

**參加第 74 屆世界衛生大會
(WHO 74th Virtual World Health Assembly)**

視訊會議報告

**地點：居家辦公視訊參與
時間：2021年5月24日-6月1日**

與會人員：陳靜敏理事長

參加第 74 屆世界衛生大會視訊會議報告

世界衛生組織 (World Health Organization, WHO) 為聯合國體系內負責衛生事務之專門機構，成立於 1948 年，目前擁有 194 個會員國(Member State)與 2 個準會員國(Associate Member State)。世界衛生大會(World Health Assembly, WHA) 為 WHO 最高權力與決策機構，WHA 做成的決議即代表 WHO 的決定，無論是 WHO 的政策發展或新會員加入、預算規劃與委員會運作，均委由 WHA 決定。

WHA 一向於每年五月在瑞士日內瓦聯合國歐洲總部召開。由於新冠肺炎 (COVID-19) 疫情自去(2019)年 12 月爆發以來，迄今疫情仍然相當嚴峻，故第 74 屆 WHA 會議仍採視訊方式讓會員國參與，在日內瓦進行在大會議室(Assembly hall)包括幹事長致詞、專題演講、以及總體討論之大型會議活動；並分別在 Committee A 進行的技術報告與推動方案、以及 Committee B 分場進行的行政與財務會議。不像去年濃縮為二天會期，今年安排 5 月 24 日-6 月 1 日滿滿 8 天的議程，但因討論進度順利，提前閉幕。

國際護理協會(International Council of Nurses, ICN)為國際護理專業團體，現有 130 餘個國家護理學會/協會(National Nursing Association, NNA)組成，代表全球 2,700 萬名護理師，與 WHO 有正式聯盟關係，每年 ICN 除以夥伴組織身分出席 WHA 會議，並邀請非 WHO 成員國之會員(例如台灣護理學會)以觀察員身分出席會議，今年共有 50 位代表參與。除此之外，今年 ICN 亦籌組 Nursing Student Steering Group，邀請 WHO 六分區的學生代表參加。由於今年採視訊方式進行，ICN 還很貼心在 24 日安排了 ICN Delegation Welcome Zoom Meeting，彼此介紹、說明今年 ICN 要倡議的重點，並在會中請六分區代表就 ICN 倡議重點簡介各區現況。除此之外，更準備了 ICN DELEGATE PACKAGE (請見附件)說明今年會議 ICN 倡議的重點，包括 Patient safety, Control of NCD, Antimicrobial resistance, Immunization agenda 2030, Health workforce, 以及 Social determinants of health。當然，WHA Nurses' Luncheon 也不能少，ICN 每年都會在日內瓦開 WHA 時邀請各國代表餐會，藉機遊說護理政策，過去各國政要出席都蠻踴躍的，今年因為疫情，在 28 號以 virtual 舉辦。ICN CEO Howard Catton 用心規劃，除介紹出席者、說明會議重點外，還隨機分組 5 分鐘討論！。

第 74 屆 WHA 大會開幕首先邀請包括法國總統馬克宏 (Emmanuel Macron)、德國總理梅克爾 (Angela Merkel) 等元首演講，他們表示支持世衛組織應有更大的政治獨立性、永續性的財政籌資制度，呼籲國際支持締結疫情大流行全球條約。在全體大會討論議程項目時，由於先前 13 友邦已向世界衛生組織 (WHO) 秘書處完成提案籲邀請台灣以觀察員身分出席 WHA，大會以 2 階段處理台灣參與案。首先在閉門的總務委員會中，先由友邦發動第一波挺台發言，但在中國反對下，總務委員會「建議」台灣參與世衛提案不列入議程。隨後回到大會，進行第 2 波「2 對 2 辯論」，由諾魯及史瓦帝尼 2 友邦為台發言，中國及巴基斯

坦則發言反對將台灣13友邦提案「邀請台灣作為觀察員參加世衛大會」列入大會議程，隨後大會主席不丹籍的衛生部長德欽旺姆（Dechen Wangmo）裁示接受總務委員會建議，不把邀請台灣參與世衛提案列入大會議程。由於今年主要討論議題為 COVID-19，由 WHO 及各會員國元首及衛生部長等重要官員報告 COVID-19 疫情發展、防疫應變策略與成果。我國14個友邦以WHO會員國身分為我國提案、致函及執言等方式，堅定支持台灣參與WHA；此外，9個理念相近國家及馬爾他騎士團也在WHA會中，直接或間接發言表達支持，力道再創新高。各國公開為台灣有力發聲再次彰顯「武漢肺炎」（COVID-19）疫情下，台灣是全球團結抗疫不可或缺的一環，更展現各國共同齊聲呼籲「世界衛生組織」（WHO）為維護世人的健康安全，應邀請台灣出席WHA。

WHA 會議要討論的議案雖有規劃(請見附件)，但每項議案的討論皆是由主席宣布事先準備已提供給各國及 INGOs 的草案文件，然後由各會員國就草案內容登記或舉手發言說明各國立場後，才會開放事先有登記要提案的各 INGOs 報告遊說建議修正的內容。對於較為熱門的議案，如今年的COVID-19 response，不僅各國代表發言踴躍，INGOs 也都有自己的立場，討論非常熱烈，也使議程需要每天更新。僅就幾個值得關注的議題進行報告。首先是5月25日就登場的議程17: COVID-19疫情審查。2020年的WHA上，會員國通過了WHA 73.1號決議，要求幹事長啟動審查工作，來改善未來全球衛生緊急事件的防範因應機制。幹事長召開了3個獨立委員會來進行審查工作，審查重點包含：作為全球防疫基礎的《國際衛生條例》是否發揮適當效果、WHO與會員國間的協調與合作是否存在障礙、現有的緊急應變機制是否足以因應疫情等等。報告結果一致地認為，WHO的能力嚴重受限，原因包含資金運用的權限不足、啟動國際合作的能力不足、既有國際條約如《國際衛生條例》和《WHO憲章》缺乏強制性機制與誘因等，使得WHO反應速度及協調能力嚴重受限。此外，現有的預警機制在疫情初期，無法成功地迫使每個國家採取有效的行動（例如是否戴口罩、是否限制社交距離、是否限制旅遊），因此必須研擬更細緻的預警機制並給與更明確的指引。最後，現行用於評估各國防疫能力的工具流於形式，某些取得最高分數的國家反而受到最嚴重的影響，委員會也建議採取「國家同儕評審」的方式來作為輔助評估機制。COVID-19大流行突出了護理師在應急反應中的關鍵作用，以及他們在公共衛生和其他地方所做的基本工作。護理師們近距離地看到了在持續應對和未來醫療系統設計中必須解決的問題。COVID大流行造成護理工作者因工作條件差、PPE短缺、缺乏精神衛生支助、倦怠率高、害怕將病毒傳播到家庭、暴力和歧視增加而遭受大規模創傷。截至2020年12月31日，依各國調查，醫護受感染率的平均為6-10%，有34個國家回報，有超過160多萬醫護人員受到了感染，更導致2,710位死亡(59個國家回報)。ICN因此一直呼籲系統性地收集有關醫護人員感染和死亡數據的重要性，以保護患者和醫事人員的安全。透過充分的報告機制和可比對的國家數據對於監測COVID-19疫情及其對醫事人員的影響和應對至關重要。由於現有的護理人力短缺、老化和COVID-19效應的日益擴大，ICN估計未來可能需要培

