as challenges and concerns, including increasing threats of antimicrobial resistance. Top leaders in the fight against TB noted the importance of the political momentum in the lead up to the upcoming second UN High-Level Meeting (HLM) on TB which will take place in September 2023.
- A safer and healthier tomorrow through restoring essential immunization today was a collaborative discussion about the role of community and frontline health workers in catch-up efforts, along with the funding and partnerships required to recover from programme disruptions and to strengthen systems to ensure equitable access to immunization services. Immunization is a priority programme for WHO, particularly in 2023, following the significant setbacks resulting from the COVID-19 pandemic.

SIDE EVENTS

During the WHA, WHO member states and global organizations held side events several of which were attended by ICN delegates, including:

- Integrated Emergency, Critical and Operative Care for Universal Health Coverage and Protection from Health Emergencies organized by the Federal Democratic Republic of Ethiopia and Malaysia together with the American Heart Association and Laerdal Foundation.
- Johnson & Johnson health workforce event Strengthening Health Systems to Achieve UHC: Innovation by and for the Frontline of Care.
- Gender Equity in the Health Workforce for Health Systems Strengthening event organized by the Government of France and Women in Global Health, in collaboration with the Government of Liberia and the Government of Norway.
- UHC2030 and International Federation of Red Cross and Red Crescent Societies event From Commitment to Action: How the United Nations High Level Meeting is key to delivering Health for all.
- Global Health Council, Frontline Health Workers Coalition, Living Goods, and Pathfinder event Creating an Action Agenda: Advancing National Health Workforce Plans to Meet the Aspirations of the Global Political Declarations.



HIGHLIGHTS OF THE 76TH WHA AGENDA

ADOPTED RESOLUTIONS AND DECISIONS

- Resolution [WHA76.2](#) Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.
- Resolution [WHA76.4](#) Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.
- Resolution [WHA76.6](#) Strengthening rehabilitation in health systems.
- Resolution [WHA76.14](#) Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.
- Resolution [WHA76.16](#) The health of Indigenous Peoples.
- Decision [WHA76\(9\)](#) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health.
- Decision [WHA76\(10\)](#) Substandard and falsified medical products.
- Decision [WHA76\(11\)](#) Global strategy on infection prevention and control in which it adopted the first ever [draft strategy](#).
- Decision [WHA76\(12\)](#) Global Health and Peace Initiative.
- Decision [WHA76\(22\)](#) Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach in which it adopted the [framework](#).
- Decision [WHA76\(23\)](#) Social determinants of health.

ICN STATEMENTS ON AGENDA ITEMS

- [13.1](#) Universal Health Coverage: Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage.
- [13.2](#) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health: Draft updated menu of policy options and cost-effective interventions for the prevention and control of non-communicable diseases (constituency statement).
- [12](#) Global strategy for women's, children's and adolescents' health (2016–2030).
- [13.5](#) Draft global strategy on infection prevention and control.
- [15.1](#) Strengthening WHO preparedness for and response to health emergencies: Strengthening the global architecture for health emergency preparedness, response and resilience (constituency statement).
- [15.3](#) Global Health for Peace Initiative.
- [16.1](#) Well-being and health promotion.
- On 21 May, the WHO Director General delivered his address at the High-Level Welcome – [Read the full text here](#).
- On 22 May, the WHO Director General delivered a report to the Member States of the 76th World Health Assembly – [Read the full text here](#).

KEY AGENDA ITEMS FOR ICN AND NURSING

12. GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030)

Nursing 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.
- Nurses are a key member of the sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce.
- SRMNAH is an essential component of the Sustainable Development Goals (SDGs) and improving SRMNAH requires increased commitment to, and investment in, the health workforce.
- With its current composition and distribution, the world's SRMNAH workforce could meet 75% of the world's need for essential SRMNAH care, but in low-income countries, the workforce could meet only 41% of the need. Potential to meet the need is lowest in the African and Eastern Mediterranean WHO regions. Access to SRMNAH services needs to be prioritized, and provided in a safe environment, despite the pandemic. SRMNAH workers need protection from infection, support to cope with stress and trauma, and creative/innovative solutions to the challenges of providing high-quality education and services.¹
- 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-centred 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 5 and as such, ICN urges the health community to raise awareness of the health implications of climate change and to scale-up its contribution to addressing it.
- Unsafe abortion and associated morbidity and mortality in women are avoidable and governments should implement measure to improve access to safe abortion services in order to protect women and girls' health and human rights.

¹ The State of the World's Midwifery 2021

Background

The 76th WHA report contains highlights from a full technical report on progress in and challenges to improving women's, children's and adolescents' health, including those caused by external threats such as COVID-19 pandemic, climate change and conflict. Access the [full technical report](#) for a summary of the progress made towards implementation of a number of related resolutions.

Maternal mortality has significantly declined only in the South-East Asia Region and has either stagnated or increased in all other regions. The global under 5 years mortality rate in 2021 was 38 deaths per 1000 live births. A leading cause of morbidity in children, adolescents and pregnant women is iron-deficiency anaemia. Over 45 million children (6.7%) under 5 years of age were wasted (too thin for their height) in the year 2020, 13.6 million of which were affected by severe wasting.

Levels of adolescent pregnancy and childbearing have declined, primarily due to increased contraceptive use, although progress has been slow and uneven.

