

2024

77th World Health Assembly
ICN Report

NURSING ADVOCACY & INFLUENCE IN GLOBAL HEALTH POLICY



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FOREWORD

Every year, a delegation from ICN attends the World Health Assembly (WHA), the decision-making body of the World Health Organization (WHO). This year, the 77th WHA was held 27 May – 1 June 2024 with the theme: *All for Health, Health for All*.

This year, the size of the delegation for non-State actors (NSAs) in official relations with WHO was limited to a maximum of six and, owing to limited space in the meeting rooms, only one member of each NSA was able to be present at a time. To address these limitations, ICN invited delegates to join online, providing a pre-Assembly briefing, daily updates and access to ICN interventions. We also maximized our time on the ground holding many bilateral meetings, attending side events, and networking. We look forward to future WHAs when we can welcome a larger nursing delegation onsite.

Also, kicking off the WHA, for the fifth time was the *Walk the Talk: Health for All Challenge* which drew 8,000 participants. This Geneva community gathering aims to raise awareness of the work and goals of WHO and other health agencies, as well as promote health and well-being for all. Dignitaries, Olympic and Paralympic champions, cultural leaders, musicians and dancers and other advocates all joined in to promote ways to protect health. I had the opportunity as one of the closing speakers to highlight the importance of meeting the goals of universal health coverage (UHC) through boosting primary health care. Several ICN staff participated in the fun walk at the event.

As every year, ICN held a special luncheon on 29 May for all nurses attending the WHA in person, and virtually. The luncheon was also attended by representatives of NNAs and other dignitaries, including WHO Chief Nursing Officer Dr Amelia Tuipulotu, Ministers of Health, the International Labour Organisation and staff from BBC StoryWorks, who have begun work on the second series of the ICN [*Caring with Courage*](#) series.

Of course, ICN was also given the opportunity to deliver interventions at WHA77. We are on record addressing several really critical issues, including UHC; Maternal and child mortality; the Global Health and Peace Initiative; Climate change, pollution and health; Economics and health for all; and the Intergovernmental Negotiating Body that is drafting and negotiating a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. You will find details of all these interventions in this report.

The World Health Assembly is one of ICN's most important, strategic policy events of the year, giving us the opportunity to raise the voice of nurses around the world and ensure the involvement of nursing in all policies in which the role of nursing must be supported and strengthened. I would like to thank the ICN CEO, Howard Catton; the ICN Nursing Team, Erica Burton, Hoi Shan Fokeladeh and Karine Lavoie; and the members of the ICN delegation, both in person and virtually, for their engagement and impact.

Dr Pamela F. Cipriano
ICN President

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INTRODUCTION

The 77th World Health Assembly (WHA) opened on 27 May 2024 and closed on 1 June 2024. 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 77th WHA was “All for Health, 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 prioritized 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.

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.

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

ICN's work across the WHA agenda included delivering official statements, participating in side events and bilateral meetings as well as monitoring references to nurses and ICN priorities throughout the week. This year's WHA agenda was one of the most full with over 68 technical agenda items, several of which are priority issues for nursing and ICN. While it was not on the formal agenda, the topic of international recruitment and migration of health workers was raised in a number of discussions and at side events. Read more about key issues and concerns on this topic [here](#).

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.



ICN DELEGATION

ICN CORE DELEGATES



PAMELA CIPRIANO
ICN PRESIDENT



HOWARD CATTON
ICN CEO



ERICA BURTON
ICN SENIOR POLICY
ADVISOR



**HOI SHAN
FOKELADEH**
ICN SENIOR POLICY
ADVISOR



KARINE LAVOIE
ICN HEAD OF
PARTNERSHIP
& PROGRAMME
DEVELOPMENT

Due to ongoing construction at the Palais des Nations, delegations were again limited to six people. The ICN delegation took a hybrid format with six delegates attending in person and over 140 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 the ICN Nursing Student Steering Group members. Delegates engaged in discussion throughout the week on the delegation WhatsApp group and contributed their policy perspectives to the agenda items through live briefing documents.

ICN ACTIVITIES AT WHA

WELCOME MEETING

On 24 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 NURSE DELEGATES' 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 29 May, in person and virtually, by ICN WHA delegates, Chief Nursing and Midwifery Officers, WHO Secretariat nurses, Ministers of Health, senior representatives from leading health and humanitarian organizations and other dignitaries including staff from BBC StoryWorks.

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 77th WHA which contributes to making the nursing voice heard at the WHA and ensures that the discussions and decisions that take place in this forum feed back into national nursing policy through ICN NNA members.

IMPACT

In the pages that follow, you will see the myriad of issues that comprise the global health agenda, many of which are priorities within ICN's strategic plan and commitments within our mission. For many of these, we take action to influence outcomes, We contribute expert opinion, data, case examples, and interventions to WHO and other influential groups to advocate for formal policy change and support for political declarations. We support our NNAs to implement programs and work to influence their country leaders to take action to strengthen nursing and improve healthcare delivery. Over time, all these coordinated efforts help put into motion changes to healthcare delivery systems and global collaboration aimed at strengthening nursing's role to achieve health for all and the UN Sustainable Development Goals. Our impact is not measured one intervention at a time, but rather as an essential voice that shapes policy and drives change over time in a dynamic and changing healthcare environment.



ON-SITE MEETINGS

On-site delegates held a number of bilateral meetings during the WHA. Some of the organizations and people we had the opportunity to meet and discuss issues with included: Paulin Koh, Singapore Chief Nursing Officer; Budi Gunadi Sadikin, Indonesian Minister of Health; Peggy Vidot, fellow nurse and Seychelles Health Minister; Mele Inu Filise, Chief Nurse of Tonga; Chiu Tai-yuan, Taiwan Minister of Health and Shwu-feng Tsay, Director-General for Nursing and Health Care, Taiwan Ministry of Health; Dr Leigh Chapman, CNO for Canada; Madeleine Ballard, CEO and Co-Founder of the Community health Impact Coalition (CHIC); Lawal-Aiyedun Olubunmi Remilekun, Chair of Nursing and Midwifery Working Group of the G4 Alliance; and THET: Partnerships for Global 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](#).