訓高達1,300萬護理人力來填補全球性的護理短缺。

另外，議程22.1健康不平等／健康的社會決定因素。儘管在WHO成立的74年以來，全球的健康標準已經有了飛躍性的成長，但這些成長「不患寡而患不均」，高收入國家民眾享受著更好的基礎建設（乾淨水源、具有感染控制能力的醫療機構、專業且充足的衛生工作者等等）以及更佳的健康狀況，但大量中低收入國家的民眾卻連最基本的藥品都難以取得。WHO憲章中提出的願景，迄今仍是可望而不可即。特別是受到COVID-19疫情的影響，高收入國家與低收入國家之間、國家內部的高收入群體與弱勢群體之間的不平等，又更被凸顯。疫苗的採購與分配更再次體現健康不平等的問題，因此為達成「全球疫苗公平取得」、降低「疫苗不平等」設立的COVAX機制，期望透過「高收入國家認購疫苗及捐款」與「低收入國家接受補助採買疫苗」，來讓COVAX掌握全球需求量、匯聚資金，並在疫苗上市後確保低收入國家可以取得足夠的疫苗。然而，實際上已開發國家仍優先鞏固國內庫存，大藥廠也傾向透過私下雙邊合約進行交易，儘管COVAX已經自2月發放疫苗，並優先提供給中低收入國家，但COVAX已經出貨的5300萬劑疫苗、相較全球已經接種的近12億劑疫苗而言，仍只佔了極小的一部份。ICN在此議題亦提出立場，COVID-19大流行將加劇健康、社會和經濟不平等，因此ICN要求各國作出實質性承諾，徹底解決社會決定健康因素的問題。護理師擁有臨床到衛生部門的各級工作的知識和技能，透過領導、證據和資源的支援，能提供社會決定健康因素的解方。護理師是跨學門健康團隊以及政策和決策環境中強而有力的健康宣導者，應利用這一點來解決健康不平等問題。護理養成和繼續教育應提高對健康社會決定因素的認識和重視。ICN致力於確定與健康社會決定因素相關的趨勢觀察，以期倡議實踐護理在當前和未來全球健康的方向。ICN將為個人和社區照護提供教育、臨床護理、研究和政策領域的相關護理專業知識。

議程14是討論健康的永續發展目標（Sustainable Development Goals, SDGs）。SDGs是當前聯合國體系最重要的全球議程，涵蓋了從消除貧窮、消除飢餓、達成健康福祉、促進性別平等、促進包容與永續的經濟成長等共17個目標。其中目標三聚焦在「健康福祉」，包含了孕產婦與新生兒健康、傳染性疾病防治、非傳染性疾病、物質濫用、道路安全、達成「全民健康覆蓋」等議題。儘管各國已經做出承諾要於2030年達成SDGs，但COVID-19的爆發不啻是對全球努力的重重一擊，除了「溫室氣體排放」的目標外，幾乎每一項SDG的進度都在2020年遭到了阻礙，而目標三更是首當其衝。根據WHO連續兩年進行的調查發現，因為疫情，全球有90%的國家的必要衛生服務受到干擾，20%的國家無法提供急診、重症照護與外科手術等緊急服務，33%的國家的醫藥品供應鏈受到影響。聯合國報告則指出，在中低收入國家衛生體系受到疫情影響的情況下，這些國家孕產婦與兒童的死亡人數可能增加9.8%到44.8%不等；最基本的疫苗如白百破、麻疹、小兒麻痺等等的接種工作因為疫情而停擺，而使2400萬名兒童面臨風險；疫情也使愛滋病、瘧疾、結核病等等傳染性疾病也將捲土重來。今年的

WHA會議中即進行系統性的檢視與審議，探討許多除了COVID-19以外的重要衛生議題，並討論全球應如何重新啟動，使SDGs的努力與進度回到正軌。而ICN在此議題亦提出為了實現可持續發展目標，健康照護體系必須從傳統的醫療方法 (medical approach) 轉向健康照顧保健 (health care)，轉向更全面、更預防性的模式。醫療保健系統必須重新集中注意力，在"創造健康"和處理健康不良的許多根本原因方面發揮主要作用。衛生系統、其他部門、政府和公眾必須共同努力，解決影響健康的社會決定因素，並創造條件，使民眾能夠在其生命過程中維持健康。因此各國需要在護理教育、就業和領導力方面大量投資護理，透過投資護理，以實現包括健康、性別、工作和包容性經濟增長相關的永續發展目標。優化護理執業範疇和領導力的政策介入措施將提升護理師們的影響和效力，從而大幅度地提高護理人員的貢獻及其在跨專業衛生團隊中的作用。世衛組織《2020年世界護理狀況報告State of the World's Nursing 2020》旨在為今後十年指引相關的國家、區域和全球護理領導者提供資訊，以實現永續發展目標。除非解決人口之間的不平等問題，否則永續發展目標將無法實現。護理師和進階護理師與其他衛生保健工作者合作，是解決不平等問題的不可或缺的一部分。將健康納入所有政策中 (health in all policies) 是永續發展目標的重要精神。

除了上述說明ICN在COVID-19, The Immunization Agenda 2030, The Health Workforce, 及Social Determinants of Health有發言提案外，另外值得一提的是，大會還通過了世衛組織的《2021-2025年護理和助產全球策略方向》(WHO's Global Strategic Directions for Nursing and Midwifery, 2021-2025)，其中規範了政策優先事項，以幫助各國最大限度地提高其護理和助產師能力，期使助於實現全民健康覆蓋和其他人口健康的目標。ICN在過去18個月中即就此《全球策略方向》提出許多問題的討論，包括護理人力持續短缺、護理執業環境、教育、領導和實踐投資的必要性、護理師在面臨大流行病時的安全以及在世衛組織每個成員國設立政府一級首席護理官至關重要等。而此《全球策略方向》在世界衛生大會的會場上各國代表們無異議地通過此議案更突顯出了其對世界衛生的重要性和能實現世衛組織的核心目標。這發出了一個明確的資訊，即護理不能被忽視。本全球策略方向的大部分內容對各地的護理師來說都是熟悉的，因為它呼應了ICN的優先事項，這些優先事項是基於我們自大流行前和大流行期間從護理師那裡收集到的情況。ICN將與各國家護理學/協會合作，定期和透明地監測和跟蹤進展情況。

心得與感想

因COVID-19 全球疫情持續爆發，今年包括「大流行防範和應對獨立小組」(IPPR)、「國際衛生條例」審查委員會以及世界衛生組織突發衛生事件規劃獨立監督和諮詢委員會 (IOAC) 等均提出報告，內容均強調全球應團結合作及強化對WHO的資金支持，在究責方面則未太多著墨。而會員國今年焦點放在疫苗供應，許多開發中國家發言時均強調對於疫苗的急迫性。因此進一步調查病毒起源轉為會員國各別表態。相較於去年首次以視訊籌辦，今年各會員國代表發

言的管理與效率成熟很多，雖偶有因通訊或翻譯等技術性問題時有中斷，但都能讓會員國發言與投票。此外，今年更因疫情，許多友邦及重要國家元首透過直接或間接表述在大會發言中支持台灣。而大會閉幕前通過包括美國、歐盟、英國、澳洲及加拿大等約60國聯手提案，將在今年11月29日至12月1日在WHO總部日內瓦以實體方式舉行WHA特別會議，審議一項防範疫情大流行的國際條約決議，個人認為算是今年會議最大進展。此外，特別值得注意的是世界衛生組織執行委員會亦通過下一任秘書長選舉程序安排，將在11月舉行第一次候選人論壇。依往年時程，預估各會員國應在9月底前公布提名候選人名單。現任秘書長譚德塞雖未宣布是否競選連任，但他在5月24日WHA開幕致詞長達近一小時，暢談世衛未來各項計畫，更提到「有更多事情要做、有更多改變要推動」，他將謙卑地聽取各會員國意見做出必要的改變等，像是準備競選連任前的發言。值得我們後續密切關注與採取必要處理。