On average, 736 million (almost one in three) women who were aged 15 years or older in the year 2018 have experienced physical and/or sexual violence by an intimate partner and/or sexual violence by a non-partner at least once in their lifetime. Intimate partner violence and non-partner sexual violence are the most common and pervasive forms of violence in the lives of women and girls across the world.

Mental health issues are of great concern among adolescents with the main causes of the global burden being childhood behavioural disorders and anxiety disorders among young adolescents and depressive disorders among older adolescents.

Current threats to the health and wellbeing of women, children and adolescents includes loss of a parent or caregiver to COVID-19, an increase in major depressive and anxiety disorders since the COVID-19 pandemic, an increase in levels of violence at home, increasing numbers of humanitarian crises around the world with big impact on gender-based violence, and the effect of climate change on health outcomes and mortality in all groups.

World Health Assembly action

The WHA noted the report and, during discussions, considered and provided guidance on specific priority areas for action and other considerations to promote the health and well-being of women, children and adolescents. Delegates strongly reiterated their commitment to the Strategy as a priority for global health and expressed alarm about stalling progress in improving maternal and newborn survival. Delegates emphasized the importance of an integrated, life-course approach to improve outcomes, including access to sexual and reproductive health services, as well as greater efforts and investment to accelerate progress in the poorest, fragile and conflict-affected countries.

Relevant policy documents

A76/5

[The Global Strategy for Women's, Children's and Adolescents' Health \(2016–2030\), Report by the Director-General](#)

[The Global Strategy for Women's, Children's and Adolescent's Health \(2016–2030\)](#)

13.1 UNIVERSAL HEALTH COVERAGE: REORIENTING HEALTH SYSTEMS TO PRIMARY HEALTH CARE AS A RESILIENT FOUNDATION FOR UNIVERSAL HEALTH COVERAGE AND PREPARATIONS FOR A HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY ON UNIVERSAL HEALTH COVERAGE

Nursing policy considerations

- Making up approximately half of the health workforce, nurses are intrinsically linked to the ability of countries to achieve universal health coverage (UHC) and the SDGs.
- ICN strongly believes that strengthening primary health care (PHC) is the most effective approach to ensuring UHC and, as such, calls on Member States to integrate PHC as the foundation of their health systems.
- Upholding quality of care through progress towards UHC is essential and requires investment in a competent health workforce with a focus on nurses. This includes quality education, recruitment and retention strategies and assurance of decent work and fair pay.
- Increased support for the health workforce would play a significant role in not only working toward ensuring health but also delivering care in all situations including emergencies, conflicts, natural disasters and daily management of care across the lifespan.
- ICN supports the UHC Action Agenda to advance UHC and health security, and deliver health for all by 2030:
 - Champion political leadership for UHC
 - Leave no one behind
 - Adopt enabling laws and regulations
 - Strengthen the health and care workforce to deliver high-quality health care
 - Invest more, invest better
 - Move together towards UHC
 - Guarantee gender equality in health
 - Connect UHC and health security

Background

UHC means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

In September 2023, marking the halfway point of the timeline for reaching the Sustainable Development Goals, the United Nations General Assembly (UNGA) will convene a series of high-level meetings to review progress since 2015 and identify priority actions from 2023 to achieve the SDGs. Three of the planned high-level meetings will focus on aspects of health, namely UHC, tuberculosis and pandemic prevention, preparedness and response. ICN President Dr Cipriano sits on the UN HLM Task Force on UHC which brings together 20 representatives from UHC2030 constituencies and beyond and led the development of the [UHC Action Agenda](#) ahead of the HLMS. The Agenda includes a set of policy recommendations that countries should act on to advance UHC and health security, and deliver health for all by 2030.

The UHC service coverage index 3.8.1 increased from 45 in 2000 to 67 in 2019. Almost 2 billion people are facing catastrophic or impoverishing health spending (SDG indicator 3.8.2).

Inequalities continue to be a fundamental challenge for UHC as aggregated data masks within-country inequalities in service coverage. The COVID-19 pandemic further disrupted essential services in 92% of countries. To build back better, WHO's recommendation is to reorient health systems to PHC. Most (90%) of essential UHC interventions can be delivered through PHC and 75% of projected health gains from the SDGs could be achieved through PHC.

At the 152nd Executive Board (EB) meeting, the EB noted the report on reorienting health systems to PHC as a resilient foundation for UHC and preparations for a high-level meeting of the UNGA on UHC ([EB152/5](#)). This report informs and engages Member States in a discussion on: progress towards UHC based on the latest available estimates; priorities areas for action, including orienting health systems towards primary health care; and the opportunity afforded by WHO's 75th anniversary in 2023 to inspire and catalyse additional multisectoral, multilateral action by governments and all relevant stakeholders towards the progressive realization of UHC and health for all.

World Health Assembly actions

In a transformative policy shift, Member States across high-, middle- and low-income countries expressed strong commitment to reorient their health systems based on PHC as a foundation for achieving health for all and reaching the furthest left behind first. About 90% of UHC interventions can be delivered using a PHC approach; from health promotion to prevention, treatment, rehabilitation and palliative care, potentially saving 60 million lives by 2030.

The Member States emphasized the importance of demonstrating the highest-level of political commitment at the HLM in September to produce a concise, action-oriented declaration for UHC.