- **All for Health, Health for All: the WHO Investment Case, 2025–2028** discussed the need for a sustainably financed WHO and marked the launch of the Investment Case, which will underpin WHO's first ever [Investment Round](#). Speakers set out WHO's unique role in global health, considered the opportunities and challenges for global health in the next four years, and shared their support for a successful Investment Round as Member States and others rally around a sustainably financed WHO.
- **Economics and financing of health and well-being for all:** A bold new vision for achieving universal health coverage looked at pivotal new opportunities for WHO Member States and parliaments to reposition Health for All as a shared responsibility across sectors and a powerful driver of sustainable and equitable development. Its aim was to enable health ministers to champion actions and influence financing across multiple sectors for a whole-of-society approach to advance people's health and well-being. Following a keynote address on the work of the Council, the roundtable shared perspectives from regional investment banks, economists, national governments, civil society and parliament.
- **Artificial intelligence for health: opportunities, risks, and governance** looked at how to harness the potential of artificial intelligence (AI) for health, while ensuring a focus on equity and inclusion, and appropriate protections for human rights and privacy. Aligning with WHO's work to support the digital transformation of health systems, the session's aim was to foster global collaboration and identify leadership priorities for WHO and partners. Speakers from academia, ministries of health and information and communications technology, the regulatory and private sectors addressed key issues, challenges and resources to help inform future WHO digital health and AI strategies.

- **Charting a new path forward for global action against antimicrobial resistance** focused on how Member States can build on human health discussions and accelerate the global response to antimicrobial resistance (AMR). Ministers of Health, representatives from partner organizations, as well as survivor advocates provided a forum for dialogue and addressed specific priorities outlined in the WHO's strategic and operational priorities to address drug-resistant bacterial infections.
- **Climate change and health: a global vision for joint action** aimed to define a plan to support countries to advance implementation, to include health outcomes and commitments from UN Climate Change Conferences (COPs) and to increase momentum and strengthen collaboration and coordination for driving action. The discussions facilitated coordination and amplified calls for adequate funding to overcome the obstacles of fragmented funding mechanisms and siloed approaches, to address complex climate and health challenges more effectively.



SIDE EVENTS

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

- **Nursing & Midwifery Stakeholders Preliminary Meeting on Surgical Obstetric, Trauma, and Anesthesia Care**
- WHPA strategy launch and 25th anniversary
- **Frontline Health Workers Coalition: Innovate, Invest, Empower & Protect: Shaping the Future of Health Workforce**
- Fossil Fuel Phase Out High level signatories meeting
- **AMR, looking towards UNGA and beyond**

- Leveraging patient organizations as key partners in delivery of UHC with IAPO
- **The Urgent Need to Support Health Workers' Wellbeing and Resiliency: From Awareness to Action**
- Taiwanese Minister of Health meeting "Navigating the Future of Holistic Care and Well-being"
- **Global launch of the Healthy Ageing and Prevention Index 2nd wave**
- Multistakeholder Dialogue on the "2030 Global Agenda for Sepsis"
- **Climate & Health Finance Dialogue and Reception**
- 1st Global Self-Care Summit "Self-Care in Action: Empowering Health and Well-Being"
- **Implementing Midwifery Models Of Care To Improve Maternal And Newborn Outcomes: A Country Roundtable Discussion**
- Reaching the Unreached: Unlocking GAVI's Impact on Primary Healthcare and Community Health Workers'
- **IFPMA Consensus Framework Roundtable and 10th Anniversary celebration**
- Towards a Global Code of Practice that promotes the rights of the health and care workforce
- **Promoting a sustainable and equitable global health workforce side event**
- Linking the global and local AMR response with the attainment of UHC and better PPR – AMR people centred approach
- **The Effects of Nuclear War on Health and Health Services**



HIGHLIGHTS OF THE 77TH WHA AGENDA

ADOPTED DECISIONS

- [WHA77\(8\)](#) Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035.
- [WHA77\(9\)](#) Global action plan and monitoring framework on infection prevention and control.
- [WHA77\(10\)](#) **Universal Health and Preparedness Review.**
- [WHA77\(16\)](#) Updates and future reporting: strengthening integrated, people-centred health services.
- [WHA77\(17\)](#) **Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression.**
- [WHA77\(18\)](#) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan.
- [WHA77\(20\)](#) **Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.**





ADOPTED RESOLUTIONS

- [WHA77.1](#) Fourteenth General Programme of Work, 2025–2028.
- [WHA77.2](#) Social participation for universal health coverage, health and well-being.
- [WHA77.3](#) **Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies.**
- [WHA77.4](#) Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs.
- [WHA77.5](#) **Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2.**
- [WHA77.6](#) Antimicrobial resistance: accelerating national and global responses.
- [WHA77.8](#) **Strengthening health emergency preparedness for disasters resulting from natural hazards.**
- [WHA77.9](#) Global Health and Peace Initiative.
- [WHA77.12](#) **Strengthening health and well-being through sport events.**
- [WHA77.13](#) Economics of health for all.
- [WHA77.14](#) **Climate change and health.**
- [WHA77.16](#) Health conditions in the occupied Palestinian territory, including east Jerusalem.
- [WHA77.17](#) **Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005).**

ICN STATEMENTS ON AGENDA ITEMS

- [11.1 Universal health coverage](#)
 - [11.7](#) Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality
 - [13.4](#) Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (constituency statement)
 - [14.3](#) Global Health and Peace Initiative
 - [15.4](#) Climate change, pollution and health
 - [15.5](#) Economics and health for all
-
- On 21 May, the WHO Director General (DG) delivered his address at the High-Level Welcome – Read the full text [here](#)
 - On 1 June, the WHO DG gave closing remarks – Read the full text [here](#)



KEY AGENDA ITEMS FOR ICN AND NURSING

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

ITEM 11.1 UNIVERSAL HEALTH COVERAGE

Nursing policy considerations

- The broad roles and responsibilities of nurses allow them to provide a wide range of services, contributing to the comprehensiveness of universal health coverage (UHC).
- Nurses play a key role in preventive care, health education and promotion, which are essential components of UHC.
- Nurses deliver many interventions more cost-effectively than other health care providers, which is essential for the sustainability of UHC.
- An increase in the number of nurses directly contributes to the expansion of service delivery, which is essential to efforts to deliver UHC.
- To achieve a performance target of 90 out of 100 on the UHC effective coverage index requires 114.5 nurses per 10,000 people or almost 60 million more nurses.¹
- Nurses are a critical link to people and communities and essential to implement, strengthen and sustain regular and meaningful social participation in health-related decisions.
- Nurses can support and promote the participation of all women and all people in vulnerable and/or marginalized situations including persons with disabilities and Indigenous Peoples in decision-making processes for health, so that health-related policies and plans respond to their needs across the life-course.
- Nurses often work in community settings, making health care more accessible geographically, especially in rural or underserved areas.

Background

At the half-way point to the 2030 SDGs of UHC, more than half the people in the world are still not fully covered by essential health services with a quarter of the world's population facing financial hardship due to out-of-pocket health spending. Progress towards UHC has stalled alarmingly in many countries and financial protection has been progressively worsening for two decades.