當然最振奮人心的消息是今年大會通過了世衛組織的《2021-2025年護理和助產全球策略方向》，如同President Kennedy所說，有史以來從未有一全球戰略像現在這樣重要。除非政府和所有利益攸關方開始採取行動，否則目前護理師工作過度、薪水過低和被低估的情況將繼續下去，給我們所有人帶來潛在的災難性後果。護理師是各地健康照顧體系的命脈，我們必須體認護理師是一需要培育和保護的珍貴專業。這場大流行向世界展示了護理師對各國健康的價值；現在，每個國家都應當向各國展示其護理師在護理工作、教育、領導力和實踐方面的投資是多麼有價值。為確保各國政府能遵循戰略的實施，定期和透明地進行各國進度報告非常必要，因此ICN將密切與各國護理學/協會和Nursing now group合作，以監測和跟蹤進展情況。台灣護理學會為ICN重要會員國之一，長期活躍於國際舞臺，致力提昇台灣在國際護理專業之形象、地位與影響力，引領台灣護理專業與國際接軌。長久以來，藉由參與選舉、出席會議、辦理國際活動、參與國際合作計畫、資助資源不足國家出席會議及參加培訓，以及捐資助非洲女童完成中小學教育等，以強化台灣與其他國家及國際組織之合作夥伴關係，拓展專業外交，提昇國際能見度，受到ICN極高之肯定與讚譽。順應世界衛生組織推動《2021-2025年護理和助產全球策略方向》之潮流，呼籲政府重視護理、投資護理，以落實WHO的核心使命「全民健康覆蓋」(Universal Health Coverage, UHC)。

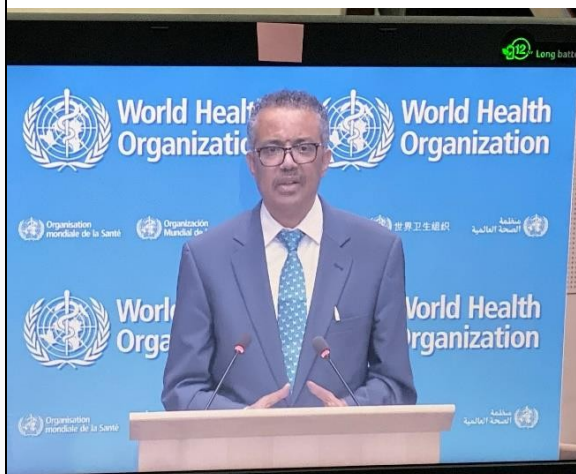
活動照片



ICN Delegation Welcome Zoom Meeting



第 74 屆世界衛生大會當選主席德欽旺姆（Dechen Wangmo）不丹籍開幕致詞



第 74 屆世界衛生大會世界衛生組織總幹事譚德塞開幕致詞



WHA Nurses' Luncheon



第74屆世界衛生大會視訊會議(地點：瑞士日內瓦聯合國歐洲總部)



ICN CEO **Howard Catton**在大會還通過了世衛組織的《2021-2025年護理和助產全球戰略方向》後發表感言



ICN Senior Policy Advisor Erica Burton delivered intervention on Immunization



ICN Nursing and Health Policy Advisor Hoi Shan Fokeladeh delivered the intervention on Social Determinants of Health.



ICN Chief Nurse Dr Michelle Acorn Delivered the Intervention on Health Workforce



ICN DELEGATE PACK

74th World Health Assembly

May 24 – June 1, 2021



74th World Health Assembly Timetable – ICN DELEGATES

BOLD = important agenda items for ICN and Nursing

Highlighted = important + ICN intervention being delivered

*The items separated by “;” are going to be discussed by the WHA together in a group

DATE & TIME (Geneva time)	Committee A AGENDA
May 24 10:00	<i>(To be held in Plenary)</i> High-level welcome (Special invited speaker) Opening, Election of President, Adoption of Agenda
13:00	ICN Welcome Meeting (Zoom)
14:00	1.4 2 29.2 3 WHO Director General Address <u>Opening of Committees</u> 13.2 NCDs; 13.3; 13.9
May 25 10:00	17 COVID-19; 18 COVID & mental health
14:00	17 COVID-19; 18 COVID & mental health
May 26 10:00	13.1 Patient Safety; 13.5 AMR; 13.8 Immunisation Agenda 2030
14:00	13.1 Patient Safety; 13.5 AMR; 13.8 Immunisation Agenda 2030
May 27 10:00	11 12 13.4; 13.6 Substandard & falsified medical products; 13.7
14:00	13.4; 13.6 Substandard & falsified medical products; 13.7
May 28 10:00	14 Health in the 2030 Agenda for Sustainable Development; 15 Health workforce; 16 Global Strategy for Women’s, Children’s and Adolescent’s Health
13:00	ICN Luncheon
14:00	14 Health in the 2030 Agenda for Sustainable Development; 15 Health workforce; 16 Global Strategy for Women’s, Children’s and Adolescent’s Health

May 29	No items of importance at the moment
May 31 10:00	22.1 Social determinants of health; 23 WHO global plan of action...interpersonal violence
14:00	22.1 Social determinants of health; 23 WHO global plan of action...interpersonal violence
June 1	No items of importance at the moment

13.1 GLOBAL ACTION ON PATIENT SAFETY

Background

Evidence suggests that hospitalisations in low- and middle-income countries lead to 134 million adverse events annually, contributing to 2.6 million deaths and that, in high-income countries, about one in ten patients is harmed while receiving hospital care. The COVID-19 pandemic has shone light on the importance of patient safety issues such as personal protective equipment (PPE), health worker safety, medication safety and patient engagement. In order to create a world in which no one is harmed in healthcare, and every patient receives safe and respectful care, every time, everywhere, the [Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care](#) was drafted. The action plan will provide strategic direction for all stakeholders in improving patient safety in their practice domain through policy actions as well as implementation of recommendations at the point of care. The guiding principles of the action plan are: 1) engage patients and families as partner in safe care; 2) achieve result through collaborative working; 3) analyse data to generate learning; translate evidence into measurable improvement; 5) base policies and action on the nature of the care setting; 6) use both scientific expertise and patient experience to improve safety; 7) instill safety culture in the design and delivery of health care.

The Secretariat along with Member States and partners will further strengthen and accelerate global action on patient safety. The Secretariat will continue to develop normative guidance and tools for improving patient safety, fostering partnerships, investing in and mobilizing resources, sharing knowledge and coordinating actions to implement resolution WHA72.6 and action plan to ensure sustainable progress towards universal health coverage.

At its 148th session the Executive Board noted the report in document EB148/6 and adopted decision EB148(5) which recommended to the 74th WHA to adopt the action plan and that the DG report back progress on its implementation to the 76th WHA and annually thereafter. The Secretariat confirmed that further feedback on the draft action plan obtained from Member States would be incorporated into the final draft submitted to the 74th WHA.

World Health Assembly Action

The Health Assembly is invited to *(to be added once WHO doc available)*

ICN Key Messages

- ICN welcomes the global patient safety action plan and is pleased to have contributed to its development, including providing consultation on the third draft.



74th World Health Assembly ICN BRIEF

Documents A74/10 Rev.1, A74/10 Add.4

- Having nurses involved in the design and operation of patient safety plans and policy interventions will greatly contribute to their success.
- World Patient Safety Day has been important in gaining global attention on the importance of patient safety and crucial for ICN to highlight the impact of nurses in ensuring patient safety.
- ICN has signed and strongly supports [Health Worker Safety Charter](#) which calls on governments and local health service leaders to take five actions to better protect health workers. ICN calls on governments to sign and act on it.
- Health worker safety and patient safety are two sides of the same coin and that if nurses and healthcare workers are not protected, the safety of patients cannot be guaranteed.
- As nursing care spans all areas of care delivery, nurses are well-placed to prevent harm to patients and improve the quality and safety of healthcare.
- Safe staffing is critical to preventing patient safety incidents. Governments should invest in safe staffing as it has proven to be cost-effective and lead to positive patient outcomes.
- Developing safe nurse staffing national legislation can ensure its delivery and maintenance.
- Healthcare organisations should promote a just culture of safety that supports staff to openly and honestly report near misses and incidents without fear, allowing for future learning and improvements. Patient safety learning systems should be a priority intervention to addressing patient safety.
- Interprofessional teamwork will advance quality and safety by fostering a safe work environment built on mutual respect and shared decision-making. Achieving this will require policies that promote functional multidisciplinary teams, investment in interprofessional learning and governance and funding models that support team-based care.
- There must be a greater emphasis placed on engaging patients and families as key enablers of quality and safety. Patients and families should be involved in the development of relevant patient safety policies and strategies.