The WHA adopted resolution [WHA76.2](#) Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies which calls for timely additional efforts globally to strengthen the planning and provision of emergency, critical and operative care services as part of UHC, so as to meet population health needs, improve health system resilience and ensure public health security and urges Member States and the Director General to take several actions on this issue.

The WHA adopted resolution [WHA76.4](#) Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage which, amongst several requests, urges Member States to engage in the preparation of the high-level meeting of the UNGA on UHC, including the development of a concise and action-oriented, consensus-based political declaration, and to participate in the high-level meeting of the UNGA in 2023 on UHC at the highest level, preferably at the level of Heads of State and Government. The resolution makes a number of requests to the Director-General including to produce a report on UHC as a technical input and hold Member States information sessions to facilitate informed discussions in advance of the negotiations on the political declaration and during the high-level meeting. and conflict-affected countries.

Relevant policy documents

[A76/7 Rev.1](#)

[EB152/5](#)

[WHA76.2](#)

[WHA76.4](#)

13.2 POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Nursing policy considerations

- The nursing workforce has an enormous contribution to make in the promotion, prevention and control of NCDs and needs to be a central part of any NCD strategy.
- Nurses use every contact and every opportunity for health promotion, disease prevention and early detection.
- Nursing solutions are required now more than ever as the pandemic has caused severe disruptions in services for people living with NCDs and mental health disorders.
- 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.
- Investment in mental health and addiction specialty nurses and other professionals as well as efforts to destigmatise mental health providers and care recipients is needed.
- 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.
- 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.
- Mental health is a cornerstone of health and wellbeing for individuals, communities and societies and nurses play a crucial role in the promotion and maintenance of mental health and wellbeing.
- Governments must promote and protect the mental health and wellbeing of nurses and other health workers and ensure access to non-discriminatory and confidential mental health services.

Background

There is a need for radical reorientation and strengthening of health systems to respond to the prevention and control of non-communicable diseases (NCDs) and the promotion, protection and care of mental health as the foundation for UHC, as well as health security and health and well-being for all.

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".

The global share of deaths due to NCDs among all deaths increased from 61% in 2000 to 74% in 2019. Of premature deaths from NCDs (deaths due to NCDs under the age of 70 years) in 2019, 86% occurred in low- and middle-income countries. Premature mortality and morbidity from NCDs can partly be attributed to a lack of success in addressing many NCD risk factors. Nearly 1 billion people globally lived with a mental disorder in 2019. Depression and anxiety alone cost US\$ 1 trillion annually. People with severe mental disorders die 10 to 20 years earlier than the general population, and more than one in every 100 deaths were due to suicide in 2019.

COVID-19 had broad and diverse negative effects on NCD service provision and caused an increase in excess mortality estimated at 14.91 million between 1 January 2020 and 31 December 2021, representing 9.49 million more deaths than those globally reported as directly attributable to COVID-19.

At the 152nd the Executive Board (EB) meeting, the EB noted the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, and mental health ([EB152/6](#)) which gives an overview of the progress achieved in the prevention and control of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. It adopted decision EB152(11) in which it recommended to the WHA the endorsement of the draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs. It also recommended that the WHA request the Director-General to submit a draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs for consideration by the 80th WHA, through the 160th EB and to incorporate revised interventions to Appendix 3 of the WHO global action plan 2013–2030 on a continuous basis.

World Health Assembly actions

The WHA adopted decision [WHA76\(9\)](#) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health in which Member States endorsed a new menu of cost-effective interventions, recognized as “best buys”, to help prevent and control NCDs. It includes an increased number of “best buys”, giving countries of every income level more options to save more lives from the world’s top killers. It requests the Director-General to submit a draft updated menu of policy options and cost-effective interventions for consideration by the 80th WHA.

The WHA also took note of the report on the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. Twenty-eight countries are now rolling out the acceleration plan, the progress will be recorded and reported back to the Assembly.

Relevant policy documents

[A76/7 Rev.1](#)

[A76/7 Add.1 Rev.1](#)

[EB152/6](#)

[WHA76\(9\)](#)

13.3 SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS

Nursing policy considerations

- Billions of people around the world do not have access to effective preventative, health promotive and life-saving health care. Inequities in access to health care, 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 some of the factors that are fueling the proliferation of substandard and falsified (SF) medical products.
- Health care professionals are an important component of a comprehensive pharmacovigilance system which includes the 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 health care 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 health care 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 health care 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.

Background

WHO defines 'substandard' medical products as those which are authorized but fail to meet their quality standards or specifications and defines 'falsified' medical products as those that deliberately/fraudulently misrepresent their identity, composition or source. Falsification includes substitutions and reproduction and/or manufacturing of an unauthorized medical product. 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 active ingredient, with insufficient active ingredient, with the wrong active ingredient and/or containing other toxic chemicals, impurities or bacteria. SF medical products have been reported in all main therapeutic categories including medicines, vaccines and in vitro diagnostics.

SF medical products have a substantial negative impact on public health, cause increased disease prevalence, loss of public confidence in health care 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 health care.

In 2012, the WHA established the Member State 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 Member States in tackling SSFFC products in a transparent and inclusive way, from a public health perspective and expressly excluding consideration of intellectual property rights.