¹ Haakenstad, A., et al. (2022). *Measuring the availability of human resources for health and its relationship to universal health coverage for 204 countries and territories from 1990 to 2019: a systematic analysis for the Global Burden of Disease Study 2019*. *The Lancet*, 399, 2129-2154.

Through the 2023 United Nations General Assembly, Member States adopted a new political declaration on UHC: “expanding our ambition for health and well-being in a post-COVID world”. The declaration reaffirms that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development. It commits to redoubling efforts to achieve UHC and provide health coverage for one billion additional people by 2025 and to provide measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030. Leaders agreed that reorienting health systems using a PHC approach is the most effective, efficient and equitable way to achieve this. A high-level meeting on UHC will be convened in 2027 to review the implementation of these commitments.

The political declaration promotes participatory, inclusive approaches to health governance for UHC, including by exploring modalities for enhancing a meaningful whole-of society approach and social participation. WHO defines social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system.

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

The Executive Board [report](#) on UHC outlines progress towards UHC, provides key highlights of the high-level meeting and political declaration and offers conclusions and next steps.

World Health Assembly actions

- Member States acknowledged the declaration of the United Nations General Assembly on UHC and the central role of reorienting health systems towards a primary health care approach in achieving UHC and affirmed that UHC and strong health systems should underpin the draft fourteenth general programme of work.
- The WHA adopted resolution [WHA77.2](#) *Social participation for universal health coverage, health and well-being* which urges Member States to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system.
- The WHA adopted decision [WHA77\(8\)](#) *Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035* which requested the WHO DG to develop a global strategy to be considered by the 79th WHA and translated into an action plan with targets to be achieved by 2035.

Policy documents & resources

- [The 2023 UN Political Declaration on universal health coverage](#)
- [WHO Technical paper: Social participation for universal health coverage](#)
- [Civil society advocacy brief: Advancing social participation for universal health coverage](#)
- [Social participation for universal health coverage: technical paper](#)

ITEM 11.2 FOLLOW-UP TO THE POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Nursing policy considerations

- The nursing workforce has an enormous contribution to make in the promotion, prevention and control of non-communicable diseases (NCDs) and needs to be a central part of any NCD strategy.
- Nursing solutions are required now more than ever as the COVID-19 pandemic has caused severe disruptions in services for people living with NCDs and mental health conditions.
- 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.
- Nurse leadership in mental health should be supported, including in ensuring capacities and skills for mental health and psychosocial services.
- Mental health is a cornerstone of health and well-being for individuals, communities and societies and nurses play a crucial role in the promotion and maintenance of mental health and well-being.
- The mental health and psychosocial well-being of nurses in all settings including humanitarian settings must be protected and supported as the highly stressful conditions and exposure to risks and potentially traumatic events and stressors put their mental health at risk. The safety, security, health and well-being of nurses are vital to provide quality services.
- Many nurses work in the end-of-life donation field, eye and tissue banking sector and recipient transplant services and advocate on behalf of patients.

Background

Of the 10 leading causes of death globally, seven are NCDs: ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, dementias, diabetes and

kidney diseases; comprising 44% of deaths globally. At the same time, countries have been reducing the likelihood of premature death from NCDs. However, progress has slowed since 2015 when the era of the SDGs began and even more as NCD conditions exacerbated the impact of the COVID-19 on excess mortality. Reorienting health systems to PHC as a resilient foundation for UHC and health security requires contextualized investments in NCD and mental health services with appropriate metrics to monitor progress in both stable and humanitarian contexts.

With regards to transplantation of human cells, tissues and organs, despite the priority given by many Member States to prevention strategies, the burden of NCDs treatable through transplantation continues to grow. Facilitating access to transplantation of human cells, tissues and organs can reduce the premature mortality associated with NCDs and other diseases, improve the quality of life of thousands of patients throughout the world, and help communities to diminish the high costs of alternative treatment modalities.

With regards to strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, persons with mental health conditions and psychosocial needs continue to be subject to widespread discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, neglect, unlawful and arbitrary deprivation of liberty, institutionalization, overmedicalization and treatment practices that fail to respect their human rights. The mental health and psychosocial needs of people affected by conflict, disasters and emergencies are increasingly unmet.

The annual [report](#) submitted to the WHA through the Executive Board (EB) provides an overview of progress achieved in the prevention and management of NCDs including oral health, the promotion of mental health and well-being, and the treatment and care of mental health conditions.

The EB highlighted the need to include NCDs and mental health in PHC and UHC; welcomed the global oral health action plan 2023–2030 and the planned development of a global status report on cancer 2025; and called for regular information updates to support Member States in preparing for the fourth high-level meeting of the UN General Assembly on the prevention and control of NCDs.

World Health Assembly actions

- The WHA adopted resolution [WHA77.3](#) *Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies*. This resolution urges Member States to take measures to protect and promote the mental health and psychosocial well-being of the humanitarian, health and care workforce by developing and implementing organizational policies that protect their mental health, while equipping workers and managers with skills, tools and supervision to cope with stressful situations and responding to their specific mental health and psychosocial needs.

- The WHA adopted resolution [WHA77.4 Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs](#).

Policy documents & resources

- [On the road to 2025: Preparatory process for the Fourth High-Level Meeting of the UN General Assembly](#)
- [Comprehensive report of the Secretariat's technical work to support Member States implementation of the global action plan](#)

ITEM 11.3 DRAFT GLOBAL ACTION PLAN FOR 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 must be involved in the development and implementation of national action plans and monitoring frameworks for infection prevention and control (IPC).
- Nurses are leading IPC teams and initiatives and critical to supporting the multidisciplinary team to apply IPC principles and best practices.
- Specialist IPC nurses must have a recognized career pathway and job opportunities empowering their role.
- Nurses have a crucial role in collaborating with education providers to include education about IPC and 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.
- 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. HAIs are among

the most frequent adverse events occurring in the context of health service delivery. Gaps in IPC exist in all countries, though more seriously in low- and middle-income countries.

In May 2023, the 76th WHA adopted the WHO global strategy on infection prevention and control (GSIPC). The GSIPC is country- and stakeholder-driven, with a focus on IPC in any setting where health care is delivered across the continuum of the health system. Its guiding principles include a people-centred approach that emphasizes health workers' protection and patient safety and compassion, while also highlighting the central role of IPC in combating AMR and in outbreak preparedness, readiness and response. The 76th WHA requested that the global strategy be translated into an action plan, including a monitoring framework with targets to be achieved by 2030. This action plan was put forward to the 77th WHA. Both the draft global action plan and monitoring framework directly refer to WHO's recommendations and standards included in the guidelines on core components of and the minimum requirements for IPC programmes; the essential water, sanitation and hygiene (WASH) standards in health care (WASH FIT); and the IPC sections of the global patient safety action plan and the global action plan on antimicrobial resistance (AMR). Therefore, the action plan must be read in conjunction with those documents.