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

Background

Only 17 and 15 countries are on track to meet SDG target 3.4 to reduce premature mortality from NCDs by a third by 2030 in women and men respectively. The COVID-19 pandemic is having a deadly interplay with the NCD epidemic. Early analysis of data from the May rapid survey indicates people with hypertension and/or diabetes are two to four times more vulnerable to becoming severely ill with or die from COVID-19. There are widespread disruptions in NCD services and they are having very negative consequences: under-diagnosis of cancers, an increase in out-of-hospital death and long-term complications. Tackling NCDs must be an integral part of the immediate response to COVID-19 and of the recovery at global, regional and national levels, as well as part of the strategies to build back better. The current capacities for NCD surveillance remain inadequate in many countries and urgently require strengthening. Currently, many countries have few usable mortality data and weak information on risk factor exposure and morbidity. Data on NCDs are often not well integrated into national health information systems. Improving country-level surveillance and monitoring remains a top priority in the fight against NCDs.

The 148th EB recommends the 74th WHA to adopt decision EB148(7) requests the DG to present an implementation roadmap 2023–2030 for the NCD global action plan through the 150th EB for consideration by the 75th WHA in 2022.

The WHA report gives an outline of the preparatory process for the 4th high-level meeting on NCDs in 2025 which includes annexes on major obstacles to achieving the diabetes-related targets in the NCD global action plan and on the comprehensive mental health action plan 2013–2030.

The WHA reports also include:

- A74/10 Add.1: a mid-point evaluation of the implementation of the [WHO global action plan for the prevention and control of non-communicable diseases 2013-2020](#) (NCD-GAP), which has now been extended to 2030 to align with the SDG agenda
- A74/10 Add.2: a final evaluation of the global coordination mechanism on the prevention and control of NCDs (GCM/NCD).
- A74/10 Add.3: Options paper on the global coordination mechanism on the prevention and control of NCDs as requested by the 148th EB. The paper sets out three options: 1) a strengthened operating model 2) a hybrid model, building on the foundations of the global coordination mechanism 3) discontinuation and absorption of functions elsewhere within WHO Secretariat.

World Health Assembly Action

The Health Assembly is invited to note report A74/10 and to adopt the decision EB148(7).



ICN Key Messages

- The health 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.
- Nurses are increasingly taking on the management of NCDs and providing high quality, accessible and cost-effective services.
- Nurses use every contact and every opportunity for health promotion, disease prevention and early detection.
- Countries must enable nurses to work to their full scope of practice and support the development of advanced and specialist roles. This may require modernising regulatory frameworks to support nurses broader decision-making authority.
- Include and strengthen the contribution of nursing leaders in high-level policy and planning decision making. This includes appointing nurses to senior positions within the health system.
- Ensure the availability of safe, effective, and quality diagnostics, medicines, vaccines, technologies, and palliative care.
- 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.

13.5 ANTIMICROBIAL RESISTANCE

Background

Antimicrobial resistance (AMR) threatens the achievement of many of the SDGs and the objectives of the WHO General Programme of Work. WHO is spearheading the response to AMR and coordinating the global One Health response, through the newly established Antimicrobial Resistance Division. A risk assessment by the Secretariat shows that the COVID-19 pandemic has disrupted the planned and ongoing national AMR activities. Strategies for addressing antimicrobial resistance, including surveillance, infection prevention and control, WASH, antimicrobial stewardship, awareness and multisectoral coordination, have been incorporated into the COVID-19 response. Key national and global challenges to implement the AMR action plan include prioritisation of key activities and integration of mode of service delivery aligned with the COVID-19 response; operationalisation of the One Health approach into multisectoral work; lack of access to quality diagnostics and antimicrobials; sustaining political commitment; and lack of financial and technical resources.

The 74th WHA report for this item is found in the Consolidated report by the Director-General (A74/10 Rev.1) which reviews and updates matters considered by the EB. It reports on additions and revisions to report EB148/11 by the Secretariat. There are no further reports for this agenda item.

World Health Assembly Action

The Health Assembly is invited to note report A74/10 Rev.1.

ICN Key Messages

- Nurses and other healthcare workers have a vital role to play in preserving the power of antimicrobial medicines.
- Nurses play a central role in patient care and interdisciplinary communication and, as such, are in a key position to contribute to reducing AMR and critical for the function of antimicrobial stewardship programmes (ASP).
- Nurses assess and diagnose infections; administer and may prescribe antimicrobials; monitor treatment outcomes and report side effects; provide vaccination; and educate patients, their families and communities
- Individuals, families, communities and the health of populations must be central to actions aimed at preventing and eliminating AMR.
- Comprehensive, coordinated and sustained efforts in reducing global AMR through with the full collaboration of nurses, consumers, physicians, pharmacists, microbiologists and veterinarians as well as the environmental and agricultural sectors is required.



- Nurses must participate in the development of evidence-based ASPs in healthcare facilities, leading infection prevention and control (IPC) teams and initiatives, and supporting the multidisciplinary team to apply IPC principles and best practices
- Promote awareness and disseminate information to improve public understanding of AMR and the implications it has on human health and development
- Improving vaccination rates is an effective means to reduce the risk of AMR.
- IPC policies and practices must be strengthened to prevent and control healthcare-associated infections.
- Countries must work towards eliminating the non-prudent use of antimicrobial agents in food-animal production, plant agriculture, and industrial settings and develop national guidelines on use in these areas according to internationally recognized standards.



13.6 SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS

Background

Substandard and falsified medical products continue to pose an unacceptable global public threat. WHO has identified this issue as one of the urgent health challenges for the next decade given that more than one in ten medicines in low- and middle-income countries are estimated to be substandard or falsified. No country remains untouched from this issue, with reports of substandard or falsified medical medicines, vaccines and in vitro diagnostics from all regions of the world.

The EB noted the report which contains the reports of the 8th and 9th meetings of the Member State mechanism on sub- standard and falsified medical products which took place in October 2019 and 2020 respectively. The list of prioritised activities for 2020-2021:

- Develop and promote training material and guidance documents to strengthen the capacity of national/ regional regulatory authorities for the prevention and detection of, and response to, substandard and falsified medical products
- Expand and maintain the Global Focal Point Network among national medicines regulatory authorities to facilitate cooperation and collaboration
- Improve Member States' understanding of detection technologies, methodologies and "track and trace" model
- Increase Member States' knowledge of the links between substandard and falsified medical products and access to quality, safe, efficacious, and affordable medical products
- Develop and leverage existing activity for effective risk communication and make recommendations for awareness campaigns on substandard and falsified medical product
- Enhance Member States' capacity to expand awareness, effectiveness, impact and outreach in their work on substandard and falsified medical products'
- Promote shared understanding among Member States from a public health perspective regarding medical products in transit
- Identify and develop appropriate strategies to understand and address the distribution or supply of substandard and falsified medical products via the internet.

The 148th EB noted the report.

World Health Assembly Action

The Health Assembly is invited to note report A74/10 Rev.1.