At the 152nd Executive Board (EB) meeting, the EB noted the report [EB152/7](#) on SF medical products, containing the reports of the 10th and 11th meetings of the Member States mechanism on SF medical products. These reports contain an updated list on the prioritized activities for 2020–2021. It also adopted decision EB152(9) in which it recommended to the WHA that an independent evaluation of the Member State mechanism take place.

World Health Assembly actions

The WHA adopted decision [WHA76\(10\)](#) Substandard and falsified medical products in which it requested the Director-General to facilitate the conduct of an independent evaluation of the Member State mechanism on SF medical products.

Relevant policy documents

[A76/7 Rev.1](#)

[EB152/7](#)

[EB152\(9\)](#)

[WHA76\(10\)](#)

13.4 STRENGTHENING REHABILITATION IN HEALTH SYSTEMS

Nursing policy considerations

- Nurses play a critical role in rehabilitation services, and their involvement should be recognized and supported by health care organizations and policymakers.
- Nurses are key players in rehabilitation services and experts in patient safety, recovery and person centered care. Therefore, there is no rehabilitation workforce without nurses.
- Governments must assure there are adequate numbers of well trained nurses in the rehabilitation workforce to strengthening rehabilitation services in health systems.
- Rehabilitation services should be integrated into the broader health care system to ensure that patients receive holistic care that addresses their physical, psychological and social needs.
- Interdisciplinary collaboration is essential to providing high-quality rehabilitation services, and nurses should work closely with other health care professionals, including physical therapists, occupational therapists, and speech-language pathologists.
- Rehabilitation services should be person-centred and tailored to the unique needs and goals of each patient.
- Health systems should prioritize the use of evidence-based practices in rehabilitation services to ensure that patients receive effective and efficient care.
- Health systems should invest in ongoing education and training for rehabilitation professionals, including nurses, to ensure that they have the skills and knowledge needed to provide high-quality care.

Background

Rehabilitation is a set of interventions needed when a person has limitations in physical, mental and social functioning due to ageing or a health condition, including NCDs or disorders, injuries or trauma. There is an increasing global demand for rehabilitation services, due to ageing populations and rising rates of NCDs, particularly in low- and middle-income countries where up to 50% of people do not receive needed rehabilitation. In 2019, it was estimated that 2.41 billion people worldwide had health conditions that could be improved through rehabilitation, resulting in a total of 310 million years lived with disability (YLDs).

The WHO Global Disability Action Plan 2014–2021 was adopted before the 2030 Agenda for Sustainable Development, at a time when rehabilitation was commonly perceived as a service exclusively for persons with disabilities or physical impairments. Rehabilitation is now recognized as being integral to UHC, along with health promotion, prevention, treatment and palliation, and not as a strategy needed only by persons with disabilities. Rehabilitation services play a key role in ensuring the enjoyment of human rights including the highest attainable standard of physical and mental health. It also promotes sexual and reproductive health, and recognizes the right to work and the right to education.

At the 152nd Executive Board (EB) meeting, the EB discussed the report on [Strengthening rehabilitation in health systems](#) which outlines the key issues to be considered in strengthening rehabilitation in health systems, along with the lessons learned and challenges remaining. The discussion highlighted the increased need for rehabilitation services globally due to the

epidemiological shift from communicable to non-communicable diseases, and the rise in physical and mental health challenges, injuries and comorbidities. The EB expressed deep concern that rehabilitation needs are largely unmet globally and that most countries are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies. The agenda item stressed the importance of rehabilitation services in achieving SDG 3, and that they contribute to the enjoyment of human rights, such as the right to work, education, and the highest attainable standard of physical and mental health.

The EB put forward a resolution which includes recommendations for increased focus on policymakers to give attention to rehabilitation when setting health priorities, strengthen rehabilitation services and workforce, and ensure rehabilitation services are accessible, affordable and of high quality. The report pointed out that the current level of rehabilitation related workforce is insufficient in number and quality to serve population needs.

World Health Assembly actions

The Health Assembly adopted resolution [WHA76.6](#) Strengthening rehabilitation in health systems in which it makes several requests for actions from Member States, international organizations and other relevant stakeholders, and the Director-General. Progress will be first reported to the WHA in 2026.

This landmark resolution aims to address the challenges in rehabilitation such as the need to:

- increase awareness of rehabilitation when setting health priorities and research agendas, allocating resources, promoting cooperation and enabling technology transfer;
- ensure countries are better equipped to respond to the sudden increase in rehabilitation needs including assistive technology due to health emergencies;
- ensure persons in marginalized and vulnerable situations have access to affordable, quality and appropriate rehabilitation services including assistive technology;
- avoid high out-of-pocket costs for people to access rehabilitation services and assistive technology that can cause financial hardships; and
- address the current insufficient level of rehabilitation workforce to serve the needs of the population.

Relevant policy documents

[A76/7 Rev.1 a](#)

[EB152/8](#)

[WHA76.6](#)

13.5 DRAFT GLOBAL STRATEGY ON 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.
- Nurses are a vital force to drive forward the planning and implementation of the WHO Global Strategy on Infection Prevention and Control at the country and regional levels.
- ICN strongly promotes 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.
- ICN supports a recognized career pathway for specialist IPC nurses and job opportunities empowering their role.
- 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 (HAI) 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.
- Nurses have a vital role to play in reducing AMR. Nurses assess and diagnose infections; administer and may prescribe antimicrobials; monitor treatment outcomes and report side effects; provide vaccination; and educate patients, their families and communities.
- Governments must invest in and protect the nursing workforce by ensuring safe staffing levels, providing sufficient personal protective equipment and regular IPC training.