World Health Assembly actions

The WHA adopted decision [WHA77\(9\)](#) *Global action plan and monitoring framework on infection prevention and control* in which it decided to adopt the global action plan and monitoring framework on IPC.

Policy documents & resources

- [Draft global action plan and monitoring framework on infection prevention and control.](#)
- [Global strategy on infection prevention and control](#)
- [Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level.](#)
- [WASH FIT](#)
- [Global patient safety action plan](#)
- [Global action plan on antimicrobial resistance \(AMR\)](#)

ITEM 11.4 IMMUNIZATION AGENDA 2030

Nursing policy considerations

- Nurses are the largest clinical providers of immunization worldwide.
- The strong involvement of nurses at all stages: planning, design, implementation and delivery, is essential for the success of this agenda.

- 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' involvement in all aspects of vaccinations, and in particular in delivering vaccine information, plays a key role in increasing vaccination rates and reducing estimated vaccine hesitancy.
- Nurses have been particularly active in providing information and support to the development of education resources and tools on the importance of vaccination.

Background

Immunization is the foundation of the primary health care system, an indisputable human right, and one of the best health investments. Despite tremendous progress, far too many people around the world – including nearly 20 million infants each year – have insufficient access to vaccines. In some countries, progress has stalled or even reversed, and there is a real risk that complacency will undermine past achievements.

The Immunization Agenda 2030 (IA2030) sets an ambitious, overarching global vision and strategy for vaccines and immunization for the decade 2021–2030. IA2030 has three impact goals (1) Reduce mortality and morbidity from vaccine-preventable diseases for everyone throughout the life course; (2) Leave no one behind, by increasing equitable access and use of new and existing vaccines; (3) Ensure good health and well-being for everyone by strengthening immunization within PHC and contributing to UHC sustainable development.

The WHO DG reports to the WHA biennially on the progress made in advancing the global goals of the IA2030. The Executive Board [report](#) summarises the IA2030 Technical Progress Report for 2023, outlines a series of high-level priorities, and sets out the implementation status of the IA2030 at country, regional and global levels.

World Health Assembly actions

The WHA noted the report.

Policy documents & resources

- [Immunization Agenda 2030](#)
- [A2030 Technical Progress Report for 2023](#)

ITEM 11.5 END TB STRATEGY

Nursing policy considerations

- Nurses are uniquely placed to provide holistic care to people with 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/drug-resistant TB have the knowledge and tools they need to identify, diagnose and successfully treat patients.

Background

Tuberculosis (TB) is one of the leading causes of death from an infectious agent worldwide. TB treatment and antiretroviral therapy to people with TB and HIV coinfection saved 75 million lives between 2000 and 2022. However, disruption caused by the COVID-19 pandemic combined with already inequitable and inadequate health service provision, the adverse impact of armed conflicts, climate change, and disasters has derailed progress. As a result, the targets set in the 2018 Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis of reaching 40 million people with TB treatment and 30 million people with TB preventive treatment between 2018 and 2022 were missed, with only 34 million and 15.5 million people, respectively, being reached. Member States adopted a new political declaration during the second UN high-level meeting on TB in September 2023, with a commitment to significantly expand access to TB services, boost investment, promote human rights and accelerate research and innovation.

The WHO DG reports progress on the End TB Strategy targets biennially to the WHA through the Executive Board (EB). The EB [report](#) provides progress on the implementation of the End TB Strategy and on Member State progress and actions by the WHO Secretariat across all three levels of WHO. Member States expressed strong support for WHO's leadership in the fight against TB. They highlighted the need for increased investment, multisectoral collaboration, equitable access to TB services, and research and innovation in order to achieve the goals and targets agreed in the End TB Strategy and the 2023 political declaration of the high-level meeting of the UN General Assembly on the fight against TB.

World Health Assembly actions

The WHA noted the report.

Policy documents & resources

- [The End TB Strategy](#)
- [Global Tuberculosis Report 2023](#)
- [2023 Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis.](#)
- [2018 Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis](#)

ITEM 11.7 ACCELERATION TOWARDS THE SUSTAINABLE DEVELOPMENT GOAL TARGETS FOR MATERNAL HEALTH AND CHILD MORTALITY

Nursing policy considerations

- Nurses make a significant contribution to reducing maternal, newborn and child mortality and are critical to achieving the related SDG targets.
- Nurses work closely with women and children throughout the life course. In addition to providing primary health services and lifesaving treatments when needed, nurses also improve the quality of care and increase equitable access to essential health care that reduces maternal, newborn and child mortality, including childhood immunization, voluntary family planning, and prevention and treatment of infectious diseases.
- Nurses collaborate closely with other health care providers and ensure both mother and child receive care from specialist colleagues, such as obstetricians, gynecologists and pediatricians, as necessary.
- Often the only health professionals working in remote areas are nurses who consequently take on multiple roles across specialties to best deliver care and provide a link with other allied health workers.
- To equitably scale-up high-quality newborn, child and adolescent health services and to strengthen community engagement and health promotion, countries must invest in the nursing workforce in developing and expanding the public health workforce.
- 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.
- Nurses and the health community should raise awareness of the health implications of climate change on maternal and child health and to scale-up its contribution to addressing it.
- 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.

Background

The leading direct causes of maternal mortality are postpartum hemorrhage, eclampsia and pre-eclampsia, sepsis, embolism and unsafe abortion and the leading indirect causes are HIV/AIDS, anaemia, malaria, diabetes, cardiorespiratory conditions, tuberculosis, and malnutrition. The leading direct causes of mortality in children under

five years are prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies.

Despite significant improvements in health outcomes for women, children and adolescents over recent decades, progress has stalled and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, low health literacy for young people, and the impacts of conflict, climate change, the coronavirus disease (COVID-19) pandemic as well as other social determinants of health.

The 2030 Sustainable Development Goal (SDG) targets for reducing maternal and child mortality are Target 3.1 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and Target 3.2 is to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births. With only six years remaining, based on current trends it is likely that more than four out of five countries will not achieve their national maternal mortality target.

Countries that are off track from reaching 2030 maternal and child mortality targets could accelerate progress by adopting a number of strategies that identify evidence based high-impact interventions and implementing them at scale (see resources below).

The Executive Board [report](#) on acceleration towards the SDG targets for maternal and child mortality provides current trends, progress toward coverage of key interventions and obstacles and acceleration to reach targets.