ICN Key Messages

- Billions of people around the world do not have access to effective preventative, health promotive and life-saving healthcare. Inequities in access to healthcare, a lack of development of medical products for certain health conditions (vaccines, diagnostics and medicines) and high prices for both out-of-pocket payers and health systems are some of the factors that are fueling the proliferation of SF medical products.
- Healthcare professionals are an important component of a comprehensive pharmacovigilance system which is 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 healthcare seeking behaviours and discourage a self-diagnosis and self-prescribing culture, which has perpetuated these products.
- The problem of SF medical products is further impacted by a poor reporting culture. Nurses can foster a reporting culture within their multidisciplinary healthcare teams by committing to leadership in this area and empowering colleagues and through a dedication to ongoing vigilance.
- Medicines and medical products should be prescribed, administered, and monitored only by qualified and competent healthcare professionals in the context of their professional scope of practice.
- Multi-stakeholder collaboration is needed to increase public awareness of SF medical products and inform consumers about the risks associated with their use in order to engage them in helping to reduce this risk.

13.8 IMMUNIZATION AGENDA 2030

Background

Immunization is important now more than ever for wellbeing and the economy. The global vaccine action plan (2011-2020) expired at the end of 2020. Despite significant progress made in the last decade, most of the global and regional immunization goals were not achieved and one in five children will still lack access to all life-saving vaccines. Through a broad consultative process, the successor global vision and overarching strategy for vaccines and immunization: [Immunization Agenda 2030](#) (IA2030) was developed. It provides the strategic framework to tackle key issues related to immunization within primary health care (PHC) and universal health coverage during 2021–2030 and is a living document. The immediate task and focus should be the COVID-19 vaccine rollout in an equitable manner. However, it is crucial to have a broader immunization agenda and its adoption by WHA73 was a major milestone. There is a need to coordinate an integrated immunization agenda with PHC and this should be in line with the PHC strategy that WHO is currently rolling out. Countries are facing immense challenges in sustaining routine immunization services with the pandemic resulting in huge setbacks. WHO expressed its reliance on Member States to continue to empower communities and health workers to improve the reach and efficacy of immunization services.

The 148th EB noted the report on the Immunization Agenda 2030. Leading up to the 74th WHA, the Secretariat provided more details on equitable access to vaccines against the pandemic pathogens, and on the impact of the COVID-19 pandemic on essential health services. Technical annexes have now been prepared for each of the strategic priorities, providing more detail on some of the financial issues, and a dedicated website has been set up with information on the following aspects of the Agenda: vision and strategy; strategic priority technical annexes; framework for action; and other annexes and companion documents. It can be accessed here: <http://www.immunizationagenda2030.org/>

World Health Assembly Action

The Health Assembly is invited to note report A74/10 Rev.1.

ICN Key Messages

- ICN welcomes IA2030 and believes in the power of immunization as a tool for global health and sustainable development and ending the COVID-19 pandemic.
- 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 have been particularly active in providing information and support to the development of education resources and tools on the importance of vaccination.



74th World Health Assembly ICN BRIEF

Documents A74/9

- National Nurses Associations offer important contributions to national strategies on COVID-19 immunisation and are able to swiftly mobilize the nursing workforce. These associations have established relationships with policy makers, service leaders and regulators so are important agents in facilitating planning and execution of mass immunisation.
- Strengthening and investing in the nursing workforce, to ensure that it is appropriately resourced to effectively and efficiently support implementation of the Immunization Agenda, is essential for maximum impact.
- Vaccine equity and prioritization of nurses and healthcare workers is a fundamental issue of morality, ethics and human rights and should be non-negotiable.
- ICN is extremely concerned by the gross inequalities globally in COVID-19 vaccine access and calls for COVID-19 vaccine equity.
- ICN strongly believes that healthcare workers, healthcare students and vulnerable populations in middle- and low-income settings must receive the vaccine before younger and less vulnerable people in high-income settings.
- ICN urges high-income Member States with adequate coverage to act swiftly on The Independent Panel recommendation to provide the billions of doses needed in middle- and low-income countries.

14. IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Background

The Triple Billion targets are an ambitious initiative to improve the health of billions of people by 2023. They are the foundation of WHO's Thirteenth General Programme of Work (GPW 13) acting as both a measurement and a policy strategy. A results framework is in place to track the joint efforts of Member States, the Secretariat and partners to meet WHO's triple billion targets and achieve the Sustainable Development Goals; it also measures the Secretariat's contribution to that process.

The COVID-19 pandemic has resulted in tragic loss of lives and livelihoods and in worsening inequalities and is threatening to reverse progress made towards the achievement of health-related Goals and the triple billion targets

In May 2016, the 69th WHA adopted resolution WHA69.11 on health in the 2030 Agenda for Sustainable Development. A first report on progress made in implementing the resolution was submitted to the 70th WHA, in 2017 and a second report to the 72nd WHA in 2019. This WHA report contains the third report.

This report presents improvements, challenges and plans in five areas:

1. Progress towards attainment of the triple billion targets and the Sustainable Development Goals;
2. The impact of COVID-19 on implementing the Thirteenth General Programme of Work 2019–2023 and attaining the Sustainable Development Goals;
3. The Global Action Plan for Healthy Lives and Well-being for All;
4. Working with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators;
5. Strengthening country data and health information systems.

World Health Assembly Action

The Health Assembly is invited to note this report

ICN Key Messages

- The COVID-19 pandemic has revealed that health services are not fit for purpose and, unless there is a drastic reset of policies, practices and possibilities, they will not enable us to deliver on the SDGs.
- To achieve the SDGs, health systems must shift from a traditional medical approach to healthcare, towards a more holistic, preventative model. Healthcare systems must refocus to play a major role in 'creating health' and dealing with many of the underlying causes of poor health. The health system, other sectors, government and the public must work together to address the social

determinants of health and build the conditions in which people can be healthy throughout the life course.

- Considerable investment in nursing education, jobs, and leadership, is required to strengthen the nursing workforce to deliver the SDGs, particularly those related to health, gender, decent work and inclusive economic growth.
- Nurses contribute to national and global targets related to a range of health priorities, including universal health coverage, mental health and noncommunicable diseases, emergency preparedness and response, patient safety, and the delivery of integrated, people-centred care.
- Policy interventions that optimise nurses' scope and leadership will enable them to have maximum impact and effectiveness which will maximize the contributions of the nursing workforce and their roles within interprofessional health teams.
- The WHO State of the World's Nursing 2020 report aims to inform national, regional and global actions related to the nursing workforce in the decade remaining to achieve the SDGs.¹
- The SDGs will not be achieved unless inequities between populations are addressed. In collaboration with other health care workers, Nurses and Advance Practice Nurses are integral to the solution to addressing inequities.
- Health in the SDG era is about health in all policies. The cross connection of health and well-being to quality education, gender equity, decent work and economic growth, industry, innovation and infrastructure, peace and justice, and reduced inequities should not be minimized.

¹ State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020.

15 HEALTH WORKFORCE

Background

Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)

In 2017, the 70th World Health Assembly, through resolution WHA70.6, adopted “[Working for Health](#)”: the ILO, OECD and WHO five-year action plan for health employment and inclusive economic growth (2017–2021) as a mechanism for coordinating the intersectoral implementation of the ten recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth (UNCommHEEG) supporting WHO’s Global Strategy on Human Resources for Health: Workforce 2030.

The action plan’s vision is to accelerate progress towards UHC and attaining the goals of the 2030 Agenda for Sustainable Development by ensuring equitable access to health workers within strengthened health systems. It’s two goals are Invest in both the expansion and transformation of the global health and social workforce. It sets out how ILO, OECD and WHO will respond to the UNCommHEEG’s recommendations with number of deliverables at the national, regional and global level that will support Member States in translating these recommendations into action, and also realize related goals of WHO’s global strategy on human resources for health and the global strategic directions for strengthening nursing and midwifery.

The WHA report by the Director-General summarizes progress achieved through the action plan and presents a pathway for the continuation of its agenda. Member States are asked to consider whether it has fulfilled its mandate and to take further action as determined. The report summarizes implementation, relevance and effectiveness, lessons and challenges.