Background

Major outbreaks in the last decade, such as the Ebola virus disease and COVID-19, have shown that epidemic-prone pathogens spread rapidly through health care settings. In addition, every day patients are harmed by HAI and AMR. Gaps in IPC exist in all countries, though more seriously in low- and middle-income countries. The recent [WHO global report on infection prevention and control](#), highlighted the burden of infection and antimicrobial resistance and the related harm to both patients and health workers in health care settings.

IPC is a clinical and public health specialty based on a practical, evidence-based approach that protects patients, health workers and visitors to health care facilities by preventing avoidable infections, including those caused by antimicrobial-resistant pathogens, acquired during the provision of health care services. IPC occupies a unique position in the field of patient and health workers' safety and quality of care, as it is universally relevant to every health worker and patient, at every health care interaction.

In response to resolution WHA75.13 (2022) and building on the content of the WHO global report on infection prevention and control, WHO has developed a draft global strategy on

infection prevention and control in both health and long-term care settings. The draft global strategy is intended to be an aspirational, strategic and programmatic document that will be complemented by, and used in conjunction with, an associated action plan and monitoring framework to be developed in 2023–2024. The vision of the strategy is “By 2030, everyone accessing or providing health care is safe from associated infections” and its three key objectives are 1) Prevent infection in health care, 2) Act to ensure infection prevention and control programmes are in place and implemented, and 3) Coordinate infection prevention and control activities with other areas and vice versa.

At the 152nd Executive Board (EB) meeting, the EB noted the report on IPC and decided that informal consultations with Member States on the draft WHO global strategy on infection prevention and control will continue to be facilitated by the Secretariat prior to the 76th WHA to enable the draft decision [EB152\(7\)](#), in which the global strategy is adopted by the WHA.

World Health Assembly actions

The WHA [The first-ever Global strategy on infection prevention and control](#) was adopted by WHA in the decision [WHA76\(11\)](#) strategy. The draft strategy builds on almost 20 years of efforts by WHO and partners and it proposes the vision “By 2030, everyone accessing or providing health care is safe from associated infections”. The guiding principles underpinning the draft strategy include a people- centred approach that emphasizes health workers’ protection, patient safety and compassion, while also highlighting the central role of IPC in combating AMR and in outbreak preparedness, readiness and response. The draft strategy is based on the principles of clean and safe care as a human right for all, is equity driven, and should ensure accountability and sustainability.

Relevant policy documents

[A76/7 Rev.1](#)

[EB152/9](#)

[EB152\(7\)](#)

[WHA76\(11\)](#)

[Draft Global Strategy on Infection Prevention and Control](#)

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

Nursing policy considerations (14.1 – 15.2)

- The COVID-19 pandemic underscored the importance of building resilient health systems and highlighted the vital role of health personnel in continuing to provide essential health services during health emergencies.
- ICN calls on governments to invest in strengthening their nursing workforce as an essential part of preparedness for and response to health emergencies.
- The pandemic has caused immense damage to individual nurses and the global nursing workforce. ICN is highly concerned about the long-term impact of COVID-19 on the nursing workforce.
- The ongoing and worsening shortage of nurses is now the greatest threat to global health and health security. ICN strongly urges Member States to ensure decent working environments and adequate and regular remuneration to effectively recruit and retain the nursing workforce.
- 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 with a sharp focus on health worker safety and well-being.
- ICN emphasizes the importance of engaging nurse leaders and government chief nursing officers in the consultation process for future health emergency preparedness and response planning.
- It is crucial to include the health and safety of the health care workforce for future health system building.

14.1 THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME

Background

The 69th WHA welcomed the progress made in the development of the new WHO Health Emergencies (WHE) Programme, the elaboration of an implementation plan and timeline for the new Programme, and the establishment of the Independent Oversight and Advisory Committee (IOAC) for the WHE Programme. Since its inception, the Committee has provided independent scrutiny and monitoring of WHO's work in health emergencies and has offered advice to the Director-General in accordance with its mandate.

The Director-General has requested that the IOAC remain a permanent committee with an expanded scope including monitoring the work of other WHO divisions and departments in contributing to the Organization's performance in emergencies under the central coordination of the WHE Programme, and to provide advice on WHO's role in developing, and within, the global architecture on health emergency preparedness, response and resilience.

The report contained in document A76/8 is the 11th report of the IOAC which include 1) overall review of WHO's work in emergencies and the WHE Programme; 2) WHO's role in the global architecture for health emergency preparedness, response and resilience; 3) Recommendations.

In its concluding remarks, the IOAC remarks the great progress in building and growing the WHE Programme, notes its concern about if the world will ever be better prepared to face a new pandemic of similar magnitude to COVID-19 and highlights that the WHE Programme is currently overstretched, struggling to respond to emergencies that are increasing in number and intensity and urgently calls for the WHE Programme to be empowered with enough authority and capacitated with all needed financial and human resources, to make it fit for purpose.

World Health Assembly actions

The WHA noted the report

14.2 IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

Background

The report is submitted annually by the Director-General to the WHA reporting progress made in implementing the IHR.