World Health Assembly actions

- The WHA adopted resolution [WHA77.5 Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2](#).
- The health workforce is noted twice in this resolution, inviting Member States to “invest in the education, employment, regulation and retention of the health and care workforce, including midwives and nurses, that is required to provide universal access to, and coverage of, the nationally determined package of sexual, reproductive, maternal, newborn and adolescent health care services that are aligned with the principle of decent work”, and to accelerate implementation of the workforce actions laid out in resolutions WHA69.19 (Global strategy on human resources for health: workforce 2030), WHA74.14 (Protecting, safeguarding and investing in the health and care workforce), WHA74.15 (Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery) and WHA75.17 (Human resources for health) to enhance capacity of the health workforce at all levels to deliver quality sexual, reproductive, maternal, newborn, and adolescent health care services.

Policy documents & resources

- [Global Strategy for Women’s, Children’s and Adolescents’ Health \(2016–2030\)](#)
- [Ending Preventable Maternal Mortality](#)

- [Every Newborn Action Plan](#)
- [Roadmap to Combat Postpartum Hemorrhage between 2023 and 2030](#)
- [Global Accelerated Action for the Health of Adolescents initiative](#)

Item 11.8 Antimicrobial resistance: accelerating national and global responses

Nursing policy considerations

- ICN advocates for a comprehensive, whole of society approach grounded in the One Health framework, recognizing the interconnectedness of human, animal and environmental health.
- Nurses have a vital role to play in reducing AMR. Nurses assess and diagnose infections; administer and may prescribe antimicrobials; monitor treatment outcomes and report side effects; provide vaccination; and educate patients, their families and communities.
- As AMR disproportionately impacts vulnerable populations, countries must invest in equitable and resilient health systems that give all people access to preventative, diagnostic and curative infection care delivered by well-trained, well-supported health professionals.
- Individuals, families, communities and the health of populations must be central to actions aimed at preventing and eliminating AMR.
- The education and cooperation of the public, as well as health care professionals, is paramount to identify and improve appropriate antimicrobial prescribing, dispensing and adherence. Shared decision making with informed patients will help prescribers to ensure antibiotics are only given when needed.
- A focus on funding large scale Water, Sanitation and Hygiene (WASH) programming in the community, and IPC at the health care facility level is urgent and should be at the core of the measures to curb AMR.
- Vaccines are a powerful tool to reduce drug-resistant infections globally and help preserve the effectiveness of antibiotics. Additional funding and expansion of existing immunization programs with a focus on equity will allow for furthering the role of vaccines towards reducing the spread of AMR.

Background

AMR is an urgent global health and socioeconomic crisis. An estimated 1.27 million global deaths were attributed to drug-resistant bacterial infections in 2019. AMR threatens all age groups in all regions, with low- and middle-income countries most affected. It has significant impacts on human and animal health, food production and the environment, and threatens the achievement of multiple SDGs. AMR affects

countries in all regions and at all income levels.

At the end of last year, 178 countries had developed multisectoral national action plans on AMR. However, in 2023 only 27% of countries reported implementing their national action plans effectively and only 11% had allocated national budgets to do so.

2024 is an important year for AMR with the second UN General Assembly High-level Meeting on AMR taking place in September and the 4th Ministerial Meeting taking place in November.

In May 2024, the Multi-stakeholder Hearing on AMR was an opportunity for key stakeholders to contribute to the on-going preparatory process and priorities for the September high-level meeting. As co-Chair of the Universal Health Coverage 2030 Steering Committee (UHC2030) ICN President Dr Cipriano urged global leaders to make UHC a central pillar in the response to the growing threat of AMR.

The [report](#) to the WHA presented urgent strategic and operational priorities for an accelerated programmatic response to AMR in the human health sector. Four urgent strategic priorities were proposed for a comprehensive public health response to AMR in the human health sector: (1) prevention of infections that use antibiotics; (2) universal access to affordable quality diagnosis and appropriate treatment of infections; (3) strategic information, science and innovation; (4) effective governance and financing of the human health sector response to AMR, in the context of the multi-sectoral response and a One Health approach.

The report provided the scope and guiding principles of the strategic and operational priorities, which include a people-centred approach and core package of interventions, additional actions on governance and financing and set out a proposed approach for measurement and accountability.

World Health Assembly actions

The WHA noted the report.

Policy documents & resources

- [Global action plan on antimicrobial resistance](#)
- [ICN's Position Statement Antimicrobial Resistance](#)
- [One Health framework](#)

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

Nursing policy considerations (13.1–13.3, 14.1)

- 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.
- Governments must 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.
- During the COVID-19 pandemic, inadequate protection for nurses and other health care workers led to significant increase of costs leading to between 2% and 8% of total health care expenditure.²
- It is imperative that countries ensure decent working environments and adequate and regular remuneration to effectively recruit and retain the nursing workforce.
- To sustain and retain the nursing workforce, Member States should 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.
- Nurse leaders and government chief nursing officers must be engaged 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.
- Nurses must advocate for gender-responsive health care during the development national emergency plans.
- Nurses should familiarize themselves with IHR.
- Nursing leadership must advocate for the development of well-funded national security plans or national emergency plans for improved preparedness and response during health care crises especially during the discussion of funding which is costly during emergencies.

² Wang, H. et al. (2023). *The economic burden of SARS-CoV-2 infection amongst health care workers in the first year of the pandemic in Kenya, Colombia, Eswatini, and South Africa*. Washington, DC: World Bank.

ITEM 13.1 THE IOAC FOR THE WHO HEALTH EMERGENCIES PROGRAMME

Background

The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies (WHE) Programme was created with a mandate to provide scrutiny and monitoring of WHO's work in health emergencies and provide advice to the WHO DG. The report to the WHA contained the 12th IOAC report from April 2023–April 2024. The IOAC has observed the steady increase in demand for WHO operations over the past eight years and is concerned that demand is likely to substantially further increase in the face of climate change, conflict and civil unrest, natural disasters and population flows, the rising threat of new pathogens and further pandemic outbreaks and, quite simply, the growing number of grave emergencies across the globe. As the WHO Health Emergencies Programme's role in coordinating WHO's work in emergencies has grown, the IOAC's work has broadened over the years. The IOAC has become a permanent committee with a maximum number of 12 members serving in an independent and personal capacity.

World Health Assembly actions

The WHA noted the report.

Policy documents & resources

- [Report of the Independent Oversight and Advisory Committee \(IOAC\) for the WHO Health Emergencies \(WHE\) Programme](#)
- [WHO Health Emergencies Programme](#)

ITEM 13.2 IMPLEMENTATION OF IHR & ITEM 13.3 WORKING GROUP AMENDMENTS IHR

Background

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

the annual report that reviews progress made in implementation of the IHR.