The report presents the following way forward:

- WHO, working with its partners ILO and OECD, to support the development of a renewed mandate, commitment and set of actions to drive forward a health and care workforce action plan and investment agenda that is relevant for 2022–2030. The action plan will continue to reflect the commitments of the UNCommHEEG to decent work, education and employment – particularly for women and youth – aligned with other global strategies, plans and tools for delivering primary health care, universal health coverage and health security.
- WHO to initiate a Member State-led process engaging a coalition of stakeholders, including international financing institutions and philanthropic foundations, to drive the policy and investment agenda in the International Year of Health and Care Workers. A working group will in the period from June to September 2021 produce an evidence-based mandate, aligned with other global initiatives, that can massively accelerate investments in health workforce education, skills and jobs. The renewed mandate will be underpinned by measurable actions, timelines, expected results and resources to drive sustained long-term engagement and investment.
- WHO to work with ILO and OECD on a financing instrument for the renewed mandate. The instrument should enable Member States to access targeted funding for the capital and recurrent

expenditures for education and employment in the health sector, leveraging existing collaboration with international financing institutions including the European Investment Bank and the World Bank. It will build on the existing Working for Health Multi-Partner Trust Fund, thereby leveraging its governance and accountability structures.

Global strategic directions for nursing and midwifery 2021–2025

The 73rd WHA requested WHO to engage with all WHO regions to update the Global Strategic Directions for Nursing and Midwifery 2016–2020. The Strategic Directions presents evidence-based practices and an interrelated set of policy priorities that can help countries ensure that midwives and nurses optimally contribute to achieving universal health coverage and other population health goals.

The WHA report provides context to the Strategic Directions, a brief discussion on evidence on nursing and midwifery from the two professions' reports, summarizes priority policy areas for the strategy and described the consultative process.

It is likely that all ICN delegates have read the updated [Strategic Directions](#) but are otherwise strongly encouraged to do so as they will be central to ICN work.

World Health Assembly Action

The Health Assembly is invited to note report A74/12 and provide further guidance on the proposed way forward.

The Health Assembly is invited to note report A74/13 and to consider the draft global strategic directions for nursing and midwifery 2021–2025.

ICN Key Messages

- Health care workers, of which 60% are nurses, are the glue holding health systems together.
- The pandemic has put the nursing workforce under immense pressure, something ICN has called the “COVID-19 Effect”. In a recent survey, 90% of ICN NNAs have concerns that heavy workloads, insufficient resources, burn-out and stress are causing nurses to leave the profession and 1 in 5 NNAs surveyed reported an increase in the number of nurses leaving.
- With the COVID-19 pandemic revealing the existing and deepening fault lines in our health systems, there could not be a more important time to develop an action-orientated strategy to support real change and improvements for nurses.
- Integrating the planning for and investing in nursing into broader national health systems and health workforce planning will be critical in the post COVID-19 era and the Strategic Directions provide clear recommendations to Member States to do so.
- Countries must include implementation of the Strategic Directions in their COVID-19 recovery plans to enable the full contribution of nurses in managing and recovering from the pandemic.



- It is important to monitor the strategy over the next four years and to create measurable indicators for the data and the four policy areas against which implementation of the strategy can be monitored.
- Considering the impact that the COVID-19 Effect will have on the nursing workforce over the coming years, ICN recommends an assessment of progress at the mid-point of the strategy in 2023. This could be particularly useful if coinciding with a second State of the World's Nursing report.
- As nurses are the backbone of health systems and the largest group of healthcare professionals, underinvestment and shortages will severely impact health systems and their ability to deliver healthcare to the world's population, achieve universal health coverage and meet the Sustainable Development Goal targets.
- In response to prop rising global unemployment rates and health workforce shortages, ICN has proposed that governments establish Health Education and Retraining Opportunity funds, or HERO funds. This dedicated funding would increase the capacity of the education sector to educate more nurses and support individuals who have lost their jobs to transition into the health workforce.



16 COMMITTING TO IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030)

Background

Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls. Women's health is negatively impacted through the reallocation of resources and priorities, including sexual and reproductive health services. COVID-19 lockdowns have increased gender-based violence. Of the 105 countries surveyed, more than 50% reported partial or severe disruption of reproductive, maternal, newborn and child health health services (except facility-based births) from May to July 2020. Some of the most severely impacted services have been routine immunization services, malaria bednet distribution campaigns, family planning and antenatal care services.

Between 2015-2019, 121 million unintended pregnancies occurred each year. Of these, 73 million per year ended in abortion per year, around which half were unsafe and a third were carried out in the least safe conditions. Neonatal deaths accounted for 47% of all under-5 deaths in 2019. Among older children, adolescents and young adults aged 5–24 years, the leading causes of death and lifelong disability are injuries (including road traffic injuries, drowning, burns and falls) and violence. In girls and young women aged 15–19 years, the leading cause of death is maternal conditions.

The 74th WHA report highlights progress and stagnation and programmatic response in the area of women's, children's and adolescents' health. It presents progress made in implementation of resolutions on the newborn health action plan; birth defects; universal coverage of maternal, newborn and child health interventions; women, health and development; and child health and development: health of the newborn. This report further highlights the role of midwifery and other neonatal health providers in ensuring high-quality health services for women and their newborns. It also reflects on data gaps, recommendations to fill these gaps, and evidence-based strategic priorities for achieving the objectives of the Global Strategy.

World Health Assembly Action

The Health Assembly is invited to note the report.

ICN Key Messages

- 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.¹
- 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-centered in order to provide knowledge and resources to parents and families and to empower them to provide nurturing care.
- Environmental risk factors account for some 25% of the disease burden among children under 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



17.1 COVID-19 RESPONSE

Background

The WHA report [A74/15](#) provides an update on implementation of resolution WHA73.1 (2020) on the COVID-19 response and sets out the steps taken to ensure that appropriate lessons are learned and best practices are implemented as the pandemic evolves. It focuses on the requests made in paragraphs 9(1–10) of the resolution addressing the following elements:

- Supporting Member States through a comprehensive, coordinated response across the United Nations system
- Strengthening WHO capacities at all levels to perform, fully and effectively, the functions entrusted to it under the International Health Regulations (2005)
- Assisting States Parties in complying with the International Health Regulations (2005)
- Supporting the continued safe functioning of health systems
- Developing and disseminating normative products, technical guidance, learning tools, data and scientific evidence; countering misinformation and disinformation; and working against substandard or falsified medical products
- Collaboration on zoonotic research related to SARS-CoV-2
- Engaging and briefing Member States on fundraising and the allocation and implementation of financial resources
- Collaboration to scale up development, manufacturing and equitable distribution of high quality, safe, affordable and efficacious diagnostics, therapeutics and vaccines for COVID-19
- Supporting Member States in assessing COVID-19 countermeasures for regulatory approval
- Commissioning impartial, independent and comprehensive evaluation of the lessons of COVID-19

The WHA report A74/INF./2 provides the link to the [main report](#) of the Independent Panel for Pandemic Preparedness and Response. Information from a webinar, hosted by ICN and Nursing Now in December 2020, in which nurses shared experiences of working on the frontlines of the COVID-19 pandemic contributed to the report. ICN delegates are encouraged to read the report's findings and recommendations.

World Health Assembly Action

The Health Assembly is invited to note the report.

ICN Key Messages

- The COVID-19 pandemic has highlighted the crucial role of nurses in emergency response and the essential work they do in public health and beyond.
- Nurses have seen at close quarters the weaknesses, the fragilities and the fault-lines that must be addressed both in the continued response and for the design of future healthcare systems.