World Health Assembly actions

The WHA noted the report

15.1 STRENGTHENING WHO PREPAREDNESS FOR AND RESPONSE TO HEALTH EMERGENCIES: STRENGTHENING THE GLOBAL ARCHITECTURE FOR HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

Background

The COVID-19 pandemic showed that national governments and the global multilateral system are ill-equipped to deal effectively with the scale and complexity of health emergencies. The fragmented nature of the current modes of health emergency governance, functional systems and financial mechanisms has given rise to a global health emergency preparedness, response and resilience (HEPR) architecture that is often less than the sum of its parts, and which fails to respond rapidly, predictably, equitably and inclusively to health emergencies. The devastation caused by the pandemic has also bought a sense of need to strengthen the way the world prepares for, prevent, detects and responds to health emergencies, with a coordinated efforts of stakeholders at national, regional and global levels.

At the 75th WHA, the Director-General set out 10 proposals to strengthen the global architecture for health emergency preparedness, response and resilience. The 152nd Executive Board (EB) ([EB152/12](#)) considered the draft framework of the 10 proposals which are designed to complement, strengthen and promote collaboration among existing institutions, mechanisms and structures, as well as to build stronger and more resilient networks of global health partners. The proposals are grouped by the three main pillars of the global health emergency preparedness, response and resilience (HEPR) architecture, including governance, systems and financing. The proposals also reflect the ongoing process of the negotiation of the pandemic accord and the International Health Regulation (IHR) amendments. Certain aspects were broadly supported by the Member States. Member States took the opportunity to share their views on the proposed ways forward to bring about more equitable and effective responses to future health emergencies. Some proposals were met with mixed reviews, such as the idea for a global health emergency council based at WHO and for a new governance committee on health emergencies within the EB.

WHO will continue to work with Member States and partners to further develop these proposals for strengthening global HEPR through the relevant Member-State-led mechanisms and forums, including, as appropriate, the working group on amendments to the International Health Regulations (2005) and the International Negotiating Body (INB). The Secretariat will continue to provide updates and further opportunities for consultation with Member States. The discussion on the proposals was continued at the 76th WHA.

World Health Assembly actions

The WHA noted the report

15.2 WHO'S WORK IN HEALTH EMERGENCIES

Background

The report provided information on all WHO Grade 3 emergencies, United Nations Inter-Agency Standing Committee Level 3 emergencies and public health emergencies of international concern that required a response by WHO between 1 January and 31 December 2022. This was an updated version of the report considered by the 152nd EB.

World Health Assembly actions

The WHA noted the report

Relevant policy documents

[A76/9 Rev.1](#)

[A76/10](#)

[EB152/12](#)

[A76/8](#)

[A76/11](#)



15.3 GLOBAL HEALTH FOR PEACE INITIATIVE

Nursing policy considerations

- ICN acknowledges and values the health impetus in promoting peace and social inclusion. The virtuous linkage between health and peace works by itself and should remain free from external influence.
- ICN is concerned that its instrumentalization through the proposed Global Health for Peace Initiative (GHPI) might have adverse repercussions for the provision of health care.
- ICN insists that health care must always be provided only for the benefit of people, without any other purpose. This is paramount to guarantee neutrality, adequate working conditions for health workers and access to health care to all persons in need.
- The GHPI is expected to operate with a context-specific approach and national leadership/local ownership. The roadmap does not provide for an explicit mechanism to ensure respect for ethical principles of health care, human rights and humanitarian international standards.
- Health professionals are trusted to act with integrity and according to the ethical values of their professions. This trust protects safe access to health care in all contexts. There is concern that the GHPI may pose both normative and operational risks.
- The GHPI's activities may constitute a potential extra burden to health actors, in already contexts of tensions and instability. ICN is particularly concerned by the additional pressure on health workers.
- ICN urges WHO and Member States to undertake an in-depth review of the GHPI roadmap as a whole, in light of the serious risks to health activities, health personnel and patients, including documenting the positive and negative contributions of possible impact of GHPI for health workers, the security of health care environments and access to health care by persons in need.

Background

The [Global Health for Peace Initiative](#) (GHPI) was launched in November 2019, following a multilateral consultation in Geneva attended by more than 50 representatives of 24 countries and partners. It aims to position health as an influencer of peace and WHO as a sustaining peace actor through implementing conflict-sensitive health interventions, delivering peace outcomes in conflict-affected areas, and contributing to WHO's Triple Billion goals.

The GHPI was developed as a means to better address the underlying drivers of critical health needs in fragile, conflict-affected and vulnerable settings, since roughly 80% of WHO's humanitarian caseload, as well as 70% of disease outbreaks to which WHO responds, take place in such settings.

GHPI is a global initiative of WHO that aims to enhance the existing links between health and peace. As such, where possible, it also aims to contribute to peace, to empower communities, and to protect the health of populations in fragile, conflict-affected and vulnerable settings, as well as wider settings globally, by strengthening the role of the health sector and WHO as influencers of peace.

The draft Roadmap for the GHPI has been developed in response to decision WHA75(24) of the 75th WHA (2022). A first and then second draft were circulated in 2022. Based on comments by Member States and Observers at the Executive Board meeting, a [third draft of the Roadmap](#), formed the basis for consultations in March 2023.