The 75th WHA agreed to start amending the current IHR. The process builds on lessons learned from the various review panels that examined the functioning of the IHR and the global health security architecture during the COVID-19 pandemic. The process is being led by the Member States of the WHO through the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). The report to the WHA contains notes from the bureau of the WGIHR which carefully considered all the proposals for amendments to the IHR put forward by States Parties as well as the report of the Review Committee.

World Health Assembly actions

The WHA noted the report on implementation of the IHR.

The WHA adopted resolution [WHA77.17](#) *Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005)* in which it adopted a package of amendments to the IHR. These include introducing a definition of a pandemic emergency, a commitment to solidarity and equity on strengthening access to medical products and financing, establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations and creation of National IHR Authorities to improve coordination of implementation of the Regulations within and among countries.

Policy documents & resources

- [International Health Regulations \(2005\)](#)
- [Implementation of the IHR report by the Director-General](#)
- [Notes from the bureau of the WGIHR](#)

ITEM 14.1 WHO'S WORK IN HEALTH EMERGENCIES

Background

The [report](#) to the WHA provided a summary of all WHO Grade 3 emergencies, as well as emergencies with activated United Nations Inter-Agency Standing Committee (IASC) Humanitarian System-Wide Scale-up Protocols, and public health emergencies of international concern that required a response by WHO between 1 January and 31 December 2023. It also provides a summary of global trends and challenges with respect to health emergencies over the reporting period, as well as the short- and medium-term outlooks.

The Universal Health and Preparedness Review (UHPR) is a voluntary, pilot Member State-led peer review mechanism that aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness. This platform aims to support collective actions at the national and global level that will make the world safer, based on the principles of

equal treatment and mutual accountability. It is currently in its pilot phase.

With regards to strengthening laboratory biological risk management, there is an increasing risk of outbreaks of emerging and re-emerging diseases calling for a need for strengthened global preparedness, including in the area of life science research and public health microbiology.

With regards to health conditions in the occupied Palestinian territory, including east Jerusalem, the WHA expressed grave concern at the catastrophic humanitarian situation in the Gaza Strip, and its vast consequences for the civilian population, and in the light of the gravity of the current escalating situation, and the magnitude of the intense damage on the public health sector, that has, to this date, killed and injured thousands of civilians, the majority of them children, women and elderly, including humanitarian and health workers, in addition to thousands of victims who remain under the rubble.

World Health Assembly actions

- The WHA noted the report.
- The WHA adopted decision [WHA77\(10\)](#) *Universal health and preparedness review*.
- The WHA adopted resolution [WHA77.7](#) *Strengthening laboratory biological risk management*.
- The WHA adopted resolution [WHA77.16](#) *Health conditions in the occupied Palestinian territory, including east Jerusalem* which emphasizes several urgent humanitarian measures. It calls for immediate, sustained and unimpeded access for humanitarian relief, including medical personnel, supplies and equipment into Gaza and other occupied Palestinian territories. It stresses the need for unrestricted passage of ambulances through checkpoints, especially during conflicts, and urges all parties to uphold international humanitarian and human rights laws. The resolution demands compliance with the Geneva Conventions to ensure the protection of civilians, medical personnel and humanitarian workers, along with their equipment and facilities. It also highlights the necessity of safe medical evacuations and treatment for critically injured patients, and calls for humane treatment and access to medical care for all detainees in accordance with international law.

Policy documents & resources

- [Universal Health and Preparedness Review](#)

ITEM 13.4 INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS, RESPONSE

Nursing policy considerations:

- The final pandemic agreement must include decent work, addressing mental health, prevention and mitigation of violence, eliminating inequalities such as unequal remuneration and barriers faced by women, meaningful consultation and empowerment of health and care workers, and ethical international recruitment.
- Health equity must remain central to the continued negotiations.
- ICN's own work on the impact of the pandemic and its effects on the global nursing workforce shows that up to 13 million nurses will be needed by 2030. The workforce shortage is the greatest single threat to global health.
- Nurses and health care workers must be at the centre of the new instrument or convention, and resulting plans should specifically emphasize support, protection and safety of nurses and health care workers.
- The world should act in solidarity to support, protect and invest in health workers, recognizing that good health is the bedrock of our global safety and security. Health and peace are inseparable, and neither is possible without health care workers.
- The COVID-19 pandemic has taken a huge toll on the physical and mental health of health workers around the world, infecting millions and causing the deaths of more than 180,000 of them. As a result, there is alarmingly high levels of stress and burnout in nurses across the globe.

Background

In December 2021, the WHA established an Intergovernmental Negotiating Body (INB) to draft and negotiate a convention, agreement or other international instrument under the Constitution of WHO to strengthen pandemic prevention, preparedness and response. The negotiation has lasted for more than two years, and extra sessions were convened just before the start of the WHA. WHO and Member States aimed to wrap up the negotiations on this landmark Pandemic Accord to submit a final agreement to the WHA.

Unfortunately, due to areas of non-convergence and divergent views on several articles, particularly on the article 12 Pathogen Access and Benefit Sharing, there is no final agreement on the Pandemic Accord. In its report to the WHA, the INB Bureau outlined two plus years of work of the process, and the outcome of that work, which is the draft text that has been negotiated to date.

World Health Assembly actions

A draft resolution was expected but no agreement was reached. Member States agreed to extend the mandate of the INB to finish its work to negotiate a Pandemic Agreement within a year, by the WHA in 2025, or earlier if possible, at a special session of the WHA in 2024.

Policy documents & resources

- [INB webpage](#)
- [Report of the outcome of the INB](#)
- [ICN and Public Services International \(PSI\) statement](#)

ITEM 14.3 GLOBAL HEALTH AND 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.
- Inequalities and social breakdown can lead not only to poor health, but to tensions and conflict in people's lives and communities. Nurses' holistic approach to address root causes of ill health brings people together, building partnerships and relationships that are the foundations of health, community cohesion and peace.
- Through its Nurses for Peace initiative, ICN has identified and promoted nursing roles that directly contribute to peace building.
- ICN abhors and strongly condemns any and all violence against health care and firmly believes that attacks on health care should never be normalized.
- 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.
- 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.

Background

WHO's Global Health and Peace Initiative 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 that WHO responds to, take place in such settings. It helps to address social determinants of health in these settings, where people's health is negatively affected by factors such as conflict, displacement, marginalization and

poverty, which aggravate existing inequalities and vulnerabilities. The Initiative falls within WHO's mandate and is built on WHO's foundational documents, which recognize that health and peace are closely connected.