- The COVID Effect, caused by ongoing demands placed on nurses and other healthcare workers, is having a profound effect on the mental and physical health of the health workforce.
- The pandemic has caused the mass traumatization of the nursing workforce from poor working conditions, PPE shortages, lack of mental health support, high rates of burnout, fear of spreading the virus to family, an increase in violence and discrimination.
- As of 31 December 2020, more than 1.6 million healthcare workers in 34 countries have been infected with COVID-19. The average range of healthcare worker infection rates across countries is 6-10%, with some countries reporting up to 30% of infections in healthcare workers. Continued under-reporting of such information means that the true extent of healthcare worker infections and deaths will be much higher than ICN's data.
- As of 31 January 2021, the cumulative number of reported COVID-19 deaths of nurses in 59 countries was 2,710.
- Since May 2020, ICN has consistently called for the systematic and standardised collection of data on healthcare worker infections and deaths in order to protect the safety of patients and health care workers.
- Adequate reporting mechanisms and comparable country data are essential to ensure data availability for monitoring the impacts on the health workforce and for the COVID-19 response.
- Due to existing nursing shortages, the ageing of the nursing workforce and the growing COVID-19 effect, ICN estimates up to 13 million nurses could be needed to fill the global shortages and replace nurses who leave in the next few years.

The extensive work that ICN and its National Nurses' Association members have carried out in response to the COVID-19 pandemic can be found on the [ICN COVID-19 portal](#).

18. MENTAL HEALTH PREPAREDNESS FOR AND RESPONSE TO THE COVID-19 PANDEMIC

Background

Prior to the COVID-19 pandemic, almost 1 billion people globally had a mental disorder. In addition, around 50 million people have dementia, and around 250 million people have an alcohol or drug use disorder. Around half of all mental disorders start by the age of 14 years. Suicide is the second leading cause of death in young people aged 15–29 years. Mental health is one of the most neglected areas of health. Human rights violations against people with mental health conditions are numerous and widespread around the world.

The pandemic is profoundly affecting mental health and well-being. Mental and neurological manifestations, such as depression and anxiety are reported in COVID-19 patients. Many people with pre-existing mental, neurological and substance use disorders are facing exacerbation of symptoms due to stressors, while the limited available services are disrupted. ICN's reports show that in every region of the world nurses are reporting extremely concerning and rising rates of mental distress. This rise is the result of issues including poor working conditions, PPE shortages, lack of mental health support, understaffing, fear of spreading the virus to family and an increase in violence and discrimination against nurses. ICN called this phenomena the “mass traumatisation” of the global nursing workforce and called on governments to act now to support nurses and address these issues.

The Board at its 148th session noted document EB148/20 and adopted decision EB148(3) on promoting mental health preparedness and response for public health emergencies. The decision recognises that the COVID-19 pandemic has major direct and indirect ramifications for the mental health and psychosocial well-being of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionately affected by the COVID-19 pandemic, as well as those with pre-existing mental health conditions. It also recommended that the 74th WHA endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.

World Health Assembly Action

The WHA is invited to note the report and further invited to adopt the following draft decision:

“The Seventy-fourth World Health Assembly, having considered the report by the Director-General on Promoting mental health preparedness and response for public health emergencies, decided to endorse the updated comprehensive mental health action plan 2013–2030, with due consideration



for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, by means including promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.”

ICN Key Messages

- The impact on the mental health of health workers who are disproportionately affected by the pandemic and at risk of full-blown stress response syndromes, anxiety and burnout must not be overlooked.
- Service disruptions, underfunding and continued neglect of mental health will increase the number of nurses leaving the profession, worsening future nursing workforce shortages.
- Nurses reported feeling isolated from their families and are anxious about avoiding infecting their family members with COVID-19.
- Nurses are invaluable for mental health promotion, prevention and care and are needed now more than ever to support the COVID-19 response and to ensure the delivery of mental health services.
- ICN urges governments to place mental health at the centre of national COVID-19 pandemic response and recovery plans.
- ICN calls on governments to urgently scale up investment for sustainable community-based mental health services and support services.
- Close to 80% of ICN's national nursing associations (NNAs) that responded have received reports of mental health distress from nurses working in the COVID-19 response.
- ICN endorses the the WHO updated comprehensive mental health action plan 2013–2030

22.1 SOCIAL DETERMINANTS OF HEALTH

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). SDoH negatively affect health outcomes and lead to health inequities (avoidable and unfair difference in health status between groups) which undermine human development. The COVID-19 pandemic has disproportionately affected already vulnerable communities, highlighting the scale of health inequalities at all levels. There is growing evidence of the role played by SDoH on the differentials in exposure, vulnerability, health outcomes and consequences of the COVID-19 pandemic.

The 148th EB recommended to the 74th WHA the adoption of resolution EB148.R2 which calls on Member States to:

1. Strengthen efforts on addressing SDoH with the aim of reducing health inequities and address unequal distribution of health resources;
2. Monitor and analyse inequities in health using cross-sectoral data to inform national policies that address SDoH;
3. Integrate considerations related to SDoH in public policies and programmes using a health-in-all-policies approach;
4. Along with all stakeholders, mobilise financial human and technological resources to enable the monitoring and addressing of SDoH;
5. SDoH in COVID-19 recovery and for future public health emergencies.

The resolution requests the DG to:

1. Support Member States in monitoring and capacity-building to address SDoH and to facilitate knowledge exchange on best practice for intersectoral action on SDoH;
2. Prepare an updated report on progress made in addressing SDoH and recommendations for future action for consideration by the 76th WHA in 2023;
3. Prepare an operational framework for measuring, assessing and addressing SDoH and health inequities and their impact on health outcomes for consideration by the 76th WHA;
4. Strengthen collaboration with UN agencies, civil society and the private sector;
5. Work collaboratively with academia and scientific research to generate evidence and best practices.

World Health Assembly Action

The Health Assembly is invited to note report A74/9

ICN Key Messages



- Social and health inequities are profoundly and unevenly impacting the mental and physical health and spiritual, cultural and social wellbeing of people.
- Health equity, social justice and the social determinants of health must all be addressed using a human rights-based approach.
- Experiences of discrimination, racism and historical trauma are important social determinants of health 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 social determinants of health.
- 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 social determinants of health.
- 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 social determinants of health.
- ICN is committed to identifying trends related to the social determinants of health 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.



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

Provisional agenda item 13.8 Immunization Agenda 2030

May 2021

ICN firmly believes that the over 27 million nurses worldwide are critical to implementation of the Immunization Agenda 2030 and strongly believes in the power of immunization as a tool for global health, sustainable development and ending the COVID-19 pandemic.

Nurses are the largest clinical providers of immunization worldwide. Findings from a recent ICN survey on COVID-19 mass immunization shows nurses play a key role in increasing vaccination rates and reducing vaccine hesitancy, particularly by supporting development of education resources and tools. As one of the most trusted professions, nurses support community engagement, increase health literacy and build public confidence in immunization.

In many of the countries that are highly effective in immunization, nurses are involved in national strategies and committees for COVID-19 vaccination. National Nurses Associations (NNAs) offer important contributions to national strategies and can swiftly mobilize the nursing workforce. NNAs can also facilitate planning and delivery of mass immunization through their established relationships with policy makers, service leaders and regulators. ICN calls on Member States to involve nurses and nursing organisations in planning, management, implementation and monitoring of immunization programmes at all levels.

ICN is deeply concerned by the gross inequalities globally in COVID-19 vaccine access. Right now, younger and less vulnerable people are being vaccinated in some countries before health care workers and vulnerable populations in other countries. ICN strongly believes that healthcare workers, healthcare students and vulnerable populations in middle- and low-income settings must receive the vaccine before younger and less vulnerable people in high-income settings. ICN urges relevant Member States to act swiftly on the IPPPR recommendation to provide the billions of doses needed in low- and middle-income countries and notes that sharing vaccines is in both health and economic interests of countries.

Vaccine equity and prioritization of vulnerable populations, nurses and healthcare workers is a fundamental issue of morality, ethics and human rights and should be non-negotiable.



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

Provisional agenda item 15

Health workforce

May 2021

ICN thanks the WHO and the dedicated team of nurses for the updated Global Strategic Directions for Nursing and Midwifery 2021-2025. With the COVID-19 pandemic revealing the existing and deepening fault lines in our health systems, there could not be a more important time to develop an action-orientated strategy to support real change and improvements for nurses.