The 152nd Executive Board (EB) meeting, the EB noted the report on the GHPI. In the discussions, Board members welcomed the progress on the draft road map for the GHPI and highlighted the importance of national contexts and ownership. They requested WHO to continue consultations on the draft road map with Member States and other relevant stakeholders during the intersessional period. A [fourth version of the Roadmap](#) was submitted to the 76th WHA for discussion.

World Health Assembly actions

The WHA adopted decision [WHA76\(12\)](#) Global Health and Peace Initiative in which they took note of the Roadmap for the GHPI and requested the Director-General to report progress on strengthening the roadmap to the 77th WHA.

Relevant policy documents

[A76/7 Rev.1](#)

[A76/7 Rev. Add.2](#)

[EB 152/17](#)

[Roadmap for the Global Health and Peace Initiative](#)

[WHA76\(12\)](#)

16.1 WELL-BEING AND HEALTH PROMOTION

Nursing policy considerations

- Promoting the health and well-being of individuals, families and communities across the lifespan makes up a significant part of the nursing role and nursing practice contributes to almost all of the foundations of well-being.
- ICN calls on governments to fully harness nursing expertise by taking the 10 policy actions laid out in ICN's [Charter for Change](#) that are necessary to create and sustain health care systems that are safe, affordable, accessible, and responsive and shift nurses from being invisible to invaluable.
- Health systems must transition from the delivery of care by siloed independent physicians to engaged and connected multidisciplinary teams that partner with patients and their families.
- Governments must enable nurses to work to their full scope of nursing practice by strengthening and modernizing regulation actively support and invest in nursing and Advanced Practice Nursing (APN) roles across the continuum of care with a key focus on health promotion and well-being.
- Reorienting and integrating health systems towards primary care, community and home-based care, public health, and patient-centred care is necessary to promote health and well-being and nurses are well placed to lead transformative changes that are required for integrated person-centred care across the continuum.
- Investing in nursing solutions will reduce the pressures on health systems as well as result in better health and well-being for people worldwide.
- Plan and invest in appropriately promoting the health and well-being of nurses and other health professionals.
- Nurses use every contact and every opportunity for health promotion and disease prevention and detection. Nurses collaborate and practise to preserve, sustain and protect the natural environment and are aware of the health consequences of environmental degradation. They advocate for initiatives that reduce environmental harmful practices to promote health and well-being.
- As expert coordinators, nurses are invaluable to coordinating stakeholders from all relevant sectors and disciplines who promote health and well-being and can build and support mutual understanding and identify opportunities for collaboration.
- Nursing services must be empowered with information systems, technology and decision-making tools to new opportunities for social interactions, health literacy, knowledge-sharing and more effective, efficient service provision.

Background

Health promotion is the process of enabling people to take control over and improve their health and its determinants. The aim of the well-being agenda is to create social, health, economic and environmental conditions that improve both individual and collective quality of life and give people and societies a sense of meaning and purpose. A focus on well-being includes ensuring equitable distribution of resources and thriving and sustainable societies that are resilient, build capacity and are prepared to overcome challenges.

The 75th WHA (2022) adopted resolution [WHA75.19](#) in which it requested the Director General to develop a framework on achieving well-being building on the 2030 Agenda for Sustainable Development and to identify the role that health promotion plays within the framework, in consultation with Member States.

[Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach](#) suggests six strategic directions for promoting societal well-being. It brings together the most effective policy orientations from the global health community and country experience. Many of the actions to promote and protect health lay outside of the health sector and require close collaboration with other sectors. This Framework serves as a guide for different sectors and stakeholders to engage in a coherent and coordinated manner around a common purpose: promoting the health of people and planet in a sustainable and equitable manner. It highlights various aspects of societal well-being and development, which are typically treated as separate and distinct, and proposes policy orientations that promote mutual benefits by working towards a shared goal of creating a society that is conducive to the well-being of all.

At the 152nd Executive Board (EB) meeting, the EB noted the report on well-being and health promotion ([EB152/20](#)). In the discussions, Board members welcomed the framework and highlighted a need for greater emphasis on mental health and on environmental determinants. They requested WHO to organize further consultations on the draft framework during the intersessional period.

World Health Assembly actions

The WHA adopted decision [WHA76\(22\)](#) Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach in which it adopted the [framework](#) and requested the Director-General to report on implementation to the 77th and 84th WHA.

Relevant policy documents

[A76/7 Rev.1](#)

[A76/7 Add.2](#)

[EB152/20](#)

[WHA76\(22\)](#)

16.3 SOCIAL DETERMINANTS OF HEALTH

Nursing policy considerations

- Social and health inequities are profoundly and unevenly impacting the mental and physical health and spiritual, cultural and social well-being of people.
- Health equity, social justice and the social determinants of health (SDoH) must all be addressed using a human rights-based approach.
- Experiences of discrimination, racism and historical trauma are important SDoH inequities for certain groups of people such as LGBTQ+ people, Black, Indigenous and people of colour, women, and older persons.
- The COVID-19 pandemic has and will continue to exacerbate health, social and economic inequities and requires countries to make a substantive commitment to addressing SDoH.
- Considering the adverse impact of climate change, natural disasters and extreme weather events as well as other environmental determinants of health – such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food, and secure shelter – ICN supports the need to foster health in climate change adaptation efforts.
- With the knowledge and skills to work at all levels, from bedside to ministries of health, and supported by leadership, evidence and resources, nurses are in a precious and powerful position to strategically address the SDoH.
- Nurses are strong health advocates on the multidisciplinary health team and in policy and decision-making settings and this should be leveraged to address health inequities.
- Nursing pre-service and continuing education should increase awareness of and attention to the SDoH.
- ICN is committed to identifying trends related to the SDoH to inform the current and future direction of nursing across practice settings.
- ICN will provide relevant nursing expertise in education, clinical care delivery, research and policy domains for the health and social care of individuals and communities.