The report to the WHA through the EB reported on progress made on strengthening the Road Map for the Global Health and Peace Initiative, as a living document, through consultations with Member States and Observers and other stakeholders.

World Health Assembly actions

The WHA adopted resolution [WHA77.9](#) Global Health and Peace Initiative in which they offer continued support for evidence gathering, communication and dialogue as part of the consultative process of strengthening the Roadmap for the Global Health and Peace Initiative and submission of a status report on the Roadmap to the WHA in 2029.

Policy documents & resources

- [Road Map for the Global Health and Peace Initiative](#)
- [ICN #NursesforPeace Campaign](#)

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

ITEM 15.1 SOCIAL DETERMINANTS OF HEALTH

Nursing policy considerations

- ICN is committed to identifying trends related to the Social Determinants of Health (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.
- 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.
- Health equity, social justice and the 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.

- Nurses must foster social support on embracing diversity, including race, ethnicity, age, sexual orientation, education access, community context, economic background to encourage human flourishing. Promoting social support hinges on embracing all components with a holistic approach.
- Nurses must promote the concept of interconnectedness to encourage health care flourishing through collaboration and support.
- Nurses must participate in research associated SDoH to promote evidence-based practice associated with SDoH.
- 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.
- 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.

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 Executive Board (EB) [report](#) summarizes progress towards the WHO World Report on Social Determinants of Health Equity, which is in preparation and will be published in 2024. Building upon the 2008 report of the WHO Commission on Social Determinants of Health, the new “World Report” will provide an overview of the progress made to date in addressing the recommendations of the Commission, as well as an update of the latest scientific evidence, knowledge and experience from countries in addressing SDoH equity. Work on the forthcoming World Report has been ongoing over a period of two years through a consultative process involving Member States, entities within the United Nations system, non-State actors and WHO teams across the three levels of WHO.

The EB drew attention to several promising initiatives to address SDoH, while

expressing concerns about the slow progress in implementing the 2008 recommendations of the Commission and provided guidance for the finalization of the forthcoming World Report.

World Health Assembly actions

The WHA noted the report.

Policy documents & resources

- [2008 report of the WHO Commission on Social Determinants of Health](#)
- [ICN's Position Statement Health inequities, discrimination and the nurse's role](#)

ITEM 15.3 WELL-BEING AND HEALTH PROMOTION

Nursing policy considerations

- ICN's International Nurses' Day Report 2024 emphasizes the intrinsic relationship between the overall well-being of a community and the nursing profession that serves it.
- Interdependence of well-being and nursing: health care is fundamentally about supporting the highest attainable standard of health, and nurses are at the forefront of delivering the care that makes that happen. If we value health and aim for a society that is not just disease-free, but emphasizes positive well-being, the role of nurses is indispensable.
- Elevating the nursing profession can catalyse transformative improvements in health care delivery, economic development, peace and societal well-being.
- 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.
- Nurses use every contact and every opportunity for health promotion and disease prevention and detection.
- Implementing measures to improve the work environment for nurses, including adequate staffing levels, access to resources, safe work environments and support for mental health and well-being as well as fair wages acknowledges their indispensable contributions to societal well-being.
- Nurses ensure that the use of technology and scientific advances are compatible with the safety, dignity and rights of people by upholding the ICN Code of Ethics for Nurses.
- 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.

- 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.
- 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.

Background

The 75th WHA requested the WHO DG to develop a global framework on well-being – building on the 2030 Agenda for Sustainable Development – and identify the role of health promotion within that framework in consultation with Member States. The 76th WHA adopted the global framework for integrating well-being into public health, utilizing a health promotion approach.

The framework identifies key strategic directions and brings together the most effective policy orientations drawn from the global health community and country-level experience. The six strategic directions are: (1) nurture planet Earth and its ecosystems; (2) design social protection and welfare systems based on equity, inclusion and solidarity; (3) design and support implementation for equitable economies that serve human development; (4) promote equitable UHC through primary health care, health promotion and preventive services; (5) promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest; and (6) measure and monitor well-being. This framework guides different sectors and stakeholders to engage in a coherent and coordinated manner to promote 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.

With regards to strengthening health promotion and well-being through sport events: according to the best available evidence they have the power to address broader public health challenges, such as health emergencies preparedness and response, noncommunicable diseases, violence and injuries, mental health conditions and social inclusion.

The Executive Board [report](#) highlights progress on well-being and health promotion in the post-COVID-pandemic context and outlines the implementation and monitoring plan for the framework. The EB welcomed the progress in implementing the framework, reiterated the need to integrate subjective and societal well-being into public health and highlighted the importance of social connection for the health and well-being of individuals.

World Health Assembly actions

The WHA adopted resolution [WHA77.12](#) *Strengthening health and well-being through sport events*.

Policy documents & resources

- [Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach](#)
- [WHO Sport for Health Programme](#)
- [ICN International Nurses Day 2024: The economic power of care](#)

ITEM 15.4 CLIMATE CHANGE, POLLUTION AND HEALTH

Nursing policy considerations

- Nursing practice is increasingly affected as more people experience the health impacts of climate change and as these continue to stress health care systems.
- As the climate crisis exacerbates existing health and gender inequalities, policy interventions must target the connection between social, gender and health inequities, as well as environmental injustice in accordance with the needs and perspectives of the communities they impact.
- Nurses have a shared responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.
- To prevent worsening climate change and promote planetary health, nurses need the skills and competencies to advocate for smarter climate and environmental health policies.
- ICN advocates for the acceleration of rapid, just and equitable phasing out of fossil fuels, prioritizing interventions with health co-benefits in the energy sector and food system, and a commitment to no new fossil fuel infrastructure.
- ICN advocates for strengthened policy interventions that target the connection between social, gender and health inequities, as well as environmental injustice in accordance with the needs and perspectives of the communities they impact.
- The leadership, integrity and commitment of the health community is paramount

to accelerating health-centred climate action required to safeguard human health.

- Nurses must be enabled to support health care organizations to contribute to local climate change mitigation and adaptation through implementation of environmental policies and sustainable practices.
- Nursing leadership whenever applicable should advocate for gender responsive care during and in preparedness for natural disasters.
- When developing policies and programmes, governments should look to nursing associations and nurse leaders, educators and scientists who are leading large scale climate initiatives.

Background

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

The Executive Board (EB) [report](#) gives an overview of the health risks from climate change and the necessary response by the global health community to this threat. It describes the specific contributions currently being made by WHO in the field, and which it is proposed to further enhance in the transition to the 14th General Programme of Work. It situates the health response to climate change within the overall response to environmental risks to health, as described in the WHO global strategy on health, environment and climate change and provides an update on the previous WHA resolution on climate change and health.