ICN was closely involved in the development of the Strategic Directions and, along with its member National Nurses Associations and Nursing Now groups, strongly supports the strategy's call for investment in nursing and midwifery education, jobs, leadership, and service delivery.

Integrating the planning for and investing in nursing into broader national health systems and health workforce planning will be critical in the post COVID-19 era and the Strategic Directions provide clear recommendations to Member States to do so. As The Independent Panel reports, health care workers, of which 60% are nurses, are the glue holding health systems together. To enable the full contribution of nurses in managing and recovering from the pandemic, countries must include implementation of the Strategic Directions in their COVID-19 recovery plans.

There is a need to create measurable indicators for the data and the four policy areas against which implementation of the strategy can be monitored. Considering the impact that the COVID-19 Effect will have on the nursing workforce over the coming years, ICN recommends an assessment of progress at the mid-point of the strategy in 2023. This could be particularly useful if coinciding with a second State of the World's Nursing report importance of monitoring the strategy over the next four years.

In this International Year of the Health and Care worker and at this pivotal point in history, ICN calls on Member States to support, protect and invest in nurses and all healthcare workers.



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

Provisional agenda item 17.1

COVID-19 response

May 2021

The COVID-19 pandemic has highlighted the crucial role of nurses in emergency response and the essential work they do in public health and beyond. The world has seen very clearly that nurses have been leading the response, with 90% of care undertaken by them, and it is nurses who have seen at close quarters the weaknesses, the fragilities and the fault-lines that must be addressed both in the continued response and for the design of future healthcare systems.

The COVID Effect, caused by ongoing demands placed on nurses and other healthcare workers, is having a profound effect on the mental and physical health of the health workforce. ICN's reports show that in every region of the world nurses are reporting extremely concerning and rising rates of mental distress. This rise is the result of issues including poor working conditions, PPE shortages, lack of mental health support, understaffing, fear of spreading the virus to family and an increase in violence and discrimination against nurses.

A recent ICN report indicates that 90% of its national nursing associations are concerned that these conditions are the cause of increasing reports of intention to leave the profession. The COVID Effect combined with existing nursing shortages and ageing populations, could cause the need to replace at least 13 million nurses in the coming years.

The World Health Assembly, in resolution WHA73., expressed its highest appreciation of, and support for, the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals and health workers. Yet the numbers of infections and deaths, unacceptable and unsafe working conditions and unfair pay for nurses sends a different message. ICN calls on Member States to urgently intensify actions to protect, support and invest in nurses and the health workforce, to end this pandemic and make it the last.



SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

Provisional agenda item 22.1

Social determinants of health

May 2021

ICN is extremely concerned by the persistent and pervasive inequities that exist in our societies and in health systems and strongly supports the adoption of the resolution. 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 social determinants of health.

Considering the profound devastations and transformations our world is experiencing, the world's leaders should adopt and carry forward a vision where social justice is upheld and health equity is realised. It is through addressing the social determinants of health that this will be achieved.

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 social determinants.

Throughout history, nurses have been at forefront of caring and advocating for people who are disempowered and marginalized. Nurses are the health professional closest to people and deliver comprehensive and person-centered care which makes them uniquely able to ensure health and social needs are met across the diversity of settings in which they work.

As described in the recent report "Nurses for health equity: Guidelines for tackling the Social Determinants of Health" ICN is committed to identifying trends related to the social determinants 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.

ICN calls on all governments and institutions to make meaningful, effective, and enduring policy changes to address the social determinants of health to ensure that everyone has the same opportunity to be healthy no matter who they are, where they live, or what they do.

Preliminary daily timetable for the Seventy-fourth World Health Assembly

1. In 1979, the Thirty-second World Health Assembly, in resolution WHA32.36, decided that the Executive Board “shall fix a preliminary daily timetable for the Health Assembly’s consideration of its agenda and the General Committee shall review and approve this timetable, subsequently revising it if and when required”. At its 148th session (in January 2021), the Board considered a preliminary daily timetable for the Seventy-fourth World Health Assembly, which is submitted herewith (see Annex) to the General Committee. The timetable has been drawn up on the assumption that the Health Assembly will wish to limit the time allowed to each speaker (Rule 55 of the Rules of Procedure of the World Health Assembly) and bearing in mind resolution WHA50.18 (1997) which approved the request to delegates to limit to five minutes their statements in plenary. The timetable should be considered as indicative since the actual timing of items and subitems will depend on how the work of the Health Assembly proceeds.

2. The Board decided that the Seventy-fourth World Health Assembly should open on Monday, 24 May 2021, and close no later than Tuesday, 1 June 2021.¹

¹ Decision EB148(18).

ANNEX

**PRELIMINARY DAILY TIMETABLE FOR THE
SEVENTY-FOURTH WORLD HEALTH ASSEMBLY**

May 2021	Plenary	Committee A	Committee B	Other
Monday 24				
10:00	High-level welcome ¹ 1. Opening of the Health Assembly 1.1 Appointment of the Committee on Credentials 1.2 Election of the President 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee	–	–	–
	General Committee
14:00	– Presidential address 1.4 Adoption of the agenda and allocation of items to the main committees 2. Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response 29.2 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution 3. Address by the Director-General	–	–	–

¹ This will include item 4, Invited speaker(s).

May 2021	Plenary	Committee A	Committee B	Other
Monday 24 (continued)	– General discussion	Upon commencement of the General discussion 10. Opening of the Committee Pillar 1 13. Review of and update on matters considered by the Executive Board	–	–
Tuesday 25	3. Address by the Director-General – General discussion (continued) ...	Pillar 2 17. Public health emergencies: preparedness and response ...	– ...	– ...
13:00				Committee on Credentials
14:00	3. Address by the Director-General – General discussion (continued)	Pillar 2 17. Public health emergencies: preparedness and response (continued) 18. Mental health preparedness for and response to the COVID-19 pandemic	–	–
Wednesday 26	– Report of Committee on Credentials 5. Admission of new Members and Associate Members	Pillar 1 13. Review of and update on matters considered by the Executive Board (continued)	24. Opening of the Committee 26. Review of and update on matters considered by the Executive Board Pillar 4 25 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	–
10:00 and 14:00				
17:30		–	–	General Committee (list for election, Executive Board)

May 2021	Plenary	Committee A	Committee B	Other
Thursday 27 10:00 and 14:00		Pillar 4 11. Proposed programme budget 2022–2023 12. WHO results framework: an update Pillar 1 13. Review of and update on matters considered by the Executive Board (continued)	Pillar 4 26. Review of and update on matters considered by the Executive Board (continued) 27. Appointment of representatives to the WHO Staff Pension Committee 28. Report of the United Nations Joint Staff Pension Board	–
Friday 28 10:00 and 14:00	6. Executive Board: election 7. Awards	Pillar 1 14. Health in the 2030 Agenda for Sustainable Development 15. Health workforce 16. Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)	Pillar 4 29. Financial matters 30. Audit and oversight matters	
Saturday 29 10:00 and 14:00		Pillar 2 19. The public health implications of implementation of the Nagoya Protocol 20. Enhancement of laboratory biosafety 21. Poliomyelitis	Pillar 4 31. Management and legal matters 32. Collaboration within the United Nations system and with other intergovernmental organizations 33. Updates and future reporting	

May 2021	Plenary	Committee A	Committee B	Other
Monday 31 10:00 and 14:00		Pillar 3 22. Review of and update on matters considered by the Executive Board 23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children	Pillar 4 34. Matters for information	–
Tuesday 1 June 10:00 and 14:00	8 Reports of the main committees (continued) 9. Closure of the Health Assembly	– Finalization of resolutions/decisions and reports	– Finalization of resolutions/decisions and reports	–

= = =