Background

The first principle of the WHO Constitution includes the need to tackle the root causes of disease which involves systematically addressing social, environmental and economic determinants of health. SDoH negatively affect health outcomes and lead to health inequities (avoidable and unfair differences in health status between groups) which undermine human development. The ongoing COVID-19 pandemic has highlighted and even intensified pre-existing social, gender and health inequities within and among countries, and has also highlighted the need to strengthen the efforts to address SDoH as an integral part of the national, regional and international response to the health and socioeconomic crises generated by the current pandemic and to future public health emergencies.

The 74th WHA (2021) adopted resolution [WHA74.16](#) with a number of requests. Including a call to Member States to strengthen their efforts on addressing the social, economic and environmental determinants of health with the aim of reducing health inequities, and to

accelerate progress in addressing the unequal distribution of health resources within and among countries, as well as conditions detrimental to health at all levels and in support of the 2030 Agenda for Sustainable Development. It also called on Member States to monitor and analyse inequities in health using cross-sectoral data in order to inform national policies that address SDoH, to which end Member States may establish monitoring systems of SDoH, including platforms and mechanisms, such as observatories, or rely on, or strengthen, as appropriate, existing structures, such as national public health institutes or national statistical offices.

At the 152nd Executive Board (EB) meeting, the EB noted the report on SDoH [EB152/22](#). In the discussions, Board members welcomed the draft operational framework for monitoring SDoH equity, and the consultative process undertaken for its development and discussed how Member States should address SDoH equity to moderate the impacts of the current interlinked crises on health and health equity.

World Health Assembly actions

The WHA adopted decision [WHA76\(23\)](#) Social determinants of health in which it noted the operational framework for monitoring SDoH and requested the Director-General to submit the updated report on SDoH, their impact on health and health equity, progress made so far in addressing them and recommendations for further action to the 77th WHA.

Relevant policy documents

[A76/7 Rev.1](#)

[EB152/22](#)

[WHA76\(23\)](#)

16.4 THE HIGHEST ATTAINABLE STANDARD OF HEALTH FOR PERSONS WITH DISABILITIES

Nursing policy considerations

- Nurses have a crucial role in promoting and protecting the health and rights of persons with disabilities, and in ensuring they receive equitable access to health services. Key to this is improving professional, public and governmental awareness and understanding of disability.
- Health services should be inclusive, accessible and respectful of the dignity and autonomy of persons with disabilities and should be provided without discrimination or stigma.
- Nurses are key to early detection, assessment and intervention, and need to be involved in health promotion, prevention, teaching and counselling programmes for people with disabilities and their families.
- Nurses should receive training and education on disability and the rights of persons with disabilities, as well as on inclusive care and communication.
- Nurses are expert care coordinators and ensure that needed health, rehabilitation and social services are available and accessible across the lifespan of a person to maintain and maximize functional capacity, productivity and social connectivity to the fullest extent possible.
- Persons with disabilities should be involved in the planning, design, implementation and evaluation of health services to ensure they are accessible and meet their needs.
- Collaboration between nurses and disability advocates is essential to ensure that the rights and needs of persons with disabilities are fully respected and addressed.

Background

Disability is a common part of the human experience resulting from various health conditions and personal/environmental factors. Currently, an estimated 1.3 billion people globally experience significant disabilities, and this number is growing due to NCDs and longer lifespans. Persons with disabilities are a diverse group affected by various factors, leading to health inequities, including ableism, stigma, discrimination, poverty, exclusion, and risk factors for NCDs.

WHO has released a report, requested by the 74th WHA, on the highest attainable standard of health for persons with disabilities. This report, entitled [Global report on health equity for persons with disabilities](#) analyses the reasons behind the health disparities that people with disabilities face and presents 40 actions across 10 strategic entry points to governments and health sector stakeholders for addressing health inequities. These points prioritize health equity for persons with disabilities, including integrating disability inclusion into national health strategies, adopting progressive universalism in health financing, empowering persons with disabilities in their communities, ensuring universal access to assistive products, and developing disability inclusion competencies in health education and care workforce training.

The 152nd Executive Board noted the report on this agenda item. In the discussions, Board members welcomed WHO's Global report on health equity for persons with disabilities and its proposed actions to reduce health inequities for persons with disabilities. They expressed support for the development of a guide for action on disability inclusion in the health sector and welcomed WHO's efforts to strengthen capacity in country and regional offices, in particular, in order to drive forward the agenda on disability inclusion.

World Health Assembly actions

The WHA noted the consolidated report and the report contained in document [A76/7 Rev.1](#).

Relevant policy documents

[A76/7 Rev.1](#)

[EB152/23](#)





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www.icn.ch

International Council of Nurses
Place Jean Marteau, 3
1201 Geneva - Switzerland