The EB also considered a [report](#) on the impact of chemicals, waste and pollution on human health.

World Health Assembly actions

The WHA adopted resolution [WHA77.4](#) *Climate change and health*.

Policy documents & resources

- [ICN Position Statement: Nurses, climate change and health](#)
- [WHO Civil Society Working Group to Advance Action on Climate Change and Health](#)

ITEM 15.5 ECONOMICS AND HEALTH FOR ALL

Nursing policy considerations

- Investing in nursing is an accelerator for global growth and engenders a cascade effect that culminates in the cultivation of healthier societies and economic and social prosperity.
- Elevating the nursing profession can catalyze transformative improvements in health care delivery, economic development, peace and societal well-being.
- Improving pay, working conditions and career advancement opportunities in nursing can empower women, providing them with decent jobs and lifting them out of poverty. It also contributes to closing the gender pay gap that is holding back global economies.
- Delays to health care may lead to lost productivity, more costly care and greater negative impacts on health. Investment in nursing across the care continuum ensures that people receive the care they need at the right time to achieve their highest attainable standard of health and live productive lives.
- Better health could add USD 12 trillion to global GDP in 2040, an 8 percent boost that translates into 0.4 percent faster growth every year. The majority of these gains in economic benefits come from having a larger and healthier workforce.³
- Strong return on investment strategies in health care focus on patient safety interventions. For these interventions to be effective safe nurse staffing and the right skill mix of nurses are essential.
- Prioritizing investments to enable nurses to work to their full scope of practice, including Advanced Practice Nurses, improves health system efficiency and effectiveness.
- As countries rebuild and strengthen health systems and economies, strategic investment in nursing emerges as a pivotal pathway to achieving sustained growth and resilience.

Background

Health and the economy are interconnected – an economy of well-being perspective can be used to put people and their health and well-being at the centre of

³ Remes, J., et al. (2020). *Prioritizing health: A prescription for prosperity*. McKinsey Global Institute.

decision-making, underlining the mutually reinforcing nature of health, well-being and the economy. In May 2021, the WHO DG established the independent Council on the Economics of Health for All with the goal of providing new economic thinking on how health and well-being are valued, produced and distributed across the economy, with the objective of building societies that are healthy, inclusive, equitable and sustainable. The Council – which comprised 10 leading experts from the fields of economics, finance, development, health policy and public health from around the world – issued its final report in May 2023, at an event hosted by the Government of Finland.

The Executive Board (EB) report provides an overview of the recommendations of the independent WHO Council on the Economics of Health for All (2021–2023), including its new narrative on health and the economy; its major recommendations; and its deliberations on the implications for WHO. The report also notes the related past and present work conducted by WHO. Member States recognized the close two-way relationship between economic development and health and emphasized the importance of a multisectoral Health in All Policies approach. They also highlighted the need to maximize the public value of investments in health and to counterbalance commercial influence that is not aligned with health for all.

World Health Assembly actions

- The WHA adopted resolution [WHA77.13 Economics of health for all](#) in which it requests the WHO DG to develop, in consultation with Member States, a strategy on how to implement an economics of health for all approach, including priority actions for Member States and other actors, for consideration by the 79th WHA in 2026.
- This resolution mentions the health workforce by recognizing that “the enjoyment of the highest attainable standard of physical and mental health throughout the life course of all women and girls, the achievement of gender equality, and the recognition of the value of unpaid care and domestic work and the roles of women in constituting the majority of the health workforce globally are crucial for sustainable, equitable and inclusive economies, development and well-being for all.”

Policy documents & resources

- [Final report of the WHO Council on the Economics of Health for All](#)
- [International Nurses Day 2024: The economic power of care](#)
- [WHO Council on the Economics of Health for All](#)

ITEM 17. DRAFT FOURTEENTH GENERAL PROGRAMME OF WORK, 2025–2028

Nursing policy considerations

- Nurses working in all settings and at all levels contribute significantly to the actions required to meet the six strategic objectives (see below) and their associated joint outcomes.
- Joint outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage will give particular attention to bolstering public health functions and to the planning, organization and management of quality health services, including nursing.
- Joint outcome 3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved aims to identify critical gaps in the health and care workforce by occupation and address them through “a holistic, long-term approach that includes expanding education and employment in the health and care sector; addressing critical skill gaps; leveraging technology for training and certification; promoting multidisciplinary teams; ensuring decent, safe and healthy working conditions; 2 addressing gender and other social inequities in distribution; recruiting and retaining personnel (including through enhanced understanding of values and motivations); and the ethical management of international migration. This work will also seek to address the lifelong learning needs of health and care workers and the recognition of learning achievements.”

Background

The Fourteenth General Programme of Work (GPW 14) is the basis for the strategic direction of planning, prioritization, monitoring and evaluation of WHO’s work. It sets a high-level road map for global health and will guide WHO’s work in support of Member States and partners for the 4-year period 2025–2028 to reinvigorate actions needed to get the health-related Sustainable Development Goals on track, while future-proofing health and care systems for the post-SDG era. It replaces the Thirteenth General Programme of Work, 2019–2025, one year early and is the technical strategy to underpin the first WHO investment round for the last quarter of 2024.

The overarching goal for the draft GPW 14 is to promote, provide and protect health and well-being for all people, everywhere. Inherent in this goal are the principles of equity in health service coverage and health systems resilience. GPW 14 emphasizes the need for a paradigm shift to prevention and to operate across the continuum of services and interventions, from prevention and health promotion through protection and the provision of essential public health services to treatment, rehabilitation and palliative care across the life course. The GPW 14 goal recognizes the cross-cutting nature of gender as a determinant of health, and requires addressing barriers to achieving gender equality, equity and the right to health for all. It reflects the transformative potential of a primary health care approach to strengthen essential

health systems capacities as a foundation for all aspects of the draft GPW 14.

Six strategic objectives underpin the GPW 14 goal:

1. Respond to climate change, an escalating health threat in the 21st century.
2. Address health determinants and the root causes of ill health in key policies across sectors.
3. Advance the primary health care approach and essential health system capacities for universal health coverage.
4. Improve health service coverage and financial protection to address inequity and gender inequalities.
5. Prevent, mitigate and prepare for risks to health from all hazards.
6. Rapidly detect and sustain an effective response to all health emergencies.

World Health Assembly actions

The WHA adopted resolution [WHA77.1](#) in which it approved the GPW 14.

Policy documents & resources

- [Draft Fourteenth General Programme of Work, 2025–2028](#) (contained in WHA report A77/16)

